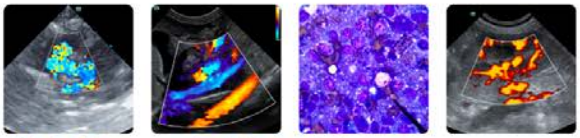


SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Daisy Oates

SPECIES

Canine

BREED

Beagle

SEX

Intact Female

AGE

9 Years

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights Animal Hospital

REFERRING VET

Dr. Harkey

INVOICE

72433

DATE

12/9/25

PRESENTING CLINICAL SIGNS

P presented for US due to elevation in liver values, PU/PD, ravenous appetite (attempted to eat out of 2 trash cans at hospital) ate very well after US, weight loss of 4# since thanksgiving, pot bellied appearance concern for Cushing's dz vs neoplasia vs other cause for weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (6.6 cm) with a large cortical cyst in the caudal pole measuring 2.12 cm and a focal shadowing area in the medulla most consistent with a non-obstructive nephrolith measuring 0.83 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.24 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, measuring 0.82 cm at the cranial pole and 0.97 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, measuring 0.73 cm at the cranial pole and 0.86 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.

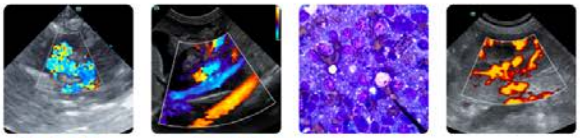
Spleen

The spleen is subjectively normal in size (0.86 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 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 occasional hyper- and hypoechoic nodules visualized within the liver. Examples of hypoechoic nodules measure 0.93, 0.93, and 0.53 cm. A mixed echogenicity nodule visualized measures 1.03 cm.

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.



SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Daisy Oates

SPECIES

Canine

BREED

Beagle

SEX

Intact Female

AGE

9 Years

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights Animal Hospital

REFERRING VET

Dr. Harkey

INVOICE

72433

DATE

12/9/25

Gastrointestinal

The stomach contains moderate fluid/ingesta. 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 0.34 cm. Jejunum wall measures 0.31 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 right limb of 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

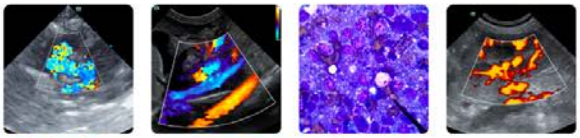
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

Normal uterus and ovaries are visualized.

PRIIMARY FINDINGS

- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Prominent, mottled right limb of the pancreas with regional hyperechoic mesentery – Findings could be consistent with mild chronic pancreatitis or pancreatic remodeling.
- Large, heterogeneous liver with ill-defined hypoechoic nodules – 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. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.
- Large, distended gallbladder with a large amount of non-organized echogenic debris – 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.



PATIENT

Daisy Oates

SPECIES

Canine

BREED

Beagle

SEX

Intact Female

AGE

9 Years

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights Animal Hospital

REFERRING VET

Dr. Harkey

INVOICE

72433

DATE

12/9/25

SECONDARY FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Cortical cyst and non-obstructive nephrolith visualized associated with the right kidney. These are likely incidental findings at this time. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

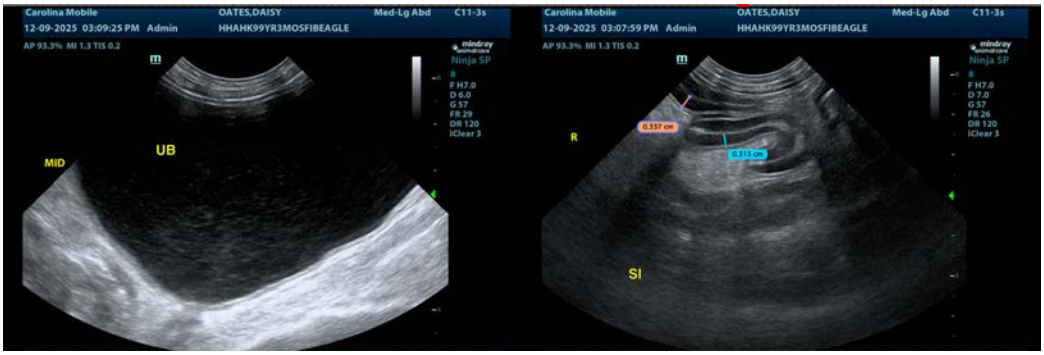
Both adrenals are large, and the liver has the appearance most consistent with a vacuolar hepatopathy. The symptoms described could be consistent with Cushing's disease. If this is strongly suspected, recommend adrenal function testing.

