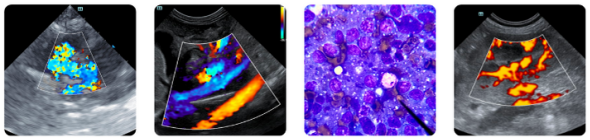


PATIENT

Chewie Spate

SPECIES

Canine

BREED

T

SEX

MN

AGE

13 years

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Ackert

INVOICE

11236

DATE

2/4/2026

PRESENTING CLINICAL SIGNS

- Previous Hx of pancreatitis, proteinuria, hypertension. Currently on telmisartan and ursodiol.
- 3-4 weeks of inappetance, previous hematochezia which resolved with metronidazole.

Abnormal PE/Chem/CBC/UA Results: Mild ALT elevation, marked ALP elevation Proteinuria.

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 (0.48cm) 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 (4.69 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 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 (4.83 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 occasional small cortical cysts, and mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

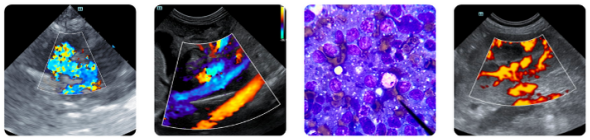
The left adrenal gland is plump in size measuring 0.64 cm at the cranial pole and 0.82 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is plump in size measuring 0.5 cm at the cranial pole and 0.64 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 prominent/borderline large in size, and rounded. 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. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. Some of the debris appears suspended but some appears adhered to the gallbladder wall. Additionally, there are some irregular polypoid like areas visualized associated with the gallbladder wall. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.43 cm 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 (0.61 cm), jejunum (0.32 cm) and ileum have a uniform diameter with minimal fluid distension. There is mild mucosal fogging visualized associated with some areas of the small intestine. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. 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. The descending colon wall appears prominent with intact wall layering, measuring at 0.19 cm. Sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The pancreas is prominent and mottled. The left limb appears somewhat hyperechoic, and the right limb appears slightly hypoechoic. 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 revealed a small amount of free abdominal fluid visualized near the spleen. There are occasional prominent mesenteric lymph nodes. There are some cystic lymph nodes visualized near the ileocecal junction. An example measures 0.76 cm x 0.99 cm. An iliac lymph node measures 0.36 cm. A cystic gastric lymph node measures 0.41 cm, and a mesenteric lymph node measures 0.27 cm. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally plump adrenals. Findings could be consistent with anatomic variation or mild hyperplasia.
- Age related changes visualized associated with both kidneys.
- Plump, rounded spleen. Significance of this is uncertain. This could represent anatomic variation, congestion, lymphoid hyperplasia, mild splenitis, less likely neoplastic infiltration.

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- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large gallbladder debris with some debris adhered to the gallbladder wall and some polypoid wall irregularities. Findings are most consistent with chronic cholecystitis.
- Diffusely thickened small intestine with some areas exhibiting mild mucosal fogging. 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).
- Scant free abdominal fluid and prominent mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes. Neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the changes described on today's exam likely represent chronic changes. These include changes to the kidneys, most consistent with chronic renal disease and plump adrenals with a heterogenous, large liver which could be consistent with Cushing's disease. If symptoms consistent with Crushing's are present, consider adrenal function testing.

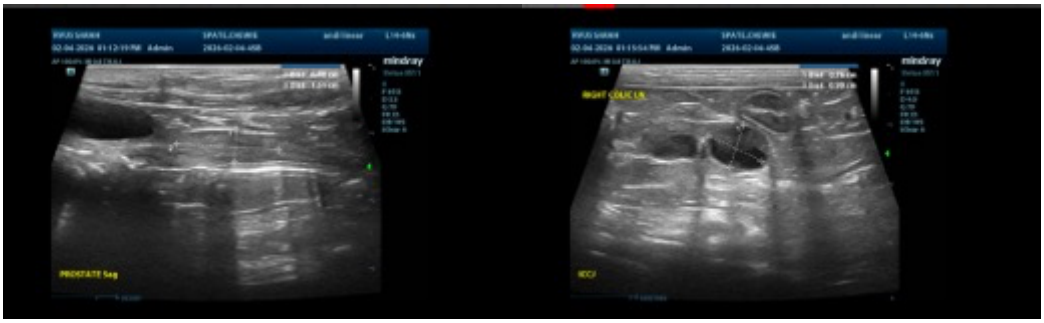
The pancreatic changes appear largely chronic, although mild chronic active pancreatitis is also possible. Correlate with a current PLI level and consider empirical treatment for pancreatitis if this is significantly elevated.

The gallbladder is abnormal with a large amount of intraluminal debris and a thickened wall. Potentially consistent with cholecystitis. Recommend empirical treatment with ursodiol, denamarin, and a course of antibiotics with continued monitoring of the gallbladder and lab values.

