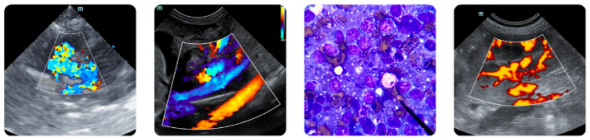


PATIENT

Sandy NJSH Rescue

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

10

WEIGHT

33.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Dubos

INVOICE

10949

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

PU/PD ACTH stim therapeutic elevated LE Current meds Trilostane 50mg 1 cap PO SID.

Abnormal PE/Chem/CBC/UA Results: Thrombocytosis Glob 4.8 ALT 254 ALP >2000 ACTH stim therapeutic T4 > 0.5

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 (6.64 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.45 cm). Overall echogenicity is slightly hyperechoic with poor 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 in size measuring 0.74 cm at the cranial pole and 0.77 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.

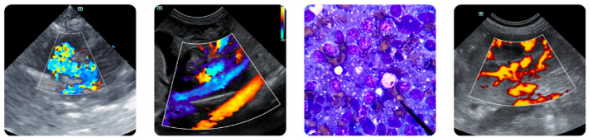
The right adrenal gland is large in size measuring 1.66 cm at the cranial pole and 1.01 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.57 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, poorly defined hypoechoic nodules throughout the hepatic parenchyma. Additionally in the left side of the liver, there is an isoechoic “mass effect” measuring 3.32 cm x 5.67 cm, most consistent with rounded liver lobe but a poorly defined mass effect (adenoma, large regenerative nodule, carcinoma, etc.) cannot be ruled out.



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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. Luminal contents are mild and likely incidental at this time. 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. The duodenum measured as normal (0.42 cm in wall thickness) and the jejunum measured as normal (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 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. There is no significant lymphadenopathy present. A prominent sub lumbar lymph node measures 0.58 cm x 1.6 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly. Findings are most consistent with the currently diagnosed pituitary dependent hyperadrenocorticism.
- Age related changes visualized associated with both kidneys.
- Large, heterogenous nodular liver with a poorly defined isoechoic “mass effect” in the left liver. Findings are most consistent with a vacuolar hepatopathy and regenerative nodules. Although, other differentials are possible. The “mass effect” likely represents a rounded liver lobe, although a true mass effect (adenoma, carcinoma, other) cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the changes observed are consistent with a patient with pituitary dependent hyperadrenocorticism (large adrenals, large heterogenous liver, etc.) There is an isoechoic irregular rounded area in the left side of the liver. This likely represents a rounded liver lobe but an isoechoic mass effect cannot be ruled out. You could consider a liver function test and a fine needle aspirate of the left caudal ventral liver for further evaluation.

Both kidneys have mildly reduced corticomedullary distinction. This is likely consistent with age, but

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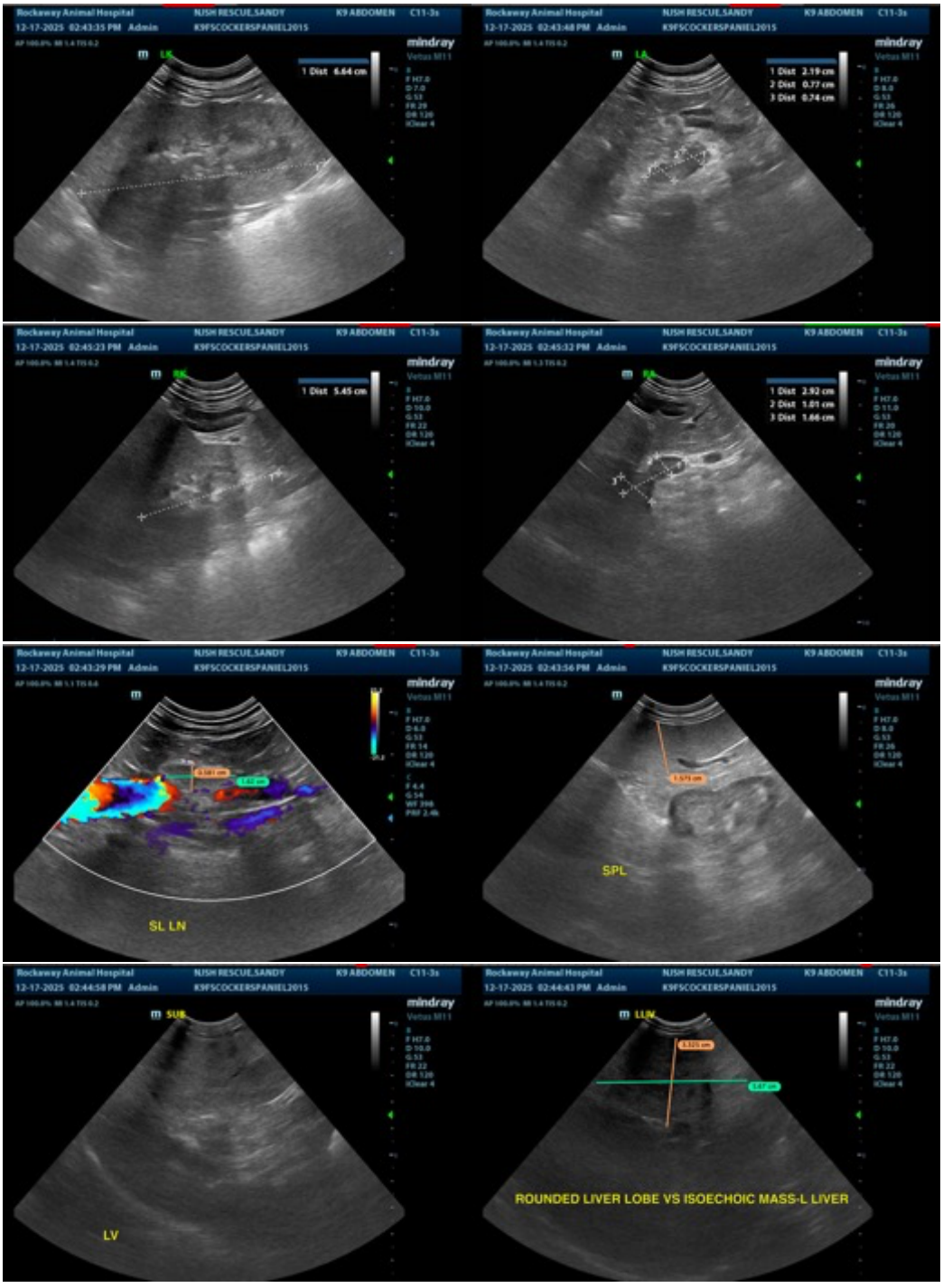
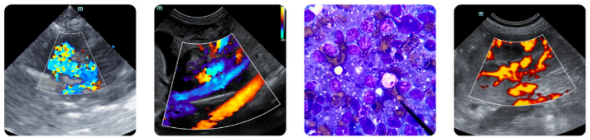
early chronic renal disease could also be impacting urine concentrating ability and causing PU/PD. Consider evaluation of an SDMA level, a urine culture, and a blood pressure evaluation.



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



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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