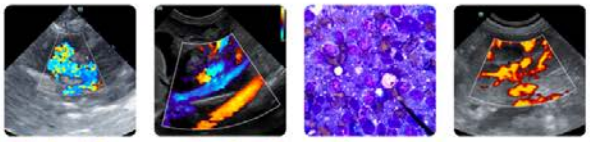


PATIENT

Maku Anderson

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years 11 Months

WEIGHT

8.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr. Kaylan

INVOICE

73016

DATE

2/17/26

PRESENTING CLINICAL SIGNS

Maku presents with a recent history of weight loss and a newly elevated ALP, alongside a background of managed hypothyroidism and IVDD.

Recent blood work revealed an increase in ALP to 281 (normal < 131), a value that was within normal range on previous testing. This is concurrent with reported weight loss. Other findings from the recent blood panel, for which the patient was not fasted, include a mildly increased BUN at 11.4 (normal < 11.1), mildly increased calcium at 2.89 (normal < 2.85), and mildly increased triglycerides at 3.38 (normal < 3.32). A urinalysis showed a specific gravity of 1.032 with one-plus protein. The complete blood count (CBC) was unremarkable.

Maku has a history of hypothyroidism, which is managed with Thyro-Tabs. A recent T4 level for therapeutic monitoring was 38, which is within the normal therapeutic range of 30-45. The patient also has a known history of IVDD.

The patient's past medical history also includes dental extractions.

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 (0.83 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.

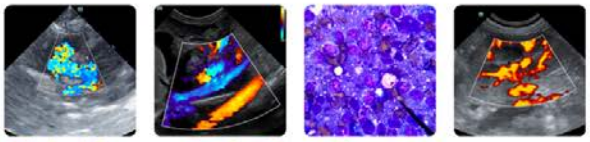
The left kidney has a normal shape and size (4.51 cm) with numerous small/variably sized cortical cysts and hyperechoic cortical striations. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.05 cm) with numerous small/variably sized cortical cysts and hyperechoic cortical striations. A complex cortical cyst is visualized measuring 0.88 cm in diameter. 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is “plump” measuring 0.51 cm at the cranial pole and 0.57 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 “plump” measuring 0.74 cm at the cranial pole and 0.56 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.



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Spleen

The spleen is subjectively normal in size (1.49 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic lesions in the parenchyma with the appearance most consistent with benign myelolipomas. Examples measure 0.88, 0.45, and 0.98 cm. Recommend continued monitoring.

Liver

The liver is subjectively normal in size, and echogenicity with rounded margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. In the mid caudal right region of liver there is an isoechoic, rounded “mass effect” visualized measuring 1.88 cm x 2.13 cm. This is iso- to slightly hyperechoic to the remainder of the liver and could be consistent with a poorly defined mass effect or a rounded liver lobe. Additionally, there are some poorly defined hyperechoic nodules visualized in the region of the caudate lobe measuring 0.34, 0.38, and 0.32 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. Some of the debris appears adhered to the gallbladder wall. 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. There is some isoechoic, non-shadowing intraluminal material visualized proximal to the pylorus. This has the appearance most consistent with polypoid lesion, prominent rugal fold, or a mass effect. It measures 0.74 cm x 0.68 cm in cross section, 0.51 cm x 2.22 cm in longitudinal view.

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 0.51 cm. Jejunum wall measures 0.35 cm. There is mild mucosal speckling, fogging and striations. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

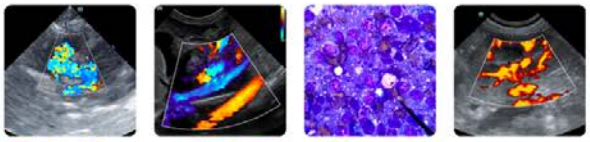
The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly mottled. 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. There is no significant lymphadenopathy noted. There is a cluster of mild prominent lymph nodes near the ileocecal junction measuring 0.35, 0.32, and 0.26 cm with surrounding hyperechoic mesentery.



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PRIMARY FINDINGS

- Bilaterally "plump" adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.
- Rounded iso/hyperechoic liver lobe versus small mass effect – The appearance of this lesion is subtle and could represent a poorly defined mass effect or rounded liver lobe. Recommend continued monitoring. Fine needle aspirate could be considered, but I suspect it would be difficult to reach in this region.
- Bilateral changes in both kidneys consistent with chronic age related renal disease as well as renal cysts.
- Mildly thickened small intestine with mild mucosal fogging, speckling and striations – 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). Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Isoechoic soft tissue structure visualized in the lumen of the stomach – Possible differentials could include a polyp, an atypical rugal fold, or a mass effect.

