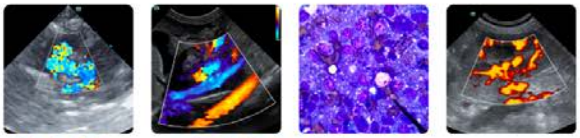


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Barkley Rossman

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

8 Years

WEIGHT

10.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Huntington Animal Hospital

REFERRING VET

Dr. Granacki

INVOICE

72507

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History of significant aggression around being handled. Has had a cystotomy last year with CaOx uroliths removed. After recovery he was much less aggressive. Aggressive behaviour returning and he has been having accidents in the house again like before. PU/PD, some weight gain. Has been on a Canned and Dry urinary veterinary diet. No evidence of uroliths on rads or U/A. Radiographic evidence of hepatomegaly.

Abnormal PE/Chem/CBC/UA Results: Recent BW suggestive of Cushings Disease, non regenerative anemia, stress leukogram, increased ALP, new proteinuria, minimally concentrated urine, mostly all new findings other than historical mild increased ALT.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The right kidney has a normal shape and size (5.21 cm) with pinpoint mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The left kidney has a normal shape and size (4.81 cm) with pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

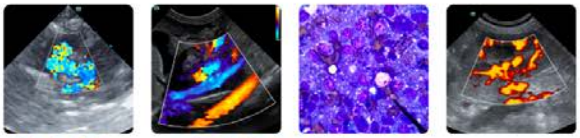
Adrenal Glands

The left adrenal gland is “plump” measuring 0.45 cm at the cranial pole and 0.62 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 1.12 cm at the cranial pole and 0.46 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 (1.47 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.



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Liver

The liver is large in size and rounded. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. Some of the rounded lobes given the appearance of an isoechoic mass effect, but no distinct masses could be confirmed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild 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. 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 0.39 cm. Jejunum wall measures 0.34 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 mottled in the right limb. 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 hyperechoic in some regions. A source of this mild reactivity is not visualized.

ULTRASONOGRAPHIC FINDINGS

- “Plump” left adrenal and normal right adrenal – Findings could represent anatomic variation, mild hyperplasia, etc.
- Age related changes and small mineralizations visualized associated with both kidneys.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, hyperechoic rounded liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

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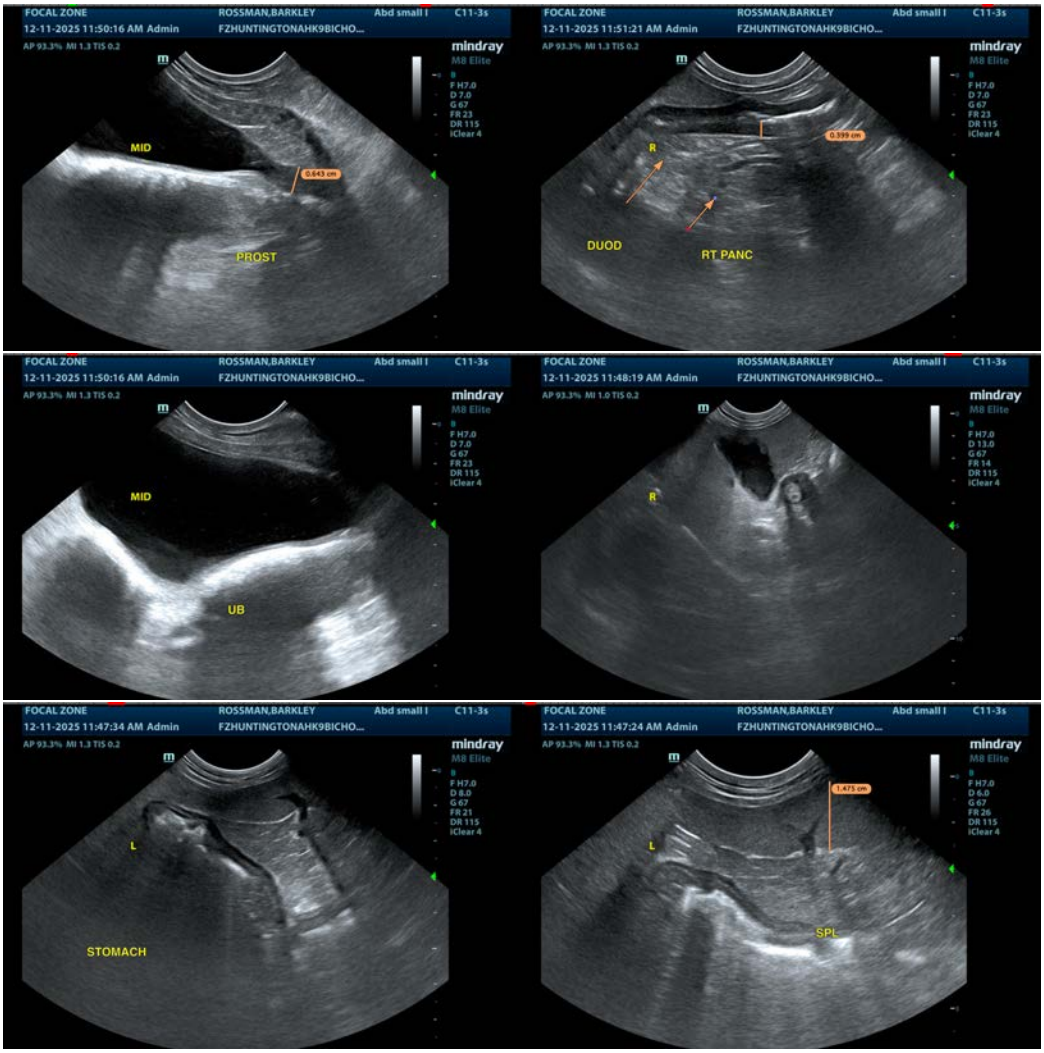
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant urolithiasis is present. The liver is large, rounded and hyperechoic, possibly consistent with a vacuolar hepatopathy, although hepatopathies are possible. Consider a liver function test +/- a fine needle aspirate of the liver for further evaluation. The left adrenal is “plump”, the right is relatively normal. This does not exclude a diagnosis of Cushing’s disease but may make it somewhat less likely. If classic symptoms consistent with Cushing’s are present, you could consider adrenal function testing.

