



PATIENT

Callie Plante

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

21.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Knap

INVOICE

73607

DATE

3/12/26

PRESENTING CLINICAL SIGNS

UTI (presumed based on clinical signs and history). Ear infection, allergic dermatitis. PU/PD noted abdominal mass? hepatomegaly? Has been on Gabapentin.

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 left kidney has a normal shape and size (5.84 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 (7.61 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 and irregular in appearance, measuring 1.0 cm at the cranial pole and 1.64 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a hyperechoic discrete nodule in the caudal pole measuring 1.58 cm x 2.17 cm. No evidence of vascular invasion visualized.

The right adrenal gland is large and abnormal in appearance measuring 1.4 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 abnormal in appearance in that there is hyperechoic irregular tissue visualized associated with the cranial pole of the right adrenal measuring approximately 2.14 cm x 1.2 cm. No definitive evidence of vascular invasion is visualized but cannot be ruled out.

Spleen

The spleen is subjectively normal in size (2.5 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, irregular, 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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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. 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 0.58 cm. Jejunum wall measures 0.34 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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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. There is no significant lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.36 cm.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly with a hyperechoic nodule in the caudal pole of the left adrenal and a hyperechoic mass effect visualized in the cranial pole of the right adrenal – The left adrenal lesion currently has an appearance most consistent with a large adenoma, although an early neoplastic lesion cannot be ruled out. The right adrenal lesion is slightly larger and more irregular. Possible differentials include an adenoma, carcinoma, pheochromocytoma, other.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, heterogeneous, rounded 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hyperechoic nodule visualized associated with the caudal pole of the left adrenal and the cranial pole of the right adrenal. Given the current history of PU/PD, these could represent active hormone secreting lesions. Ideally recommend a contrast CT scan to further evaluate for possible vascular invasion. Consider adrenal function testing as well as a urine culture and evaluation for other causes of PU/PD. If cortisol levels are elevated, adrenal dependent Cushing's is possible but is difficult to tell which adrenal is the source of the cortisol production. Medical management could be considered to try and control symptoms. If further evaluation with CT is not performed, close monitoring with ultrasound is recommended, looking for progressive enlargement and more definitive evidence of vascular invasion (recheck in 4-6 weeks). Additionally recommend blood pressure evaluation. If



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hypertension is present, you could consider measuring catecholamine levels, looking for a possible pheochromocytoma.

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The liver is large and heterogeneous. This could be consistent with a vacuolar hepatopathy, although other hepatopathies are possible. If further evaluation is desired, consider pre- and post-prandial bile acids to assess liver function +/- fine needle aspirate.

