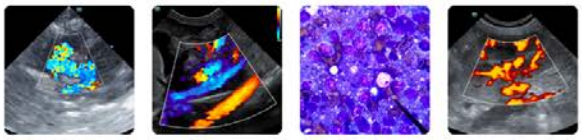


PATIENT

Benny Lantto

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

3/22/10

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

72680

DATE

2/3/26

PRESENTING CLINICAL SIGNS

Restraint in tech's arms sternal w/ some vocalization for scan. Sedation with Gabapentin. Benny has chronic history of atopy, food allergies, pigmentary keratitis and KCS, and is Cushingoid. Recently, he has not been eating well and is losing weight. P is having difficulty with his hind limbs giving out on him per O. On exam, KCS is uncontrolled OD - adjusted Tacrolimus dosing and artificial tears. P had active pyoderma/otitis externa - started Posatex and Cefpodoxime Friday, as well as Mirtaz for appetite. P has been on chronic Ketoconazole to help control skin disease and Apoquel. Is on hydrolyzed diet. Has lost 2 pounds since July. Labwork ran Friday showed significant concerns - see attached.

Abnormal PE/Chem/CBC/UA Results: 1/31/26: RBC 5.78 (5.84-8.95), HCT 38.3 (41-60), Hgb 12.5 (14.6-21.7), Platelets 761 (120-412), SDMA 17 (0-14), Sodium 138 (142-152), Potassium 6.4 (4-5.4), Albumin 2.6 (2.7-3.9), Globulin 4.3 (2.4-4), ALT 867 (18-121), AST 172 (16-55), ALP 1472 (5-160), GGT 17 (0-13), Bilirubin 0.2 (0-0.1), TT4 0.6. ACTH stim attached - pre: 10.2, post: 9.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular, particularly in the apical region where it measures 0.48 cm. The 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 prominent and large but otherwise normal, measuring 1.21 cm in height in the sagittal view.

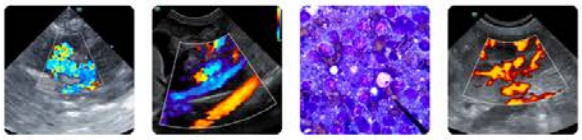
The left kidney has a normal shape and size (3.67 cm) with hyperechoic cortical striations. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.91 cm) with numerous cortical cysts, the largest measuring 1.08 cm. Additional cysts measure 0.82 cm and 0.71 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Hyperechoic cortical striations are present. 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 0.72 cm at the cranial pole and 0.84 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 and abnormal in appearance, measuring 1.58 cm at the cranial pole and 1.1 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 abnormal in appearance in that the medullary region is hyperechoic, consistent with a mass effect or prominent medulla. Additionally, there is concern for vascular invasion at the level of the vena cava.



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Spleen

The spleen is subjectively normal in size (0.90 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 is significantly distended with a moderate amount of echogenic debris. Some of the debris appears mildly mineralized and adhered to the gallbladder wall. Additionally, there is a focal echogenic intraluminal structure that appears mildly vascular, possibly consistent with a mass effect or polypoid type lesion measuring 0.94 cm x 1.94 cm. No evidence of an obstruction is noted.

Gastrointestinal

The stomach contains mild fluid. The gastric wall is prominent/mildly thickened at 0.71 cm with intact wall layering. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. There is a hypoechoic mass effect visualized associated with the gastric wall measuring 1.34 cm x 1.78 cm, possibly consistent with a polypoid lesion or a neoplastic lesion.

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 0.46 cm. Jejunum wall measures 0.27 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

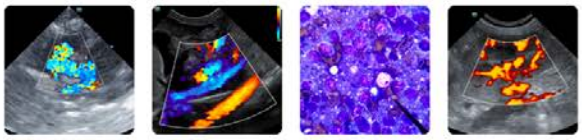
The pancreas is visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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.

PRIMARY FINDINGS

- Bilateral adrenomegaly with a right-sided adrenal mass lesion with suspected vascular invasion – Findings are most consistent with bilateral hyperplasia as well as concurrent right-sided neoplastic process (carcinoma, pheochromocytoma, other).
- Age related changes visualized associated with both kidneys.



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- 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.

- Prominent gallbladder with a mildly thickened gallbladder wall with adhered debris and an intraluminal focal echogenic structure concerning for a mass or polypoid lesion.

- Focal hypoechoic mass effect visualized in the stomach – Findings are concerning for a polyp or early neoplastic lesion (carcinoma, round cell neoplasia, other).

SECONDARY FINDINGS

- Mildly thickened/irregular urinary bladder wall – 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.

- Prominent/borderline enlarged prostate – Correlate with the age of neutering. If this patient was neutered after puberty this could be normal for this individual. If this patient was neutered prior to puberty, a fine needle aspirate could be considered to rule out prostatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are a lot of concurrent issues going on with this patient. The most clinically relevant likely involves the focal hypoechoic lesion in the stomach and the right adrenal mass lesion with concern for vascular invasion. If surgery would be considered, recommend a contrast CT scan to further evaluate the right adrenal gland for possible surgical removal. To further investigate the stomach lesion, you could consider upper GI endoscopy to observe and obtain biopsies. Palliative therapy could consist of antiulcer therapy.

If not already done, recommend blood pressure evaluation. If hypertension is present, recommend catecholamine levels, looking for a possible pheochromocytoma.

Both kidneys have changes consistent with chronic renal disease. If not already done, recommend a blood pressure, urinalysis and culture as a baseline.

The gallbladder appears to have a thickened wall, a moderate amount of adhered debris, and a focal echogenic intraluminal structure, which appears mildly vascular, concerning for a polypoid lesion or mass effect. No evidence of an obstruction is visualized at this time. Consider starting chronic Ursodiol therapy and continued monitoring of this lesion. If a CT scan is pursued, this can be evaluated as well as the other lesion.