A cause for the weight loss is not readily identified. Recommend measuring caloric intake. You could potentially see malabsorption with a concurrent enteropathy, although no symptoms of diarrhea are reported. If this is a concern, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for exocrine pancreatic insufficiency, low B12 levels (which could be an indicator of underlying small intestinal disease), etc.

Subjectively, there is hyperechoic mesentery in the cranial abdomen. The significance of this is uncertain. The pancreas is mildly mottled in the region but not overtly inflamed. If an elevation in PLI is noted, you could consider treatment for chronic pancreatitis.

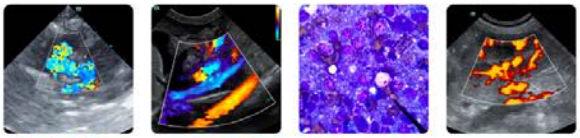
Although a vacuolar hepatopathy is strongly suspected, a more significant hepatopathy cannot be ruled out as a potential cause for the weight loss reported. A liver function test could be considered.

There is a large amount of debris visualized in the gallbladder but no evidence of wall thickening or surrounding inflammation. Consider initiating chronic Ursodiol therapy and continued monitoring of the gallbladder.



Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Daisy Oates

SPECIES

Canine

BREED

Beagle

SEX

Intact Female

AGE

9 Years

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights Animal Hospital

REFERRING VET

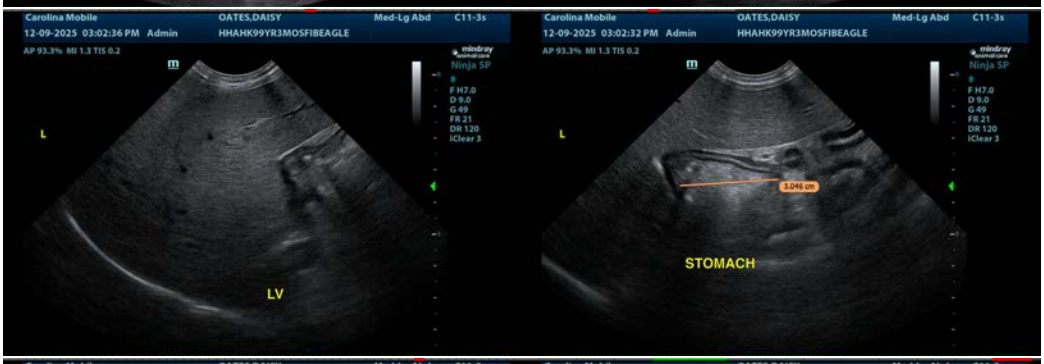
Dr. Harkey

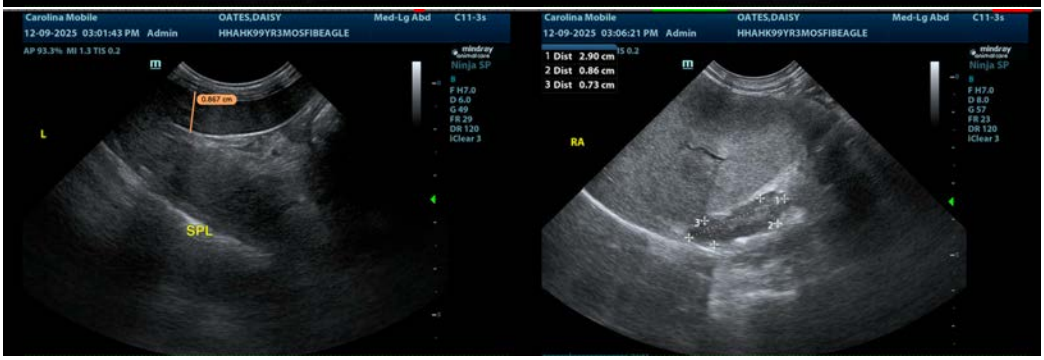
INVOICE

72433

DATE

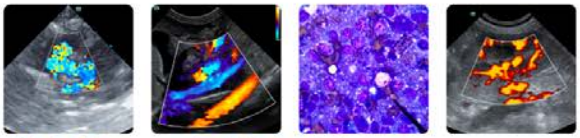
12/9/25





Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Daisy Oates

SPECIES

Canine

BREED

Beagle

SEX

Intact Female

AGE

9 Years

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights Animal Hospital

REFERRING VET

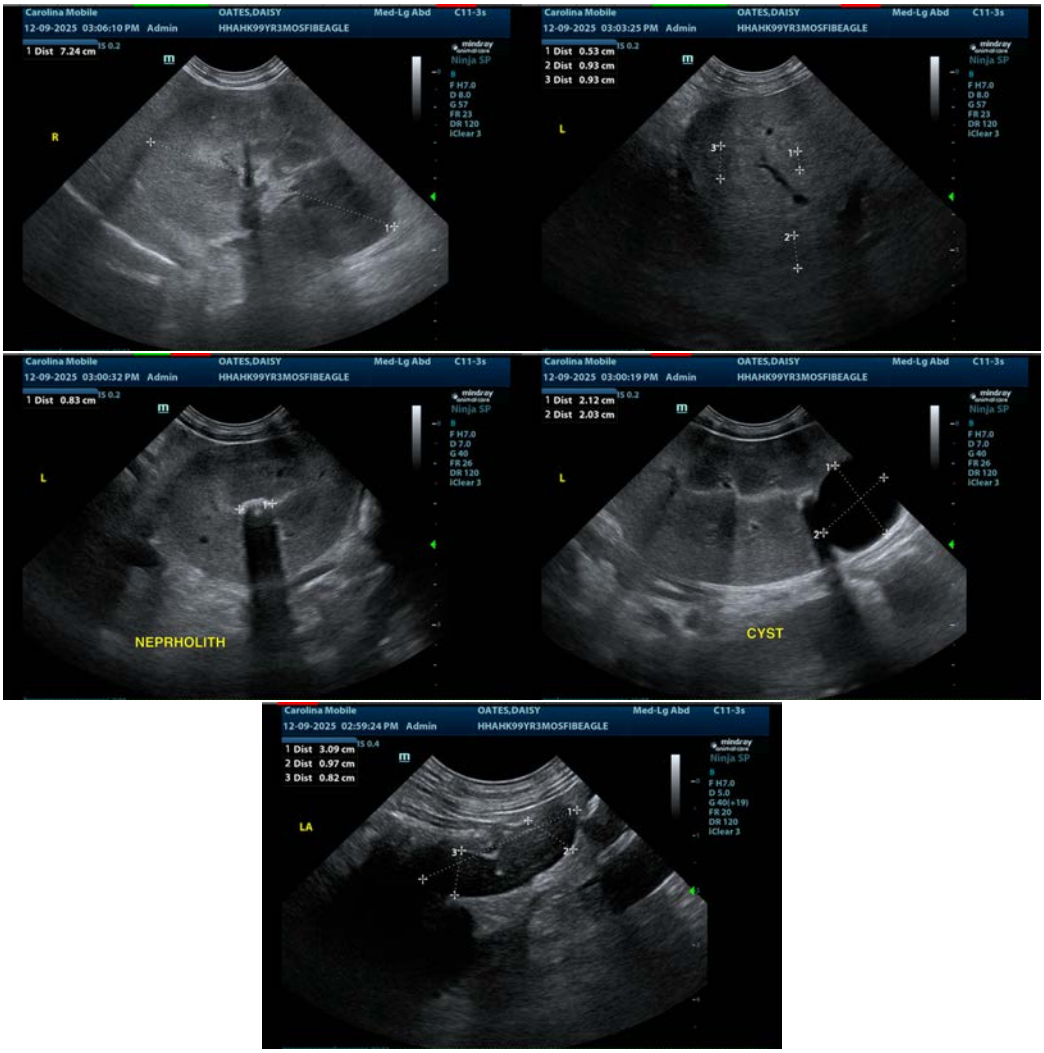
Dr. Harkey

INVOICE

72433

DATE

12/9/25



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