The small intestine subjectively appears somewhat thickened. If a primary enteropathy is suspected, you could consider initial further evaluation/therapy with the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks.)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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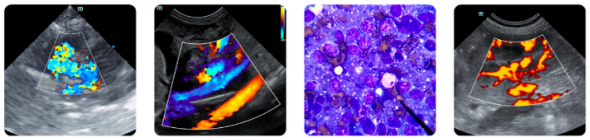

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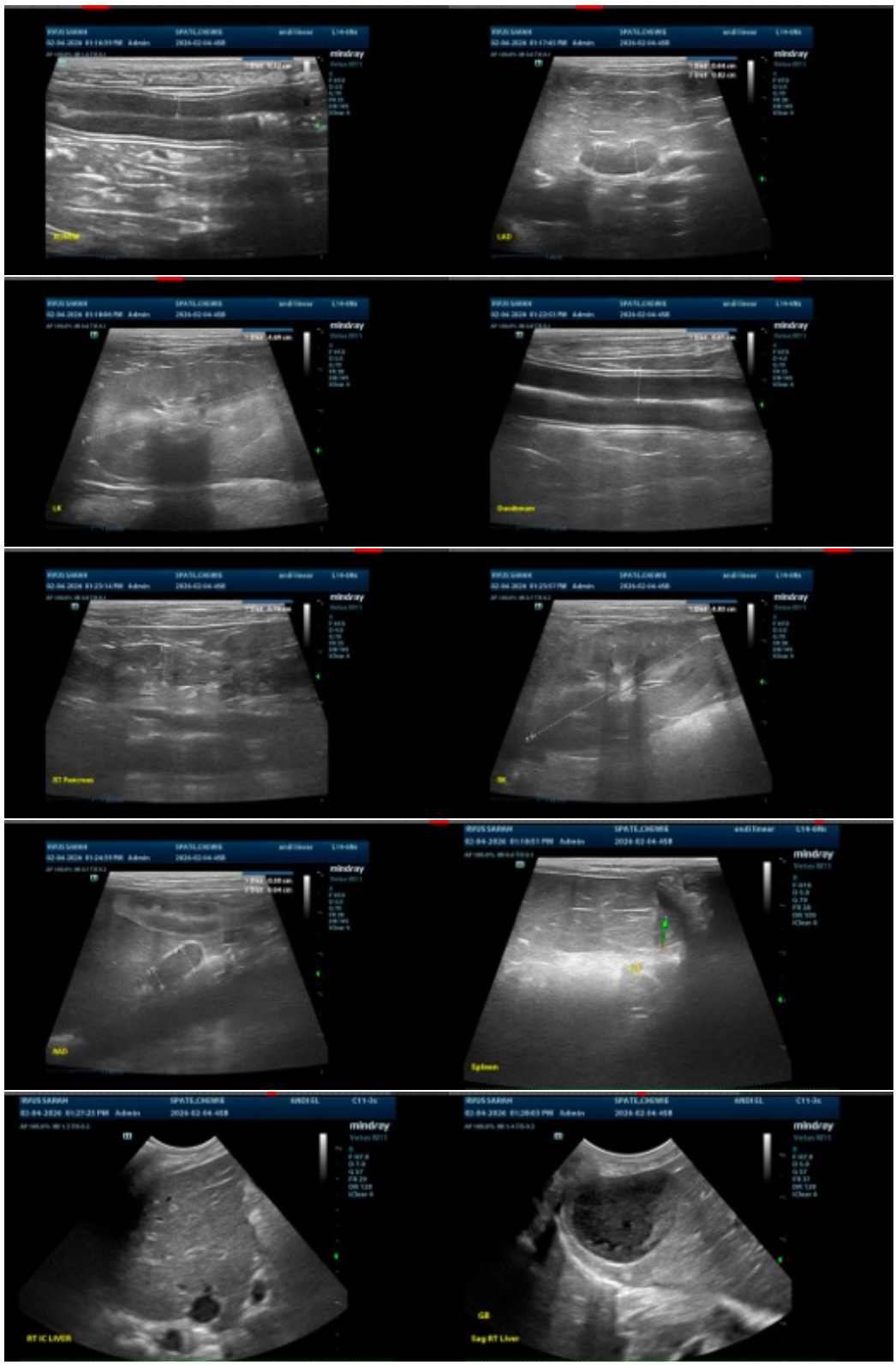

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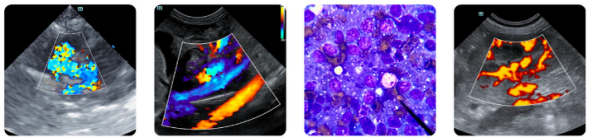

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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