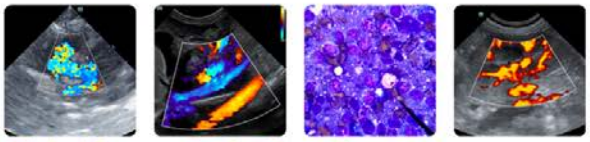

PATIENT

Chewy Cross

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Karin Hinkle, DVM

HOSPITAL NAME

Yellow Dog Imaging

REFERRING VET

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PRESENTING CLINICAL SIGNS

Chewy presented with a history of diabetes mellitus (diagnosed late 2023/early 2024), hyperadrenocorticism (previously treated with Vetoryl, discontinued two months ago), and prior episodes of pancreatitis. He presented for internal medicine consultation for management of his endocrine diseases and follow-up after a recent episode of vomiting and hemorrhagic diarrhea, which has since resolved. On examination, he was bright and alert with only a mild pot-bellied appearance noted.

Abnormal PE/Chem/CBC/UA Results: Diagnostics:*- ACTH stim: Pre 4.8, Post 17.8 - BP: 185 mmHg - CBC: WBC 16.2, Neut 8748, Lymph 5670 H, Mono 1458 H, Plt 441k - Chem: TP 7.1, Alb 3.5, AST 132 H, ALT 726 H, ALP 1896 H, GGT 26 H, BUN 18, Crt 0.7, Chol 365 H, Trig 308 H - T4: 3.8- UA: USG 1.044, pH 8.0, protein 2+, glucose 1+, ketones trace

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 prostate is normal in size (0.69 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.84 cm) with a small cortical cyst measuring 0.13 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 (4.8 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.

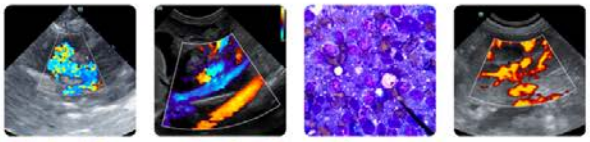
Adrenal Glands

The left adrenal gland is “plump” measuring 0.62 cm at the cranial pole and 0.64 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 0.54 cm at the cranial pole and 0.48 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 (1.08 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears



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normal. There is a hyperechoic parenchymal lesion measuring 0.61 cm x 0.40 cm, most consistent with a benign myelolipoma.

Liver

The liver is large in size and rounded. The parenchyma is 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.

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 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 0.45 cm. Jejunum wall measures 0.40 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon wall measures at 0.21 cm.

Pancreas

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. There is no evidence of a diffuse lymphadenopathy. Occasional prominent mesenteric lymph nodes are visualized, an example measures 0.36 cm x 0.75 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline “plump” adrenal glands – Findings are most consistent with bilateral hyperplasia.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with pancreatic remodeling/resolving pancreatitis.
- Large, heterogeneous, rounded liver – The appearance is most consistent with a vacuolar/diabetic hepatopathy. Other differentials are possible.

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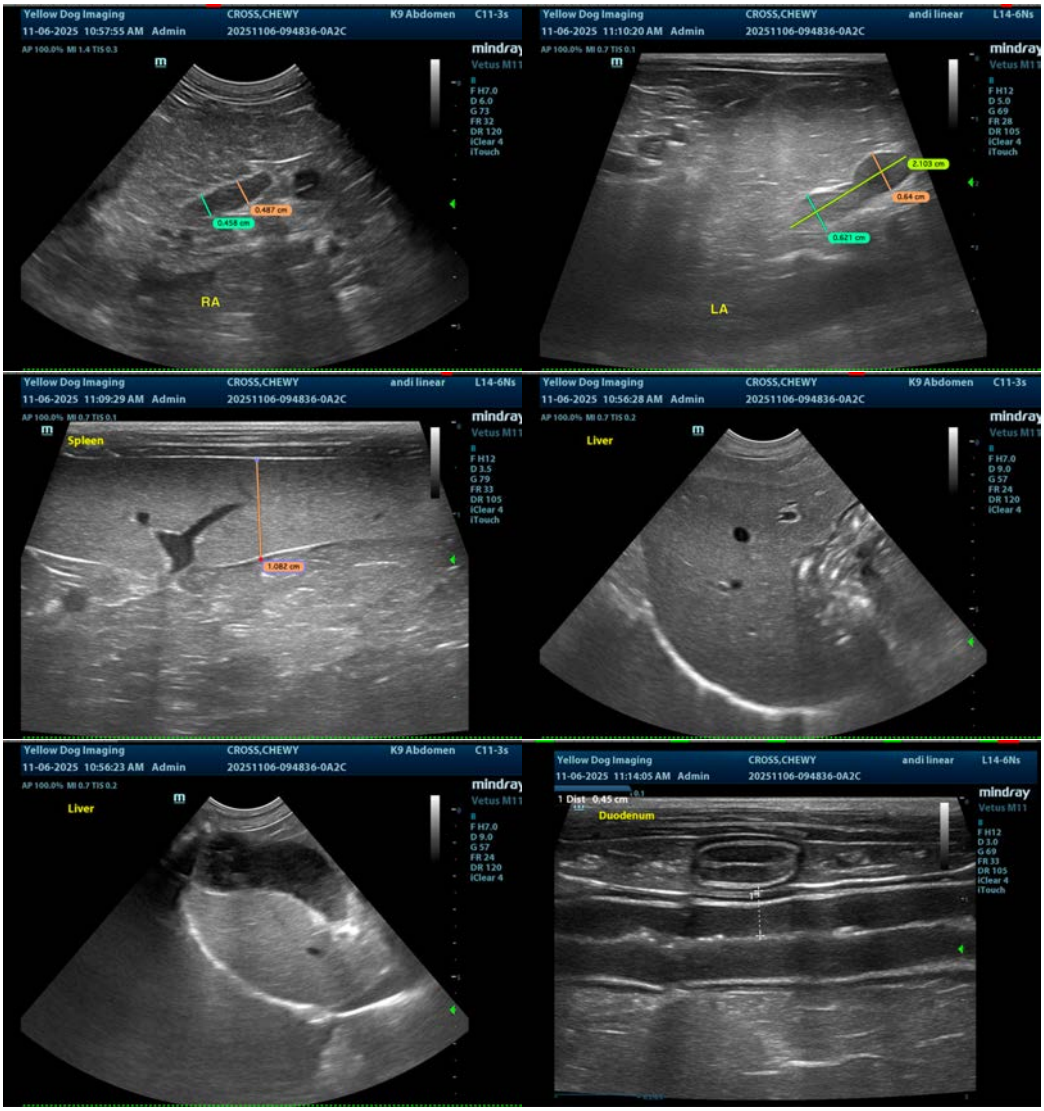
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the changes observed on today's exam are consistent with previous diagnosis of diabetes and hyperadrenocorticism. There are mild renal changes noted, most consistent with age related change.

