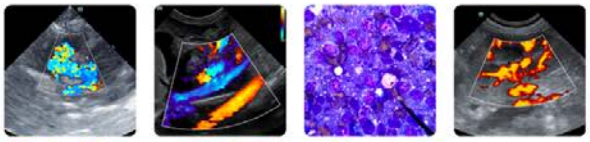


PATIENT

Lacey Nathanson

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

11 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

72295

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Decreased appetite CBC/Chem Normal, USG 1.039 Marked Dental disease R/O oral pain as cause of decreased appetite. CXR no obvious abnormalities radiology report pending

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 (4.17 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 (4.52 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 and irregular in appearance, measuring 0.98 cm at the cranial pole and 1.36 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is large, the cranial pole is irregular, and the general parenchyma is mottled. There is questionable concern for soft tissue density at the phrenicoabdominal vein.

The right adrenal gland is difficult to clearly visualize. A structure measuring 1.11 at the cr pole and 1.27 cm at cd pole is suspected.

Spleen

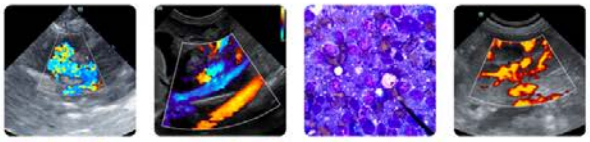
The spleen is subjectively normal in size (0.96 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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



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The stomach contains minimal luminal contents. It measures at a normal thickness of 0.42 cm 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 uniform diameter with minimal fluid distension. Wall appears subjectively, increased in thickness. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The colon is prominent and thickened (with some corrugation), measuring at 0.19 cm, with shadowing gas and non-formed fecal material.

Pancreas

The area of 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

There is scant free fluid. No significant lymphadenopathy noted. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular left adrenal gland with questionable vascular invasion and large right adrenal – The significance of this is uncertain. This could represent a focal mass lesion (benign or neoplastic) or even atypical hyperplasia.
- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent, mildly thickened colon – Changes are most consistent with colitis.
- Scant free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland is large and irregular in appearance. There is some soft tissue density in the region of the phrenicoabdominal vessel, which could be concerning for early vascular invasion. If signs of Cushing's are present, you could consider adrenal function testing. Additionally, recommend a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma. Options for further evaluation could include a contrast CT scan or repeat evaluation in 6-8 weeks with ultrasound.

The small intestine subjectively appears mildly thickened in some areas, and the colon appears prominent and mildly thickened with intact wall layering, possibly consistent with colitis. If underlying gastrointestinal disease is suspected, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for additional evidence. Additional options would include a hydrolyzed protein prescription diet.