SECONDARY FINDINGS

- Hyperechoic foci/nodules in the spleen – Findings are most consistent with benign myelolipomas. Recommend continued monitoring.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Hyperechoic foci/nodules visualized in the region of the caudate lobe of the liver – At this time, these have the appearance most consistent with benign lesions. Recommend continued monitoring.
- 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 changes observed are relatively mild. There is a rounded, poorly defined caudomedial region in the liver, which could represent a poorly defined mass effect or rounded liver lobe. Additionally, there are some poorly defined hyperechoic parenchymal lesions in the region of the caudate lobe. Both of these lesions currently have somewhat of a benign appearance, although continued monitoring is strongly recommended.

The small intestine is mildly thickened with some mucosal fogging and speckling. Findings could be consistent with a primary enteropathy. Correlate with the presence of underlying gastrointestinal symptoms, etc. If there is concern for underlying gastrointestinal disease, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. If these values are abnormal, further workup may be warranted. Additionally, there is a poorly defined non-shadowing luminal structure visualized in the stomach. This has an appearance somewhat consistent with a polypoid like lesion, although a true mass effect or atypical rugal fold is possible. No evidence of an obstruction is noted.

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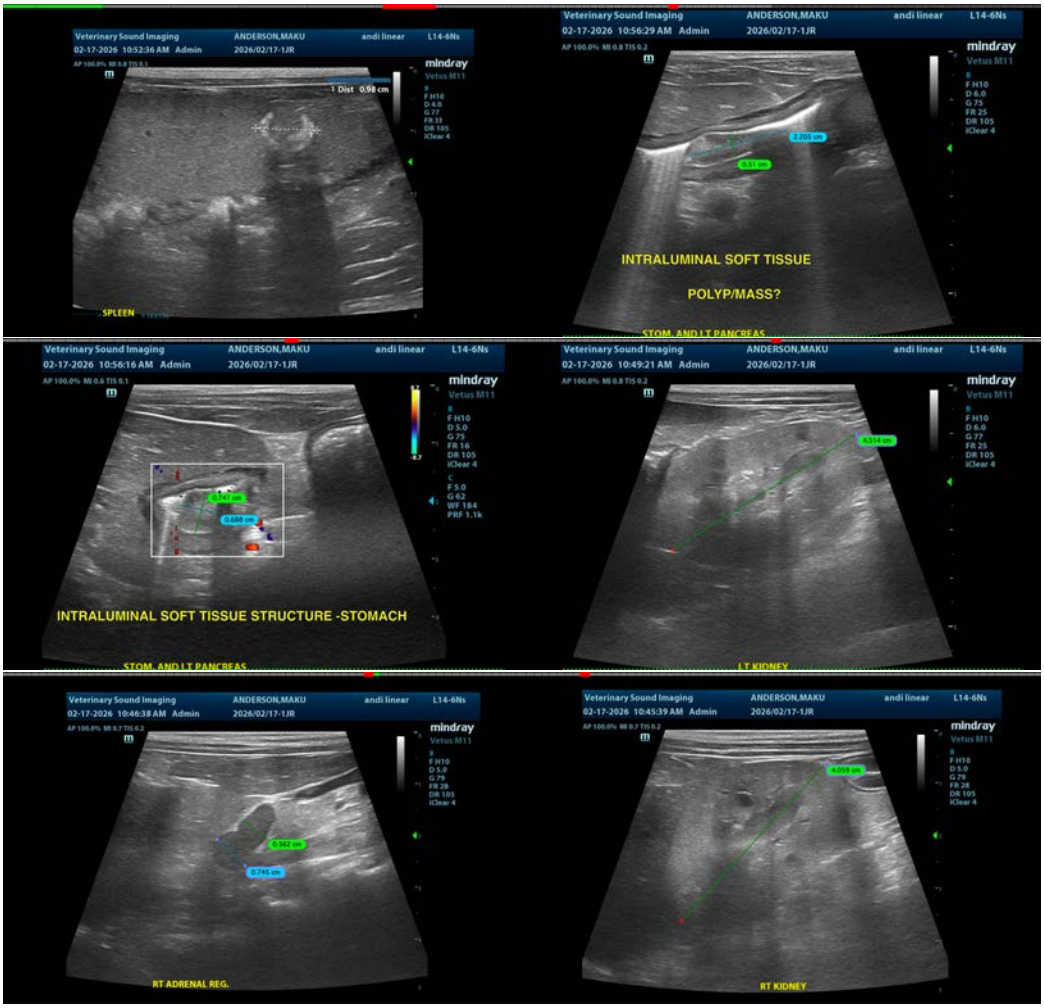
Options moving forward could include continued monitoring with ultrasound or an upper GI endoscopy with biopsies obtained of the lesion as well as the proximal GI tract, as an enteropathy could be associated with weight loss reported.