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

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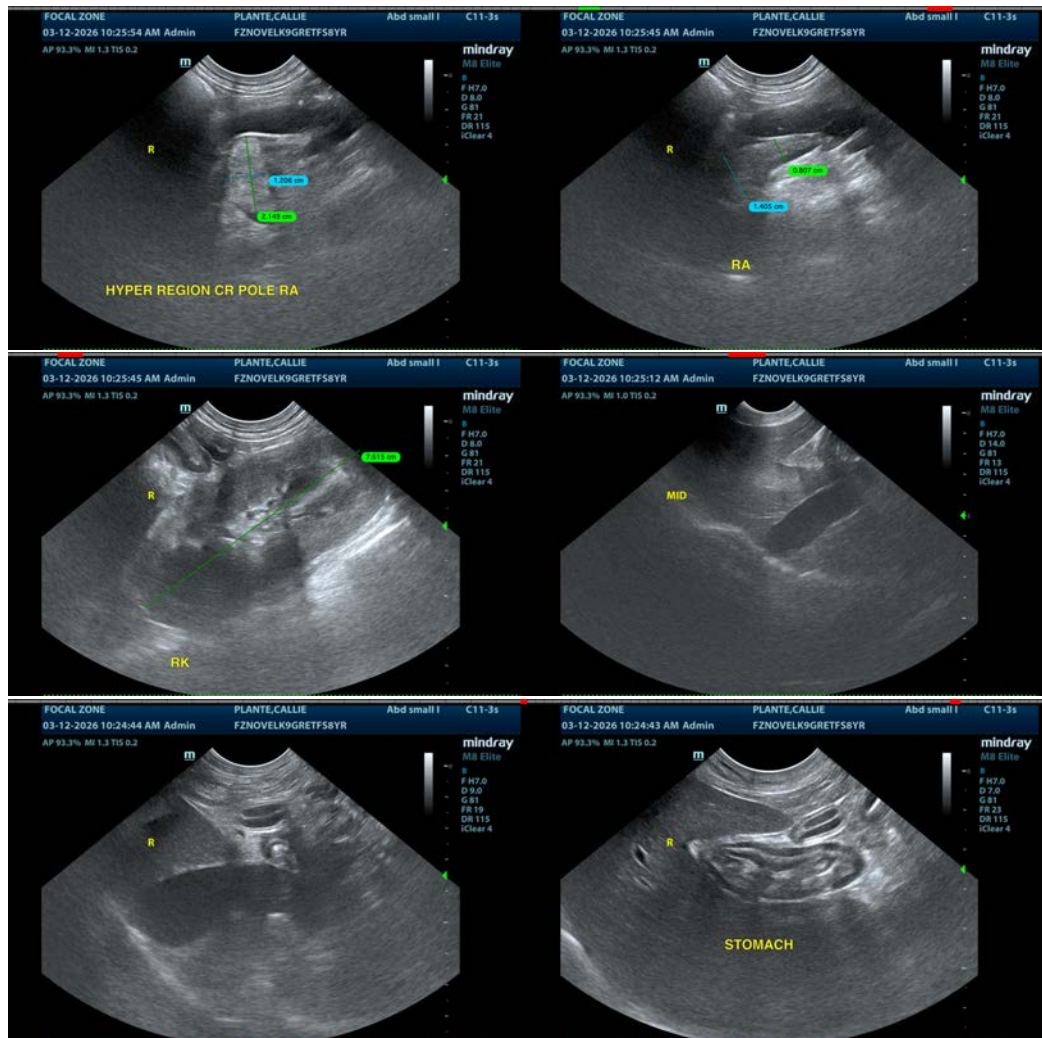
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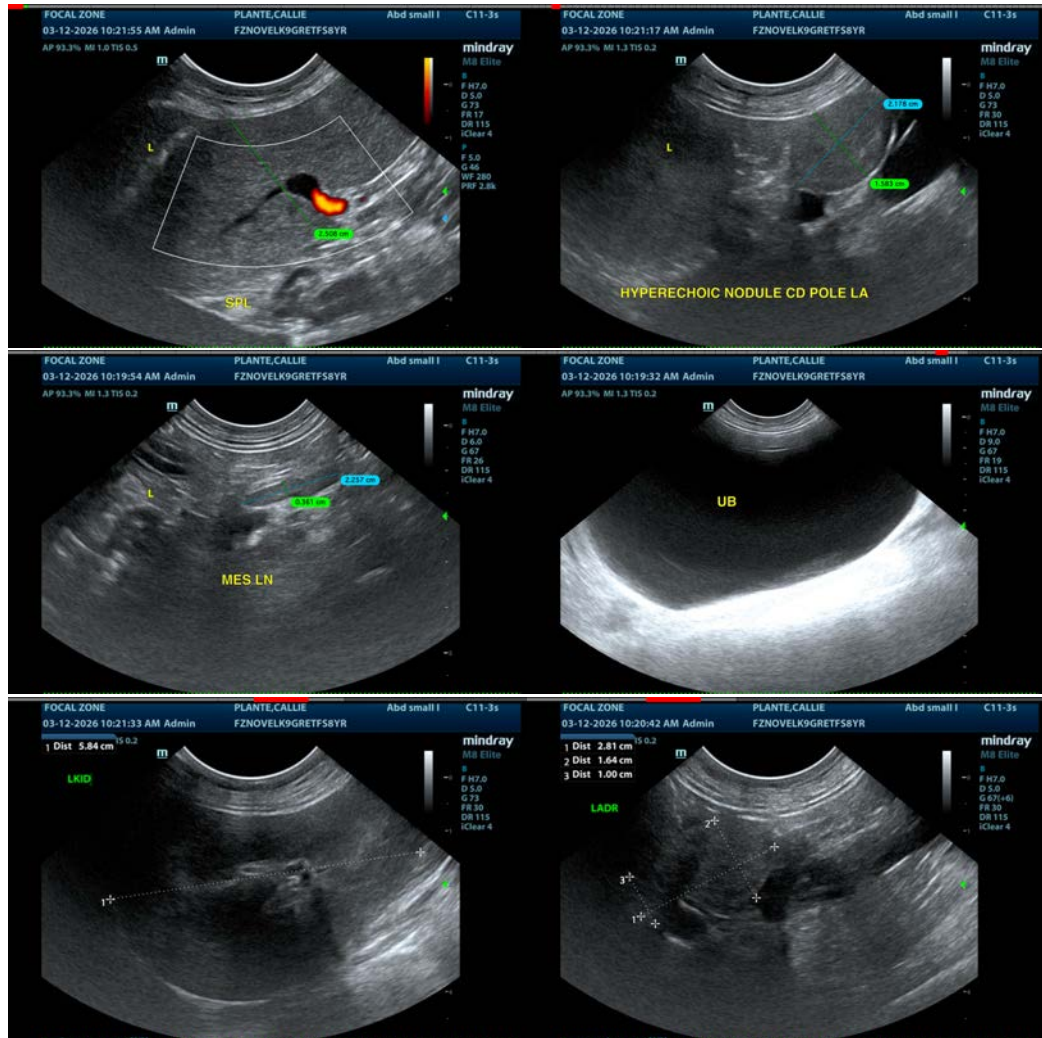
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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