PATIENT

Bentley Crouch

SPECIES

Canine

BREED

York Terrier

SEX

MN

AGE

12 years

WEIGHT

15.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Brown

INVOICE

11301

DATE

2/12/2026

PRESENTING CLINICAL SIGNS

- Patient has a history of pancreatitis currently managed with Hill's Multi-Organ Diet. ALT has been persistently elevated with no improvement. No liver support supplements are currently being administered.
- Patient was previously treated with enalapril for proteinuria without improvement and was recently transitioned to telmisartan (7.5 mg daily), also without improvement. The patient is normotensive.
- Owner reports pica behavior, including ingestion of gravel in the backyard.
- Patient is also being treated for IVDD and receives acupuncture therapy.
- Current Medications: Heartgard Plus, Telmisartan 7.5 mg daily, Multivitamin.

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 prostate is normal in size (0.88 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.25 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 are numerous small cortical cysts noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.82 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 are numerous small cortical cysts noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is plump in size measuring 0.53 cm at the cranial pole and 0.76 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 0.83 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 (1.99 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

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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. There are occasional cystic lesions visualized within the parenchyma. A small cyst on the left measures 1.06 cm, and a larger cyst measures 2.13 cm x 3.15 cm.

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

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 (0.34 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 prominent, hyperechoic and 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 of normal uniform echogenicity.

ULTRASONOGRAPHIC 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.
- Bilateral renal changes consistent with chronic age-related renal disease.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Heterogenous liver with occasional cystic lesions. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The cystic lesions are most consistent with benign hepatic cysts.

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- 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

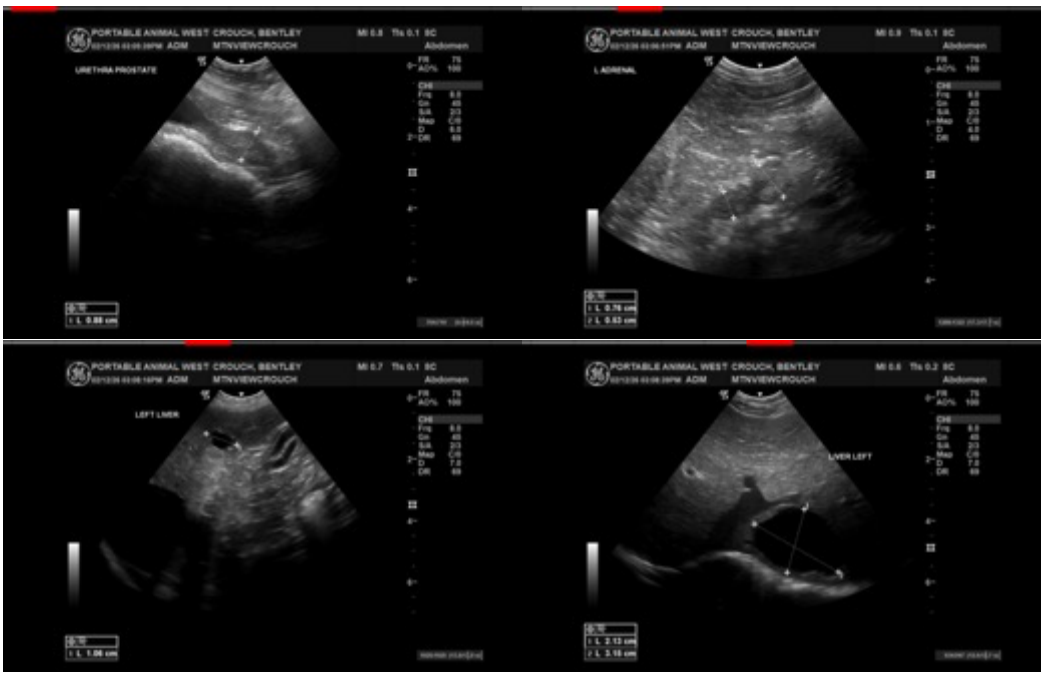
The liver is heterogenous. This is a non-specific finding. No significant mass lesions are identified. Additionally, there is some hyperechoic debris visualized in the gallbladder with no evidence of gallbladder wall thickening. Further evaluation for a primary hepatopathy could include the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- If clinically appropriate, consider screening for leptospirosis.
- Consider a fine needle aspirate of the liver (provided coagulation parameters are normal) to screen for round cell neoplasia, etc.

If liver function is abnormal and/or the ALT is persistently elevated, it's likely that biopsies of the liver with samples for histopathology, culture, and copper levels would be necessary to definitively diagnose.

Both adrenals are large. If signs of Cushing's are present, consider adrenal function testing to further evaluate.

The gallbladder debris is moderate and focused in one area. An associated soft tissue structure cannot be definitively ruled out. Recommend continued monitoring.



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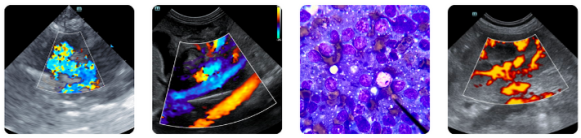

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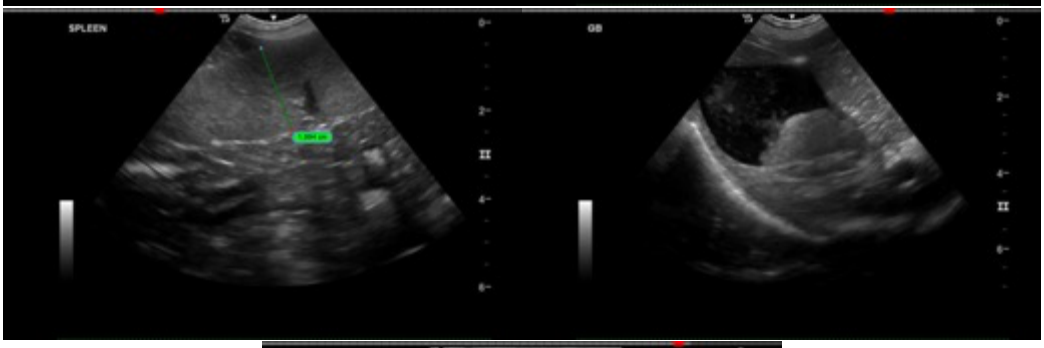

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com

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