Based on the appearance of the kidneys, non-concentrated urine with some biochemical findings concerning for dehydration, early renal disease is suspected. Consider baseline culture, blood pressure, and urine protein to creatinine ratio to further evaluate.

Both adrenal glands are somewhat "plump". This could be incidental or could be consistent with early hyperplasia. If symptoms consistent with Cushing's disease are present, you could consider adrenal function testing.



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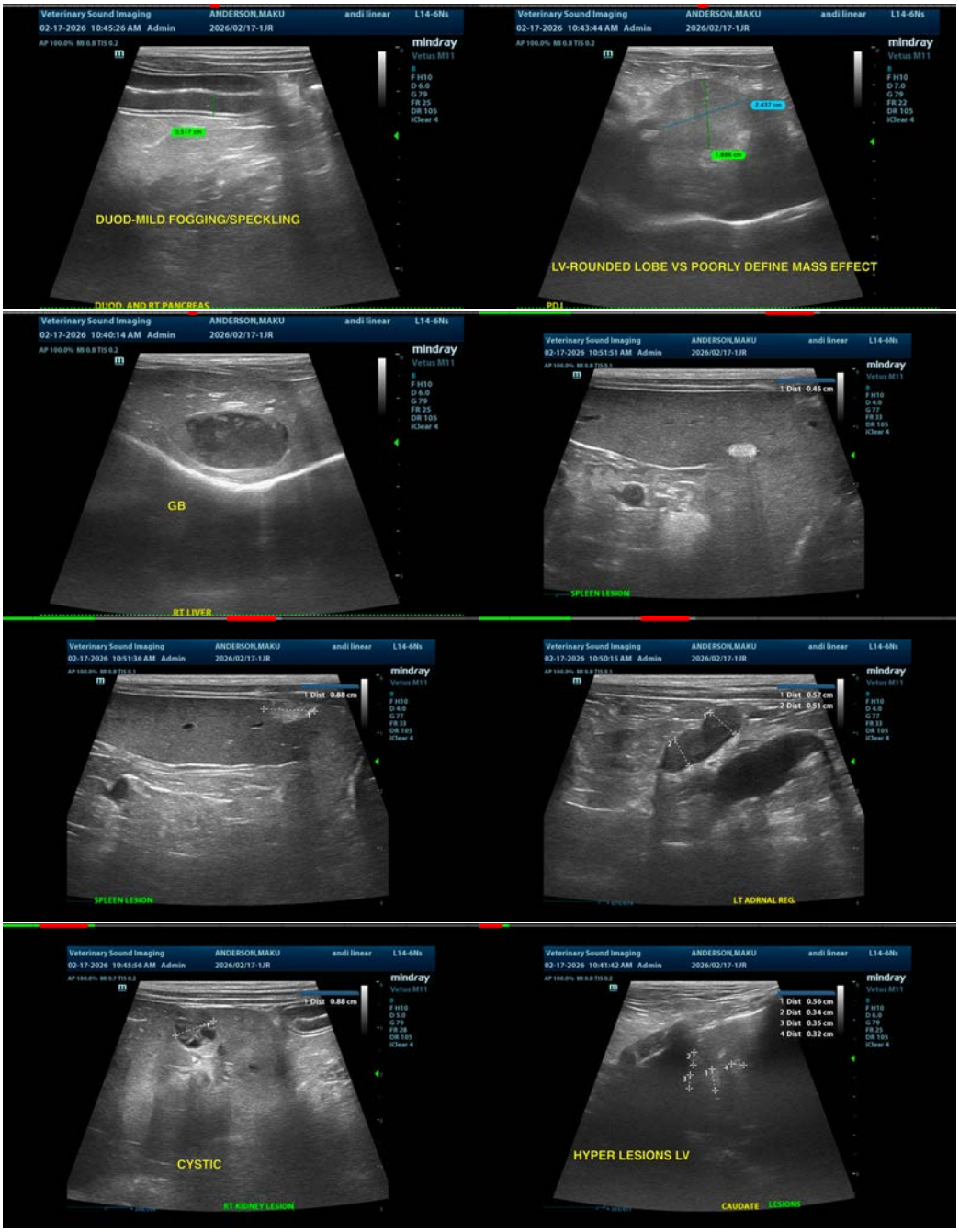

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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