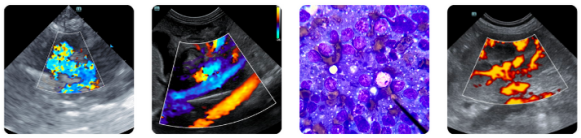


DATE

3/13/2026

PATIENT

Cassidy Lloyd-Roberts

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

MN

AGE

8 years

WEIGHT

86.5 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Mengers

INVOICE

11477

PRESENTING CLINICAL SIGNS

Patient History: Presented 3/13/26 for lethargy, warm to the touch, inappetance x 2 days. No vomiting or diarrhea. Upon PE, temp 103.3*F, hepatomegaly, tender upon abd palp w/ mild distension, mm mildly pale pink and tacky. Rads showed GI inflammation and hepatosplenomegaly. BW showed elevated t bili and mild ALP elevation, anemia, mild leukocytosis w/ neutrophilia.

Current Medications: None yet.

Labwork Results: Labwork not attached, reported as: CBC/CHEM17/lytes - hct 24.1%, RBC 3.23, WBC 17.02, neut 13.75, monos 1.93, plt 76k, ALP 282, t bili 1.5, amylase 450. 2V abd rads - hepatosplenomegaly w/ irregular appearance of head of spleen, inflamed GIT w/ no evidence of fbo, no good in stomach, small amount of stool in aborad colon, normal appearance of kidneys, no skeletal abnormalites.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

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 (1.07 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 (7.81 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 (7.77 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 in size, and irregular in appearance measuring 1.07 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 abnormal in appearance in that there is a hyperechoic/mixed echogenicity nodule at the cranial pole measuring 1.89 cm x 1.04 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is large in size, and abnormal in appearance measuring 1.61 cm at the cranial pole and 0.83 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's a hypoechoic irregular mixed echogenicity nodule at the cranial pole measuring 1.42 cm x 1.68 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is borderline large in size (2.51 cm in width at the level of the hilus) and mildly mottled. 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

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. There's a small cystic lesion visualized near the gallbladder measuring 0.84 cm in diameter.

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.

Gastrointestinal

The stomach contains mild fluid. 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. The duodenum measured as normal (0.45 cm in wall thickness) and the jejunum measured as normal (0.3 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.

Other

Occasional ringdown artifact is visualized at the level of the diaphragm. This can be seen with pulmonary parenchymal abnormalities.

ULTRASONOGRAPHIC FINDINGS

- Large adrenals with a hyperechoic nodule at the cranial pole of the left adrenal, and a hypoechoic nodule at the cranial pole of the right adrenal. Findings are concerning for bilateral hyperplasia. The hyperechoic on the left adrenal has a somewhat benign appearance but is large. Possible differentials include an adenoma, carcinoma, pheochromocytoma, other. The right adrenal nodule is more irregular and hypoechoic, slightly more concerning in appearance. Similarly, differentials include an adenoma, carcinoma, pheochromocytoma. Metastatic lesions are also possible.

- Borderline large, mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Large, heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized to explain the symptoms described. The liver is somewhat heterogenous with no significant abnormalities associated with the biliary tract. The general appearance is most consistent with a vacuolar hepatopathy, or similar, but other hepatopathies are also possible. This could be a source for the elevation in ALT +/- bilirubin, although based on the history provided (fever, elevation of bilirubin, anemia, etc) hemolysis is more of a concern at this time. If further evaluation of the liver is desired, consider Pre- and Post-prandial bile acids and a fine needle aspirate of the liver (provided coagulation parameters are normal.)

The spleen appears mildly mottled and is ample in size. A fine needle aspirates could be considered to further evaluated. A neoplastic process seems less likely based on the current appearance.

