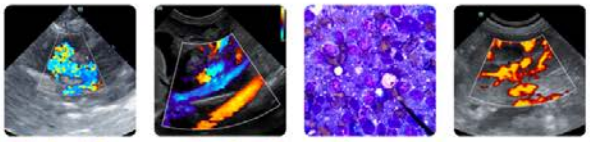


PATIENT

Bailey Casey

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

9 Years

WEIGHT

13 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Rebekah Sims, DVM

INVOICE

71936

5DATE

11/19/2

PRESENTING CLINICAL SIGNS

Pt is diabetic and cushingoid. Currently under treatment for both and well controlled. Stopped eating well on 11-14-25. PE revealed moderate lumbar back pain but otherwise wnl. Bloodwork revealed elevated liver nz. Concerned for primary liver dz or pancreatitis. Looking for reasons liver enzymes are elevated and pt postures in prayer position. P currently on clavamox, mirtazapine, gabapentin, vetprofen, vetoryl, and NPH insuline. P was fasted for US, no sedation needed

Abnormal PE/Chem/CBC/UA Results: Attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.38 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.73 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large, measuring 0.86 cm at the cranial pole and 1.0 cm a the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

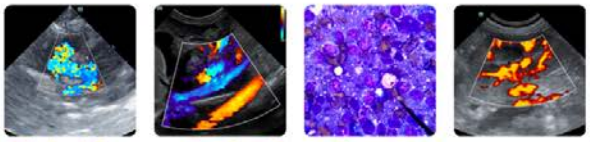
The right adrenal gland is large and slightly irregular at the cranial pole, measuring 1.2 cm at the cranial pole and 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.4 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild to moderate fluid/gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. The pyloric region appears mildly fluid distended.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – Findings are most consistent with the already diagnosed pituitary dependent hyperadrenocorticism.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Mild fluid/gas distention of the stomach – Correlate with feeding/drinking history. If the patient was fasted, this could represent mild delayed gastric emptying.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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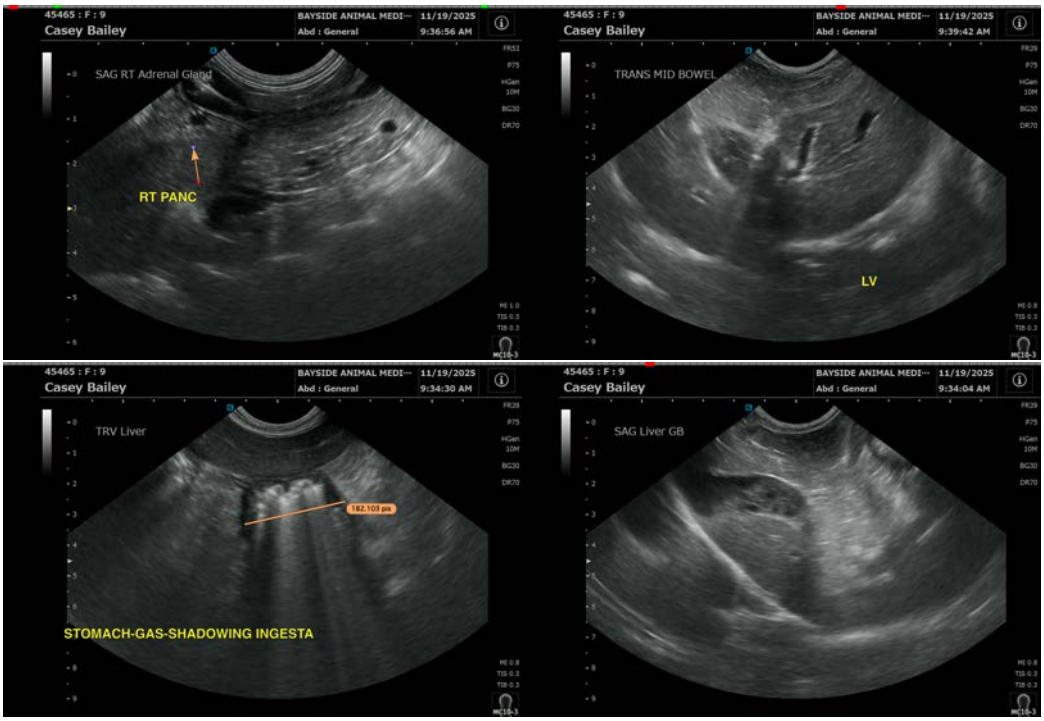
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. Generally, the liver appears mildly heterogeneous, but this is very common in a patient with diabetes or Cushing's disease. The gallbladder has moderate debris but no evidence of wall thickening or surrounding inflammation. The findings on today's exam are most consistent with a primary hepatopathy. Consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- If clinically appropriate, consider screening for Leptospirosis.
- Consider empirical treatment for acute liver injury/cholangiohepatitis with Ursodiol, Denamarin, and antibiotics.

