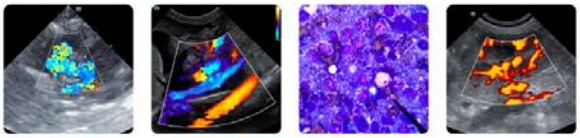


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

RowZ Seward-Wallberg

SPECIES

Canine

BREED

Bassett x

SEX

Spayed Female

AGE

11 Years

WEIGHT

36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal Clinic

REFERRING VET

Dr. Fischer

INVOICE

72884

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: PUPD, pot-bellied

ABNORMAL Labwork Values: LDDS test inconsistent with hyperadrenocorticism. ALT 616, AST 80, ALP 378, GGT 26, Lipase 327, stress leukogram.

Current Medications: Denamarin 425mg SID

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 (5.96 cm) with a small cortical cyst present. 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 (6.8 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 large and irregular in shape, measuring 0.76 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 there is a hyperechoic nodule at the caudal pole measuring approximately 1.48 cm x 1.17 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is “plump” measuring 0.86 cm at the cranial pole and 0.84 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.

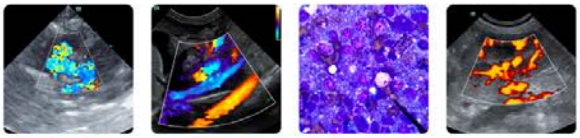
Spleen

The spleen is subjectively normal in size (2.28 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 normal in echogenicity with smooth peripheral margins. 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.



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Gastrointestinal

The stomach contains mild/moderate fluid. 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 0.32 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 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

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.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally "plump" adrenal glands with hyperechoic nodule at the caudal pole of the left adrenal gland – Findings could be consistent with bilateral hyperplasia and an adenoma or similar the caudal pole of the left adrenal. An early neoplastic lesion cannot be ruled out.
- Large, heterogeneous liver – 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.
- 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

Both adrenals are somewhat "plump", and there is a hyperechoic nodule at the caudal pole of the left adrenal gland. At this time this has the appearance most consistent with a benign lesion, which could be functional or non-functional. Recommend a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma. If pheochromocytoma is rule out and classic symptoms for Cushing's are present, you could consider an adrenal panel to the University of Tennessee's endocrine lab in combination with an ACTH stimulation test, looking for atypical Cushing's. This would be unlikely to clarify whether this is adrenal dependent or pituitary dependent, but you could consider medical therapy with close continued monitoring of the adrenal glands with ultrasound (recheck in 2-4 months).

