



PATIENT

Spanky Trench

SPECIES

Canine

BREED

Bichon x

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Adel

INVOICE

72752

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Ravenous. Still wanting food all the time. Drinking more, peeing more. Always does this. Energy still good. "Pot belly".

Abnormal PE/Chem/CBC/UA Results: BW: WNL, but, ALT 441 U/L 10 - 125 HIGH, ALKP 1042 U/L 23 - 212 HIGH which was tripled from last BW that is been done on last Aug LDDS - Cortisol 113 - Resting a, 28 - 120 nmol/L Radiographic Findings - Xray, told O my susp in xray: cardiomegaly, with some nodules in the lung might be metastasis or age related, with sev hepatomegaly and susp in tumor in the mid of the abd, with some inflammation in SI.

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 (0.89 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 (5.13 cm). Overall echogenicity is normal with adequate 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 (5.21 cm). Overall echogenicity is normal with adequate 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 large, measuring 0.76 cm at the cranial pole and 0.71 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, measuring 1.17 cm at the cranial pole and 0.80 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 (1.26 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 rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the



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vasculature and biliary tract appear normal. The caudate lobe in particular is rounded and prominent, but a discrete mass effect cannot be identified.

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, which is slightly irregular with mild polypoid-like projections. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild shadowing ingesta. 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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.35 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 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.

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.
- Large, heterogeneous, rounded liver – findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Moderate gallbladder debris with some mild polypoid-like projections – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the large adrenals, the clinical symptoms described, and the appearance of the liver, Cushing's disease would be a concern. If current adrenal function testing has not been performed, consider this. If



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suspicion of Cushing's is very high but a positive test result is not identified, you could consider screening for atypical Cushing's with a combination ACTH stim test and an adrenal panel to the University of Tennessee's endocrine lab.

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There is a moderate amount of debris visualized associated with the gallbladder, and some debris adhered to the gallbladder wall with mild polypoid-like projections. Consider starting chronic Ursodiol therapy and continued monitoring of the gallbladder.

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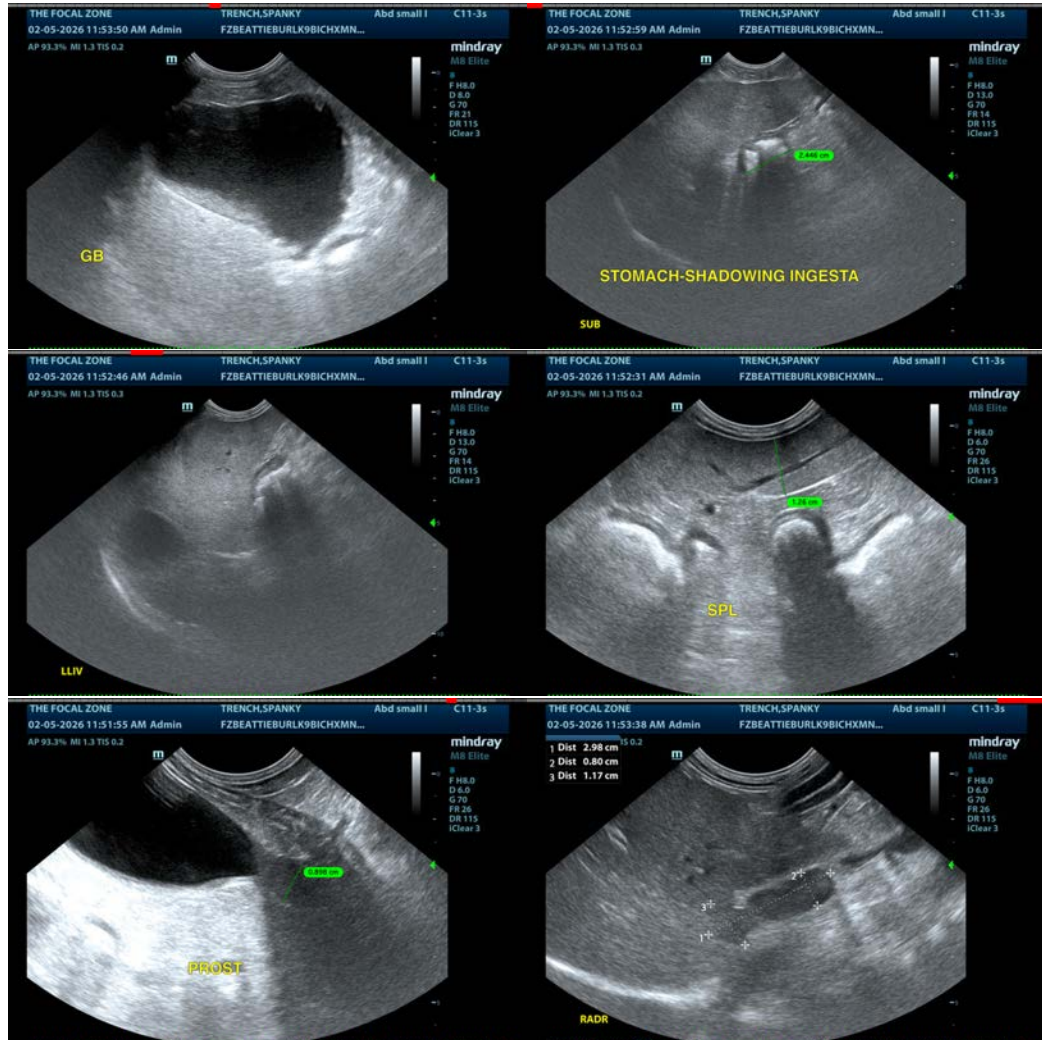
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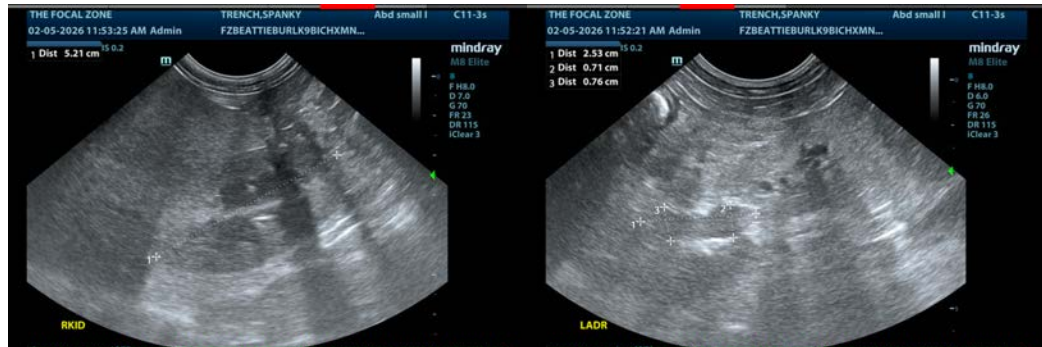
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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