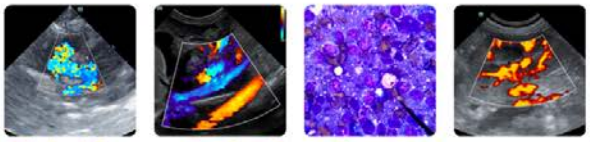


PATIENT

Kaylee Marie Corrow

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

10 Years 5 Months

WEIGHT

16.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Jaime Superczinski, DVM

INVOICE

71580

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Current concerns- PU/PD, potbellied appearance, excessive licking particularly of perineal region, recurrent lower urinary tract symptoms this summer, suspected pancreatitis March/ April. recent 1 lb wt gain and now 1lb weight loss. possible cranial abdomen organomegaly.

Abnormal PE/Chem/CBC/UA Results: BW 10/11/25: See attached- CBC: slight regenerative anemia (Hct 40.4%) Chem: BUN 34, ALT 114, ALKP 505 T4/FT4 WNL 4dx/fec neg UA: USG 1.027, pH 6.5, proteinuria 500mg/dL, mild pyuria, casts present, possible cocci- convenia given 10/11/25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular, measuring at 0.26 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.79 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.26 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.47 cm at the cranial pole and 0.65 cm at 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.

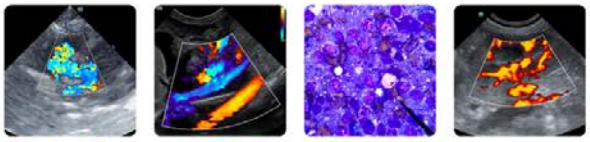
The right adrenal gland is normal in size measuring 0.97 cm at the cranial pole and 0.54 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.02 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 large in size, and normal in 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains minimal luminal contents. 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. No masses or focal lesions were observed.

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 0.59 cm. Jejunum wall measures 0.35 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 pancreas is normal and isoechoic to surrounding 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

- Large left adrenal gland with a normal/borderline “plump” right adrenal gland – Findings could represent normal anatomic variation, mild hyperplasia, etc.
- Mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Large, 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.
- Large amount of hyperechoic debris visualized in the gallbladder – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Age related change visualized associated with both kidneys.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

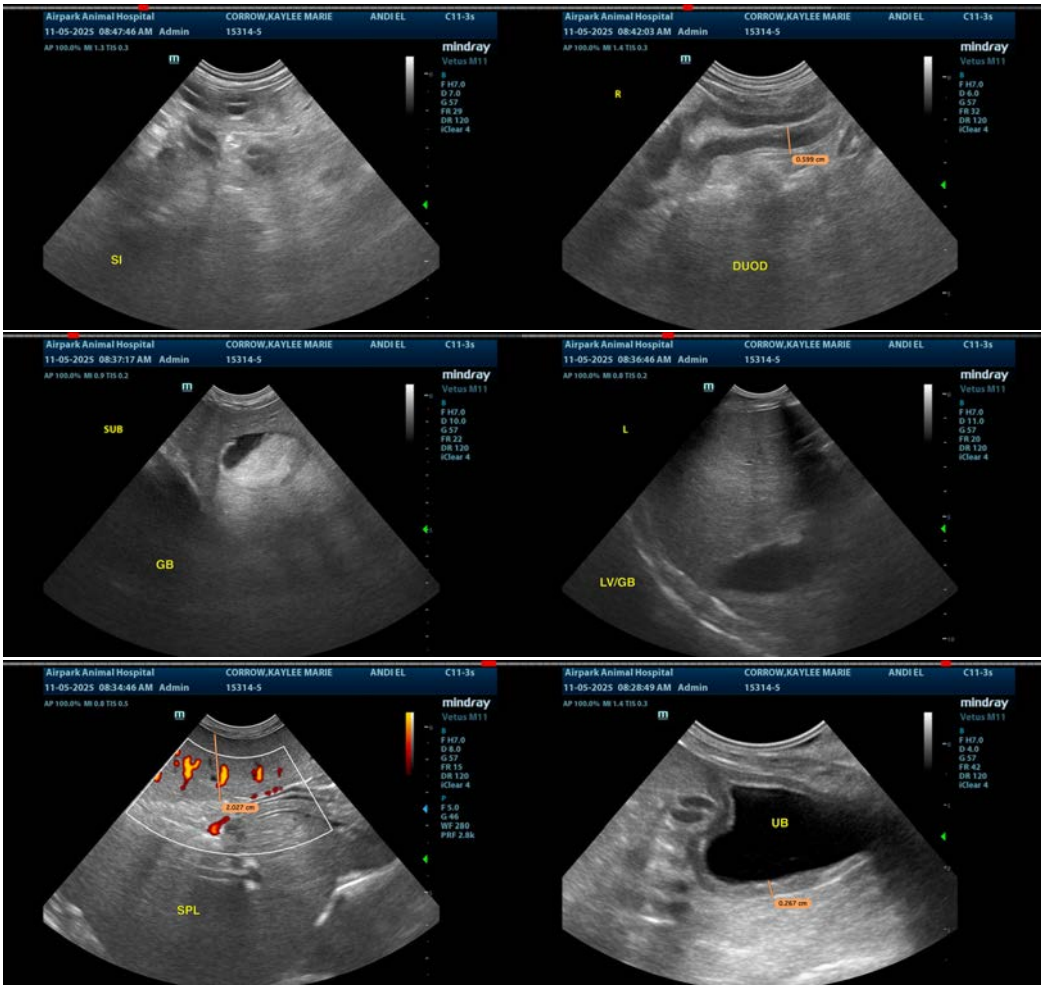
There are mild changes visualized in both kidneys most consistent with chronic age related change.