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

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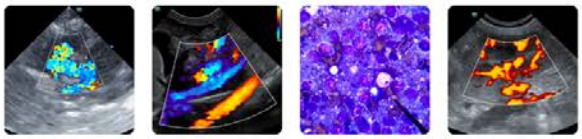

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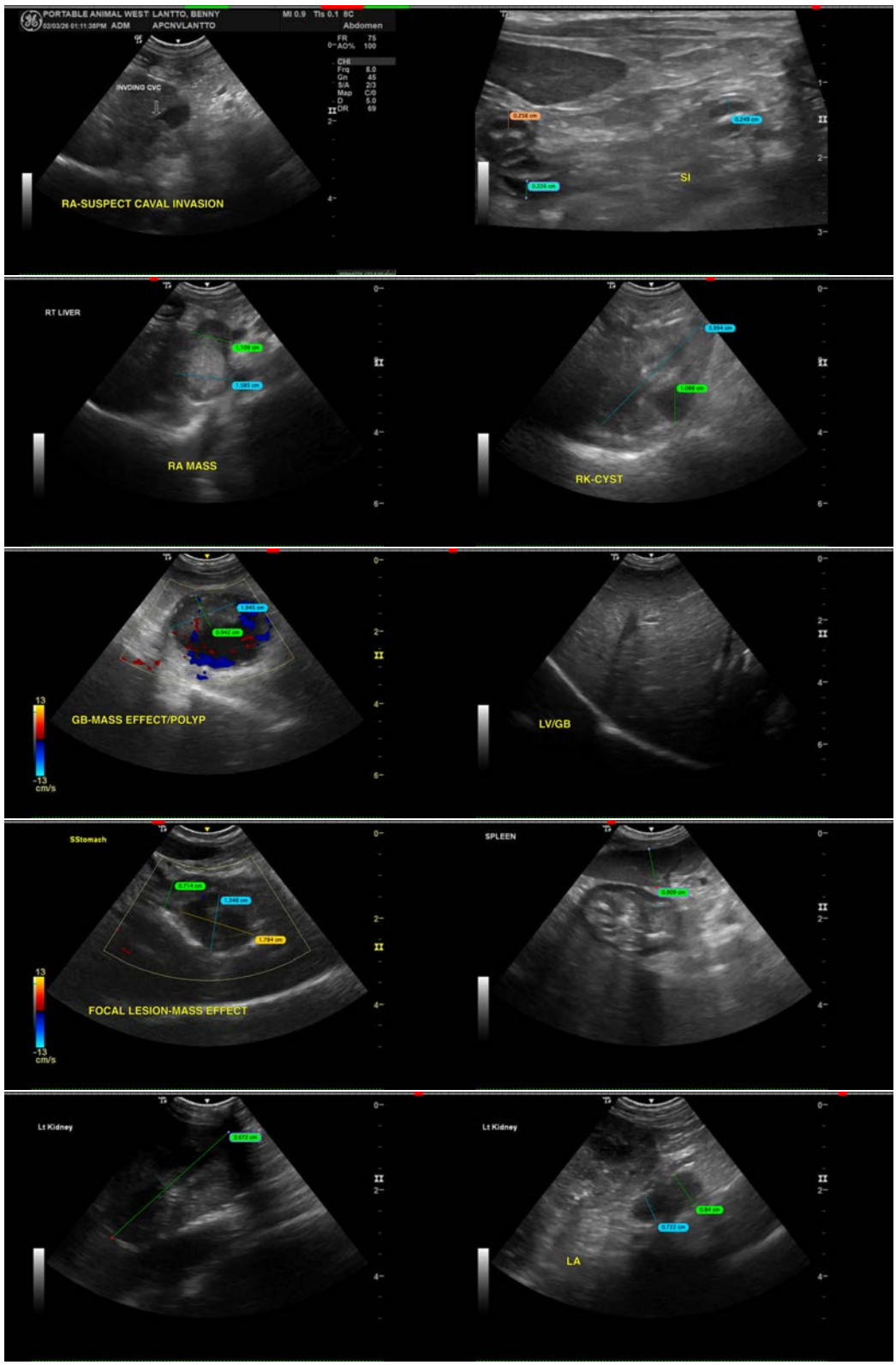

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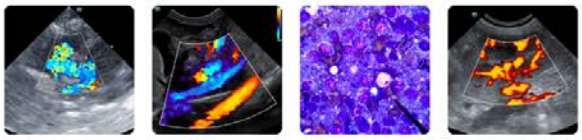

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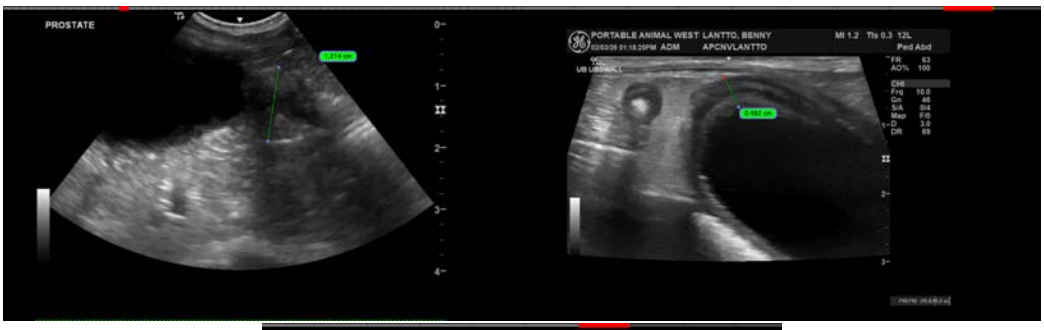

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com