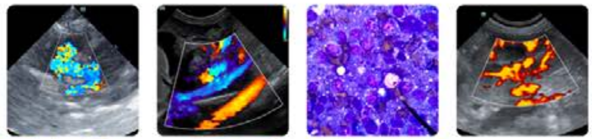


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lily Azpurua

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years

WEIGHT

16.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal Hospital (Florida)

REFERRING VET

Dr. Gavin Casper

INVOICE

72945

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Hx of hepatomegaly. Hx of hyperadrenocorticism w/ proteinuria and hypertension. Managed on telmisartan 20mg Q24 and Vetoryl 15mg PO Q24. Most recent pre-pill cortisol was normal, no clinical signs. Doing well otherwise, no c/s/v/d. Monitoring bloodwork on 1/30 revealed new azotemia and leukopenia. Recheck bloodwork today leukopenia stable and azotemia resolved.

Abnormal PE/Chem/CBC/UA Results: Doppler bP (extremely anxious) - 180 Cbc- WBC 4.56 (prev 4.6), lymphocytes 0.82 (prev 0.819) Chem- BUN 54 (prev 77) spot glucose w/ glucometer 70

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened, particularly in the apical region measuring 0.42 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.18 cm) with numerous small cortical cysts, and mild pyelectasia at 0.17 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.85 cm) with numerous cortical cysts, and mild pyelectasia at 0.15 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and abnormal in appearance, measuring 1.36 cm at the cranial pole and 2.19 cm at the caudal pole (measured 1.68 cm on 1/6/25). It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is extremely large and heterogeneous with a cystic region in the caudal pole. No evidence of vascular invasion is visualized.

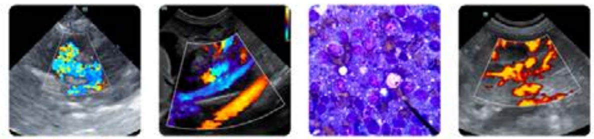
The right adrenal gland is normal in size measuring 1.06 cm at the cranial pole and 1.03 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.06 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. No focal nodules or cystic lesions are observed.



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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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild gas and 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.35 cm. Mild mucosal speckling is visualized in some areas of the small intestine. 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

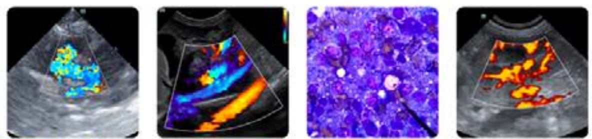
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, 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.

PRIMARY FINDINGS

- Large, heterogeneous left adrenal gland – Findings are concerning for a mass effect or severe hyperplasia (adenoma, carcinoma, pheochromocytoma, other).
- Age related changes and mild pyelectasia noted associated with both kidneys – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, heterogeneous, rounded liver – Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- 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.
- Mildly thickened small intestine with some areas exhibiting rare mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.



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SECONDARY FINDINGS

- Mildly thickened/irregular apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

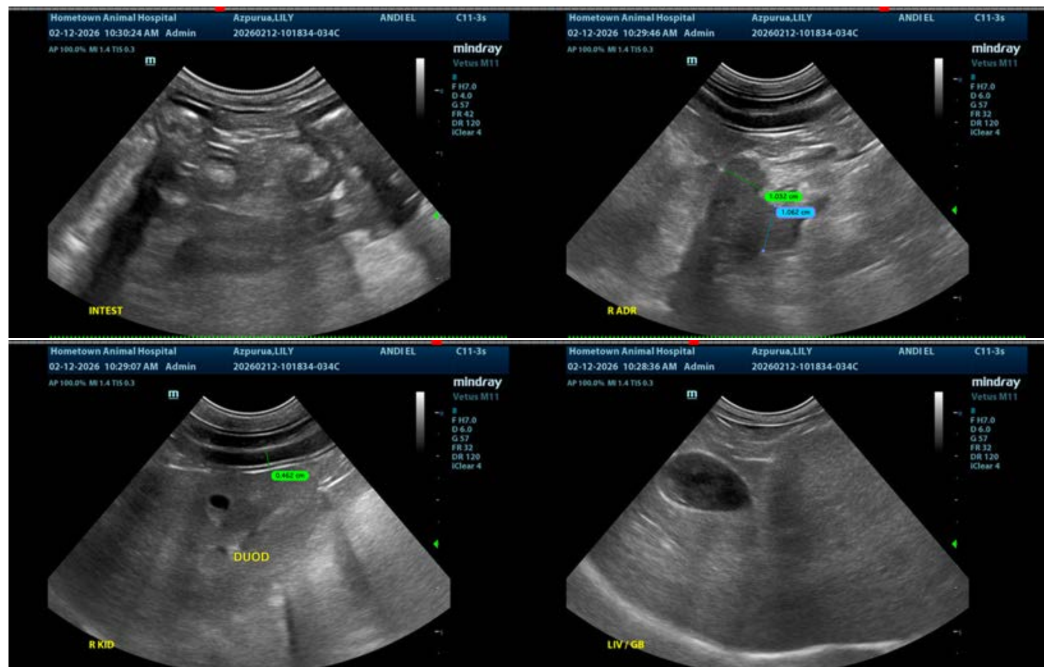
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

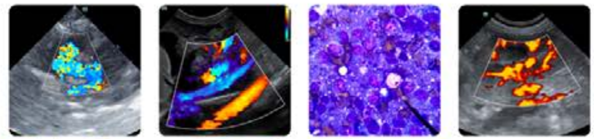
Both adrenals are large, but the left adrenal in particular is large and somewhat abnormal in appearance in that it is mottled with a cystic portion in the caudal pole. It is significantly larger than last year but still retains a reasonable shape, etc. Findings could be consistent with severe hyperplasia or a progressive true mass lesion. If hypertension is a persistent problem, you could consider measuring catecholamine levels, looking for possible pheochromocytoma. Additionally, you could consider a contrast CT scan to further evaluate for vascular invasion and to assess the possible need for surgical removal.

The hepatic changes are most likely consistent with the Cushing's disease already diagnosed. The gallbladder debris is relatively mild and should be monitored at this point.

There is mild mucosal speckling visualized associated with the small intestine. This could be consistent with a primary enteropathy. If there is a history of chronic GI symptoms, etc., further evaluation may be warranted.

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





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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