The right limb of the pancreas is somewhat prominent and mottled with no overt inflammation, although there are some patchy areas of inflammation in the mesentery. Consider a PLI level to further evaluate. If this is significantly elevated, consider treatment for chronic pancreatitis.



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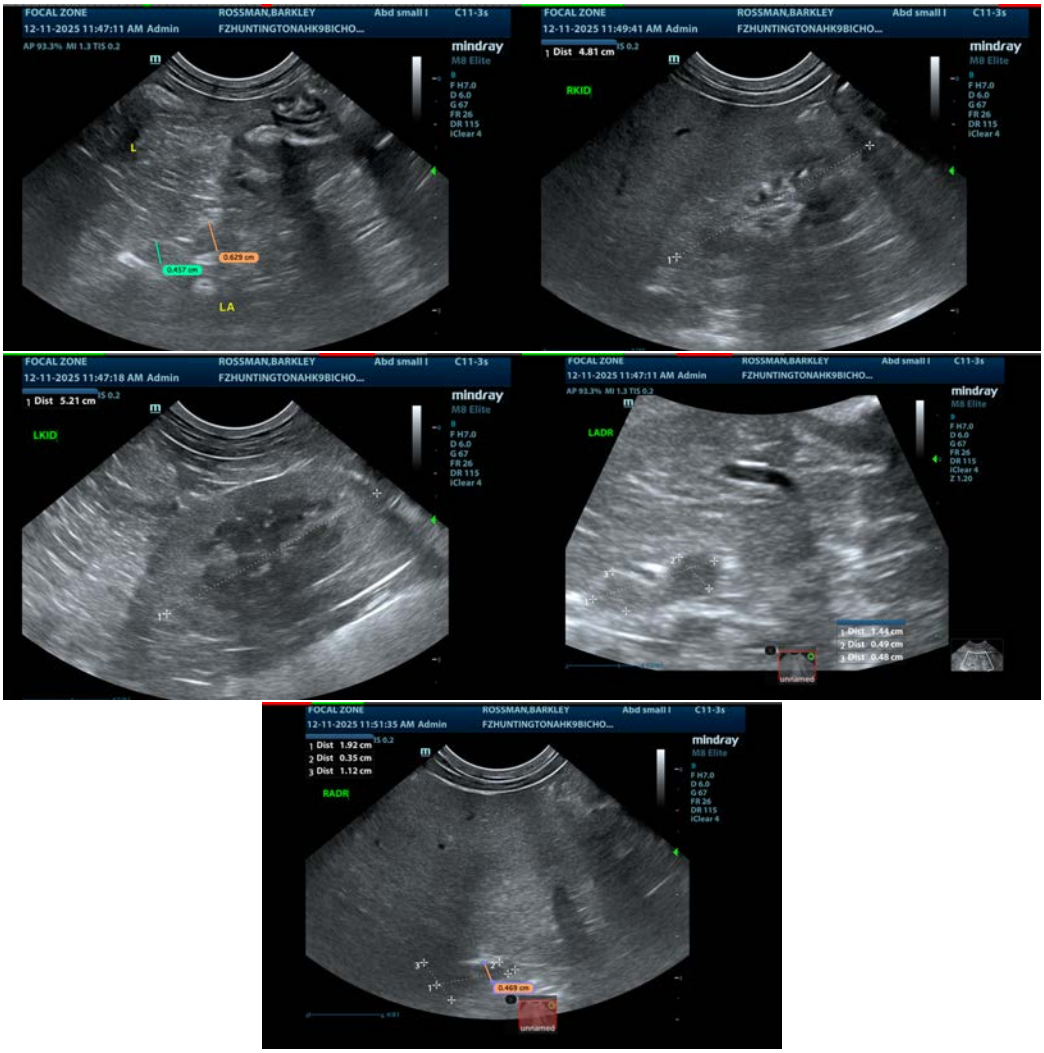

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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