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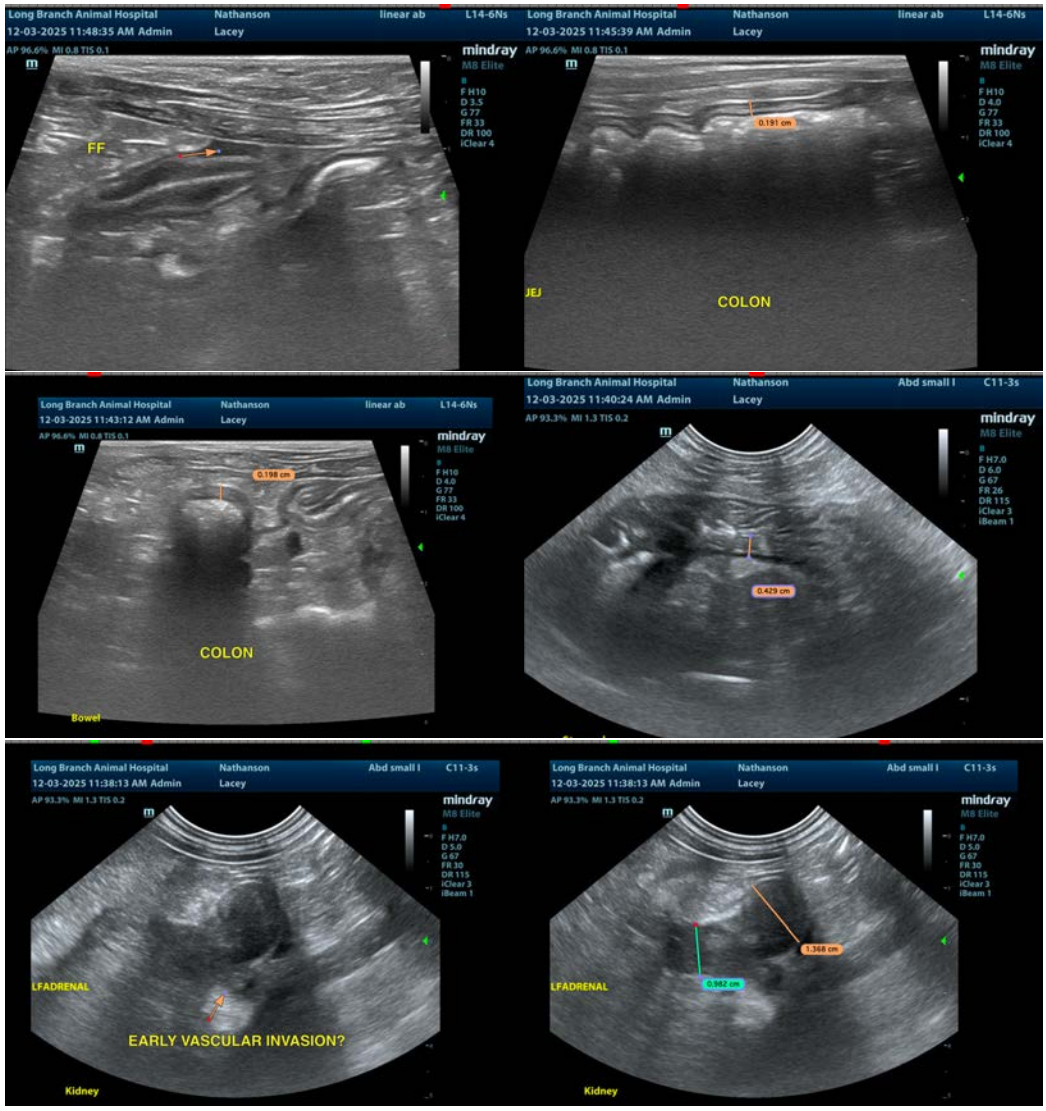
There is some mild shadowing visualized dorsal to the urinary bladder, but the trifurcation is not clearly visualized. Consider reevaluation of this area in the future.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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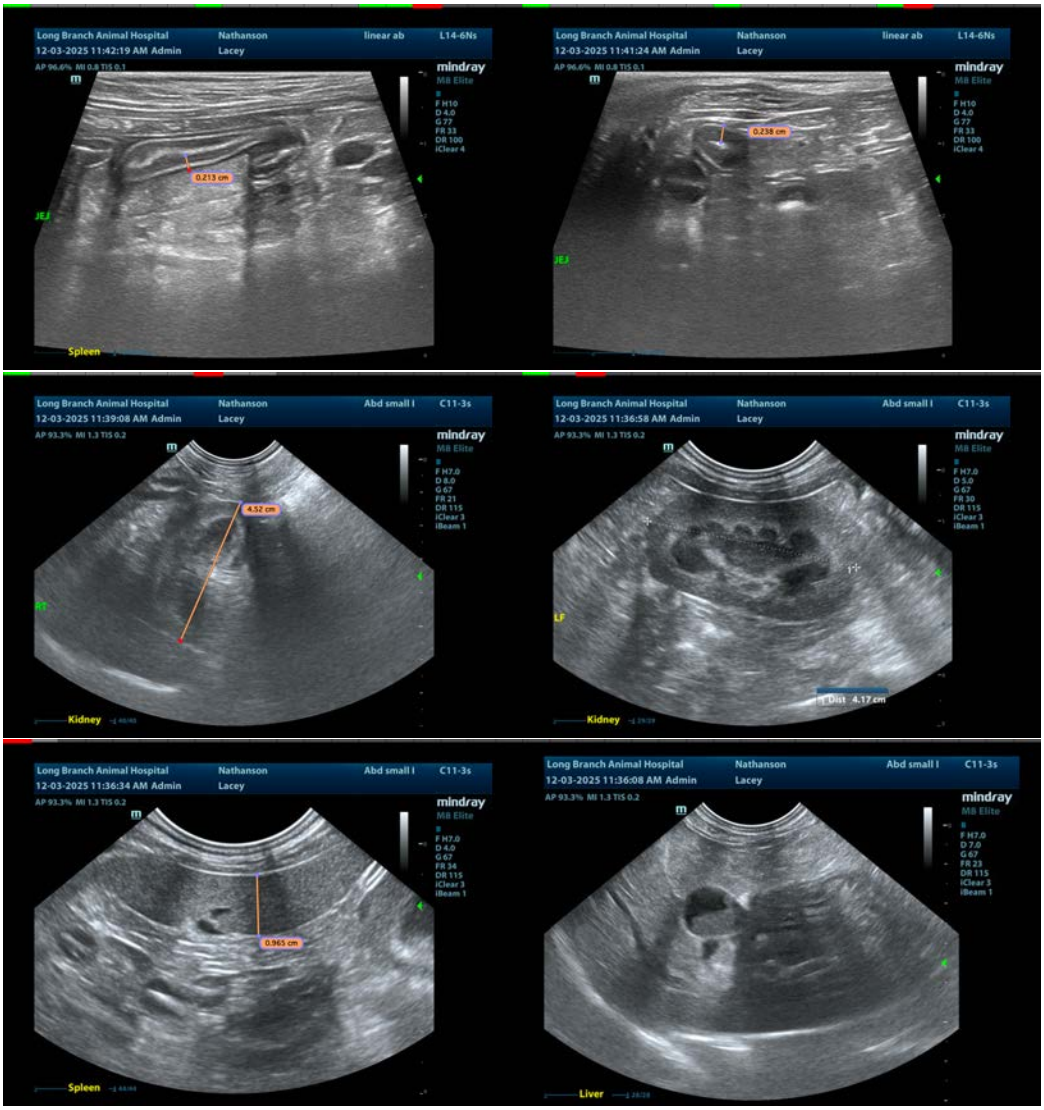

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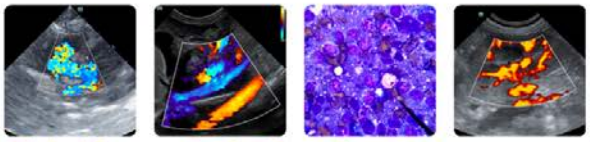

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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