If liver enzyme elevations continue to rise or are persistently elevated, consider a biopsy of the liver with samples for histopathology, culture and copper levels. If underlying round cell neoplasia is a significant concern, fine needle aspirate could be considered.

Consider a consultation with a veterinary surgeon to assess for back pain. If this is suspected, advanced imaging of the spine may be warranted.



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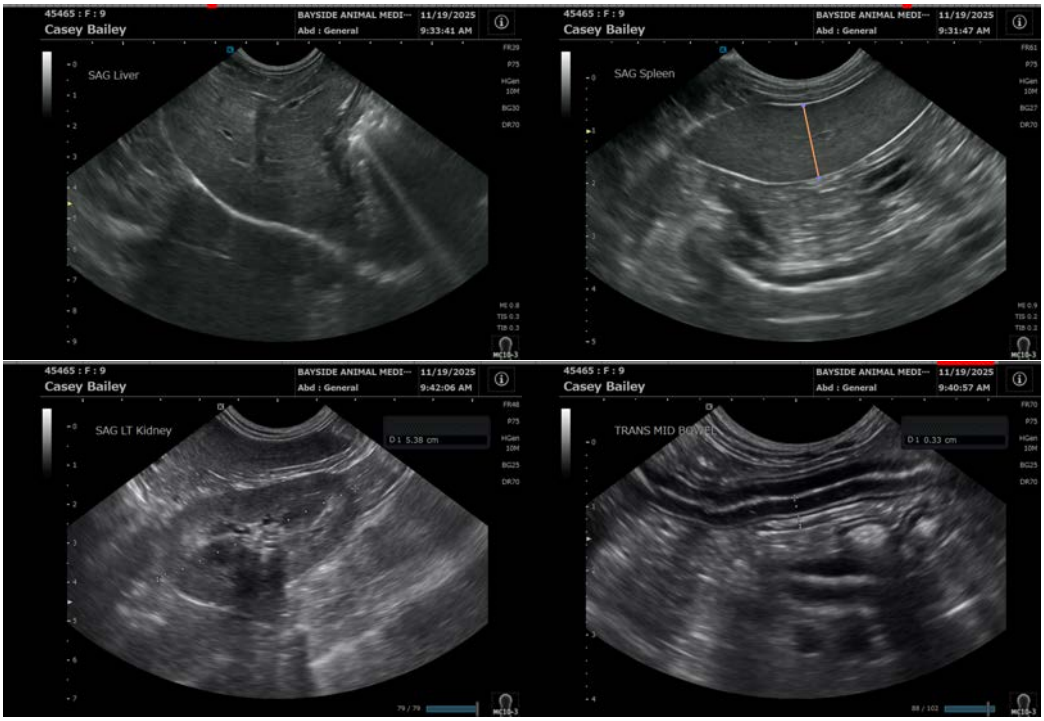

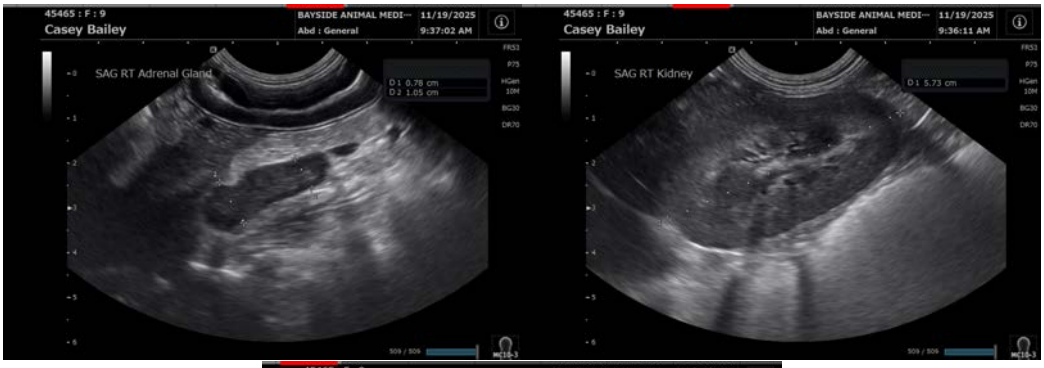

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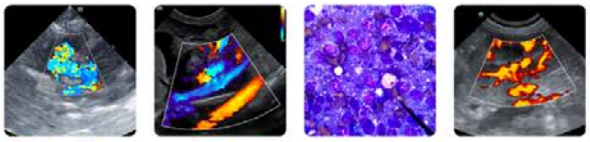

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com