The left adrenal appears “plump”. The right adrenal appears prominent but measures as normal in size. This could be consistent with mild early hyperplasia, anatomic variation, etc. If a strong suspicion for Cushing’s is present, you could consider adrenal function testing.

The bladder is only mildly distended, and the bladder wall appears slightly thickened and irregular. This could be due to lack of distention or chronic cystitis. Correlate with urine culture, given the bacteria reported.

The changes visualized associated with the liver are most consistent with a vacuolar hepatopathy, although other hepatopathies are possible.

Additionally, the gallbladder has a large amount of debris. Consider starting chronic Ursodiol therapy and continued monitoring of the gallbladder and liver enzymes.



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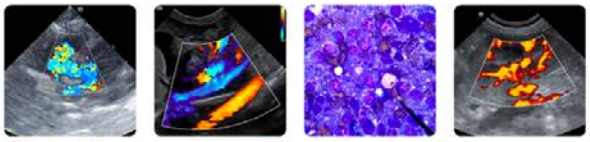

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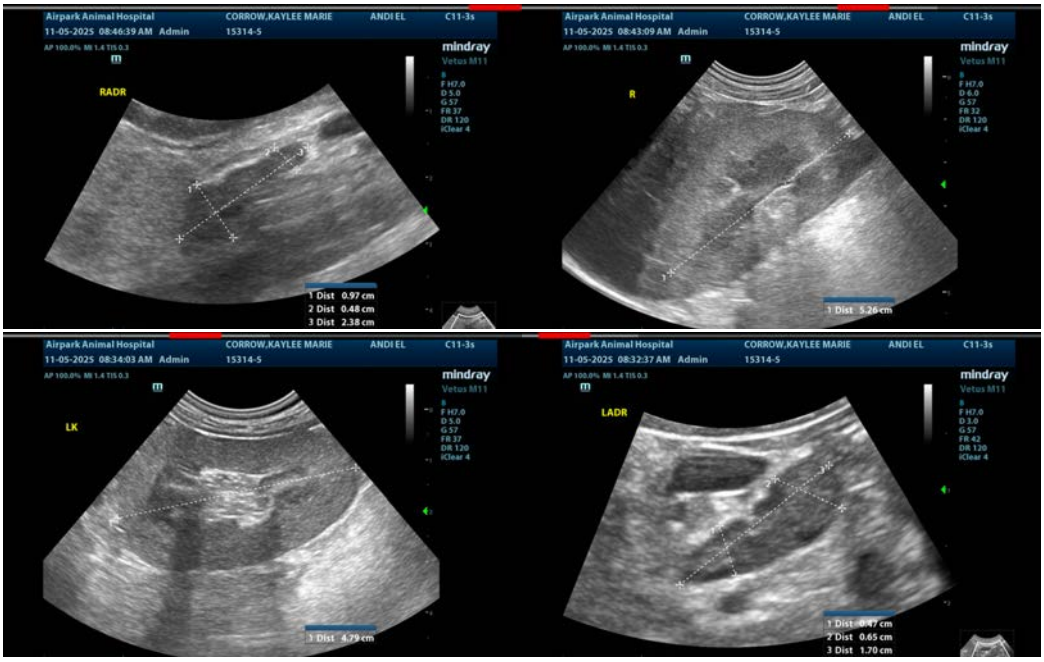

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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