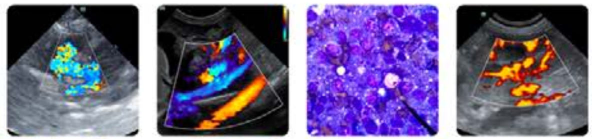


PATIENT

Hazelnut Crossen

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

13 Years

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

73612

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Referred by colleague , history" Month long history of decreased appetite. Has vomited a few times and had some face grimacing. As of last week as become pu/pd."

Abnormal PE/Chem/CBC/UA Results: CBC: Normal WBC and neutrophil count, however Bands and Toxic Changes to neutrophils identified. Chem: Alp- 245 (down from previous) , Cholesterol 404 USG: 1.012, remainder U/A unremarkable T4 Normal, Fecal WNL 4dx Negative

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 is normal in size (2.73 cm) but irregular in shape (possibly due to previous infarcts). There are occasional small, non-obstructive cortical mineralizations noted. 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 or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.0 cm) with occasional small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and abnormal in appearance, measuring 0.48 cm at the cranial pole and 0.80 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 somewhat poorly defined hyperechoic nodule in the caudal pole measuring approximately 1.02 cm x 0.84 cm. No evidence of vascular invasion is visualized.

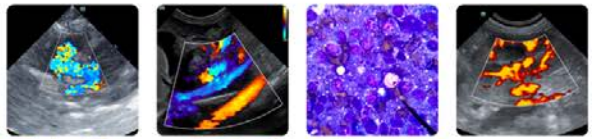
The right adrenal gland is normal in size measuring 0.73 cm at the cranial pole and 0.70 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.8 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 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.



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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 debris. The debris is hyperechoic and shadowing, possibly consistent with a small amount of mineralized sandy debris. 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. 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 0.35 cm. Jejunum wall measures 0.24 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 some reactive mesentery visualized in the region of the cranial abdomen and pancreas.

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 hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

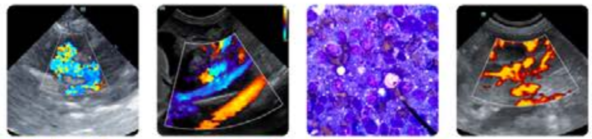
- Hyperechoic nodule in the caudal pole of the left adrenal gland – At this time this has the appearance most consistent with a benign lesion such as focal hyperplasia or an adenoma. An early neoplastic lesion cannot be ruled out.

- Bilateral renal changes consistent with chronic renal disease and small, non-obstructive mineralizations.

- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic pancreatitis in the left limb.

- 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.

- 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.



SonoPath.com info@sonopath.com 1.800.838.4268

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is prominent and mottled in the left limb and there is some reactive mesentery in the region, increasing the concern for possible active pancreatitis. Correlate with PLI level and consider empirical treatment for pancreatitis and gastroenteritis.

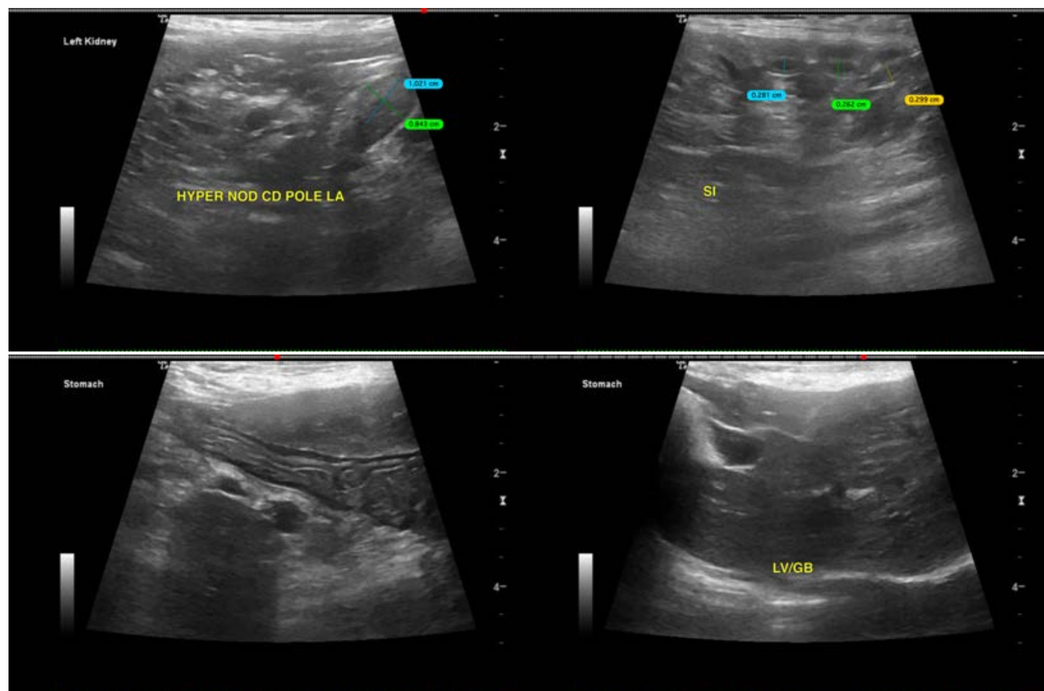
The liver is large, heterogeneous and rounded. This is a non-specific finding. If further evaluation is desired, consider a liver function test and a fine needle aspirate.

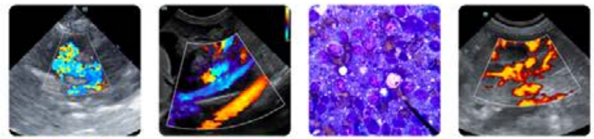
There is a nodule at the caudal pole of the left adrenal gland. This currently has an appearance most consistent with a benign lesion, but an early neoplastic lesion cannot be ruled out. If signs of Cushing's are present, you could consider adrenal function testing. Additionally, a blood pressure is recommended. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma.

If surgical adrenalectomy is considered, recommend a contrast CT scan to further evaluate.

If GI signs are persistent, consider repeat imaging in the future, looking for the development of new lesions.

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





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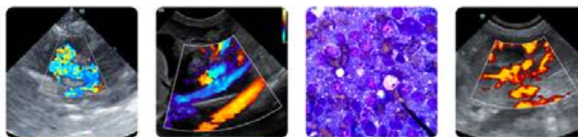

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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