The changes visualized associated with the pancreas are most consistent with pancreatic remodeling, although they could be associated with resolving pancreatitis from a previous episode of gastrointestinal symptoms.



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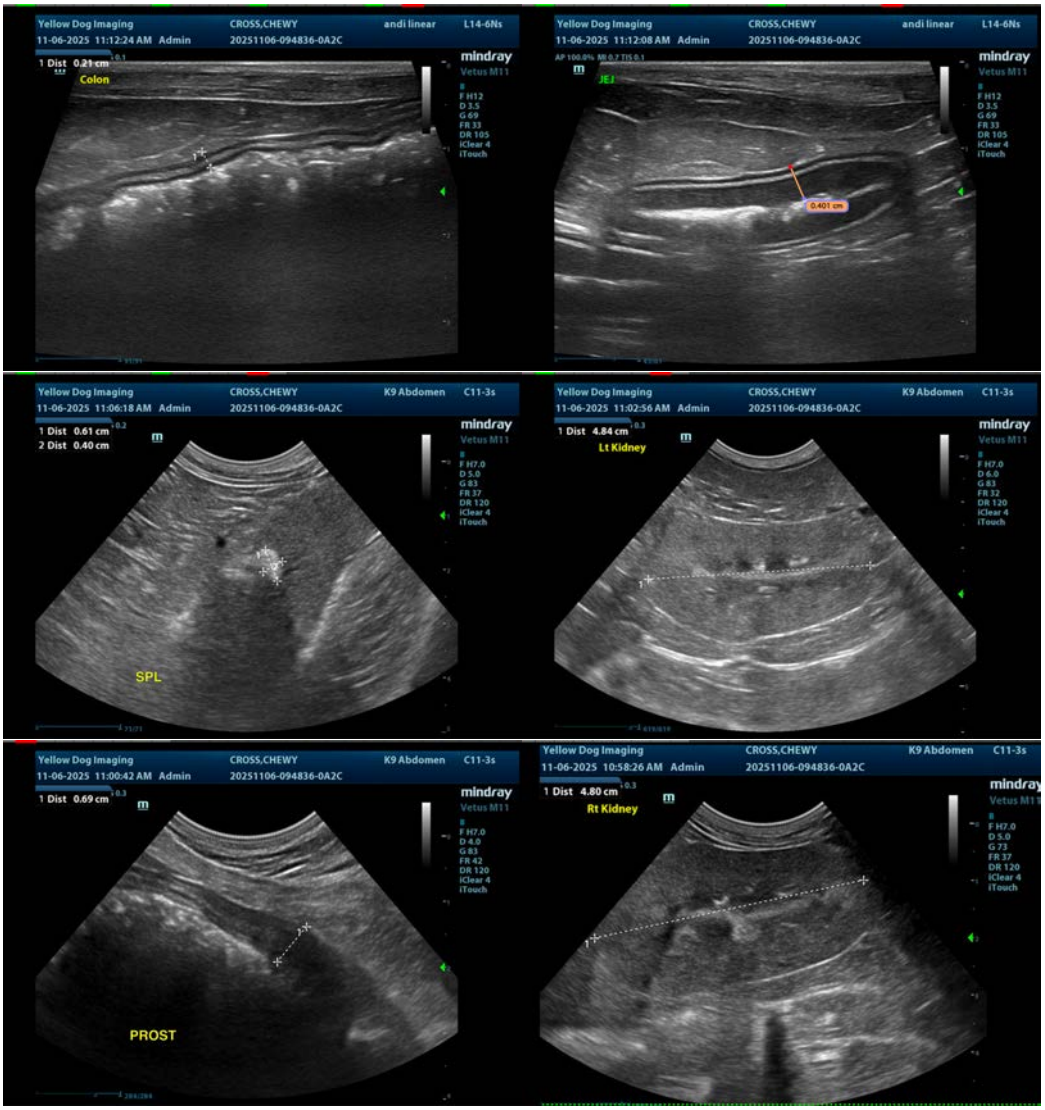

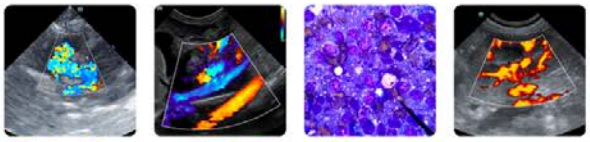

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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