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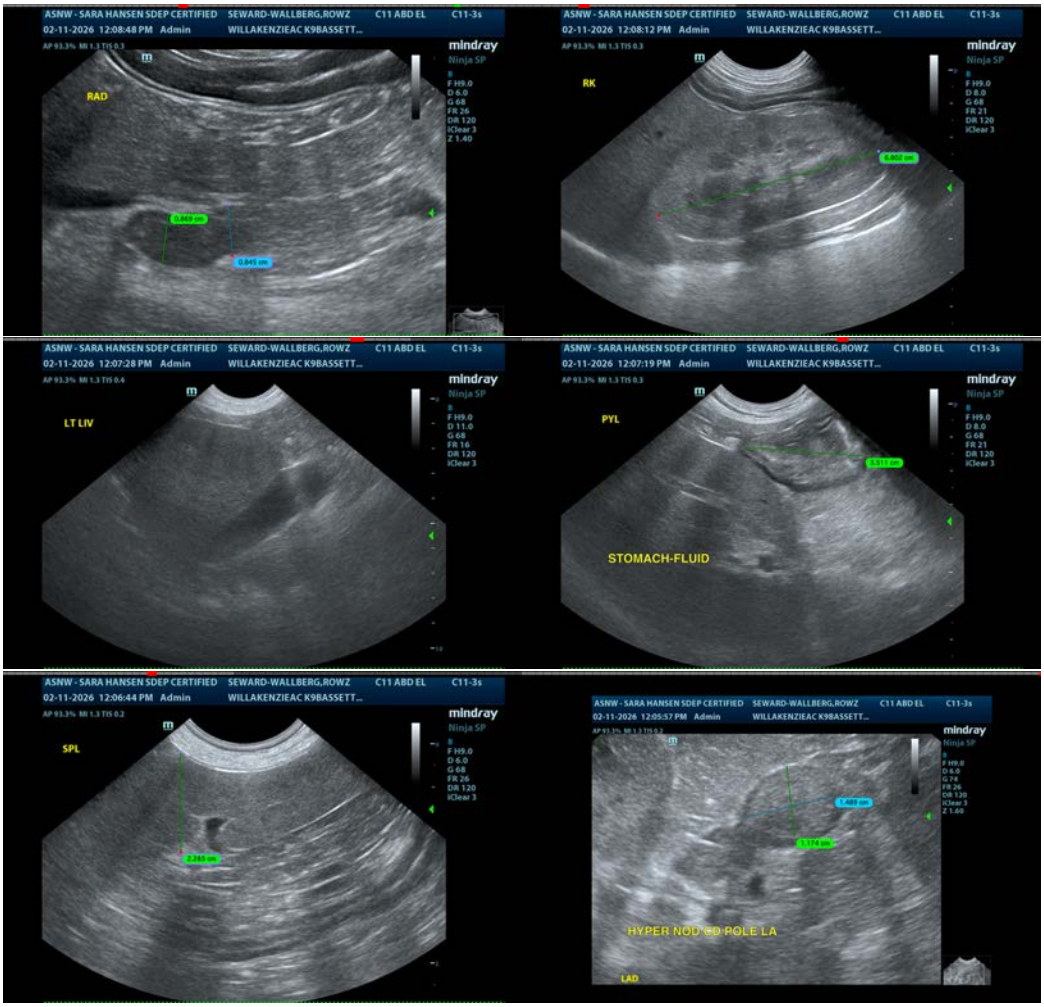
The liver is large and heterogeneous. This is a non-specific finding. This could be consistent with a vacuolar hepatopathy, although the more significant elevation in ALT would not be typical for that situation. Consider a fine needle aspirate of the liver (provided coagulation parameters are normal) and a liver function test. If there are any concerns for underlying Leptospirosis, consider testing.

There is a moderate amount of gallbladder debris but no evidence of wall thickening or inflammation. If no other cause for liver enzyme elevations is present, you could consider empirical treatment for cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics.



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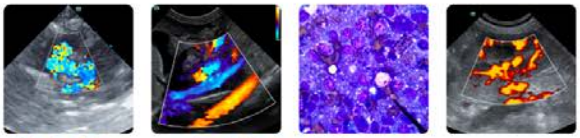

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Educational Teleconsultation Services™

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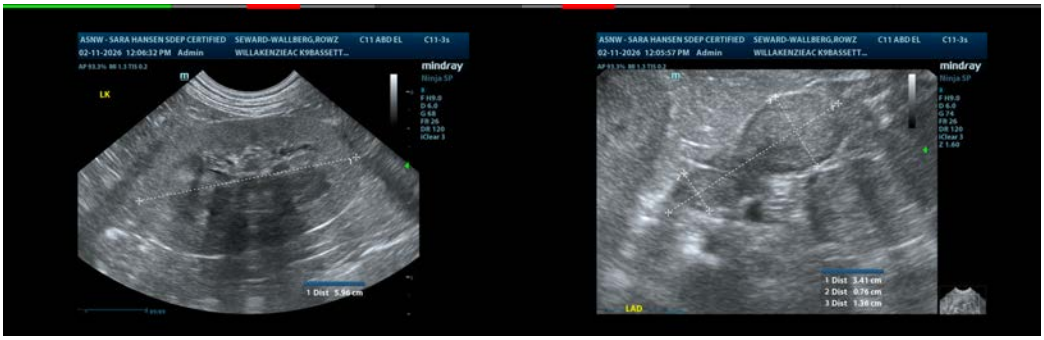

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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