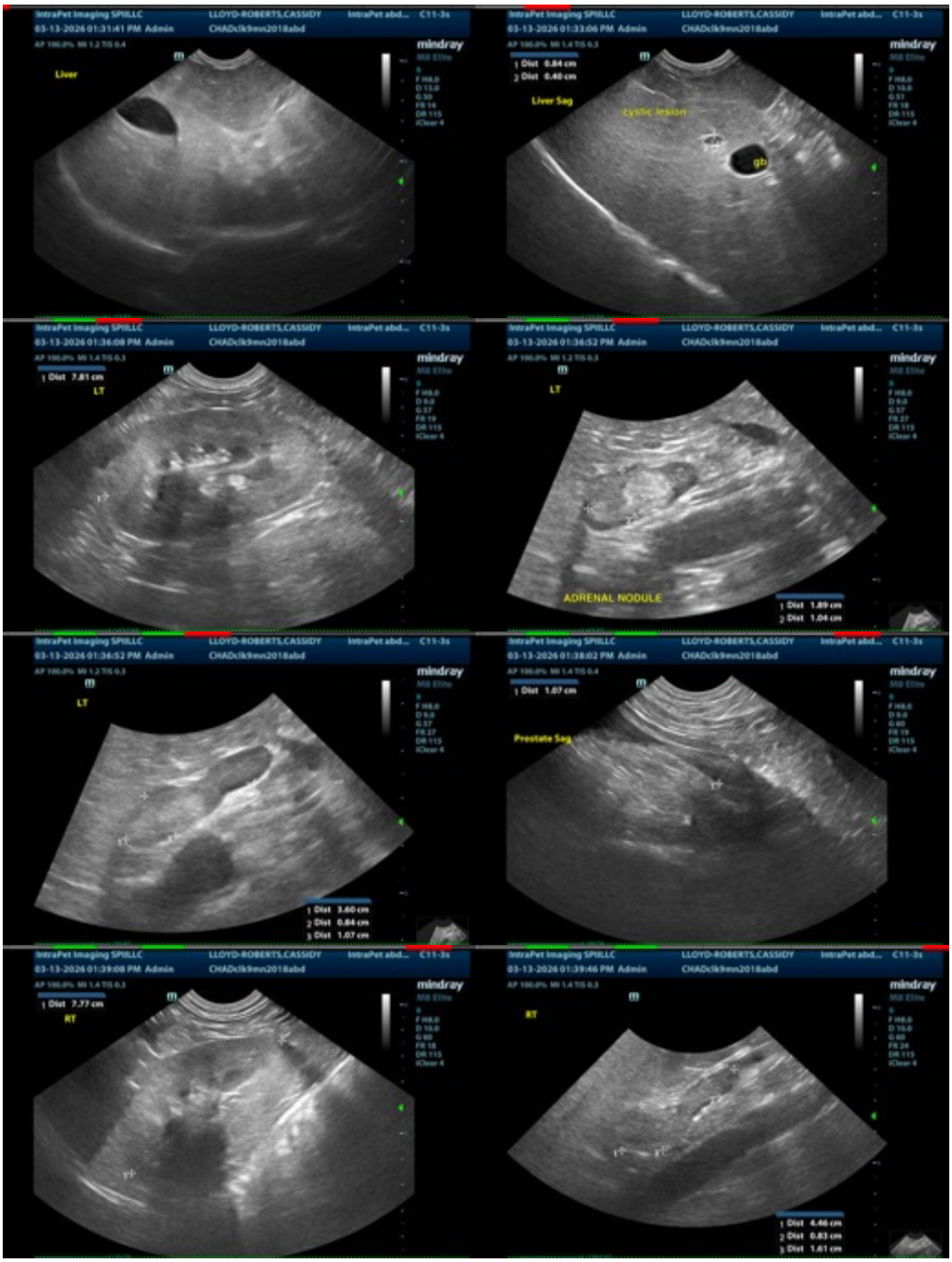
Both adrenals are borderline large and have nodules at the cranial pole. These lesions could represent benign nodules, neoplastic nodules, and could represent the same disease process or concurrent different disease processes. I suspect these are incidental findings at this time but are none the less very important and should be followed up on once this patient is stabilized.

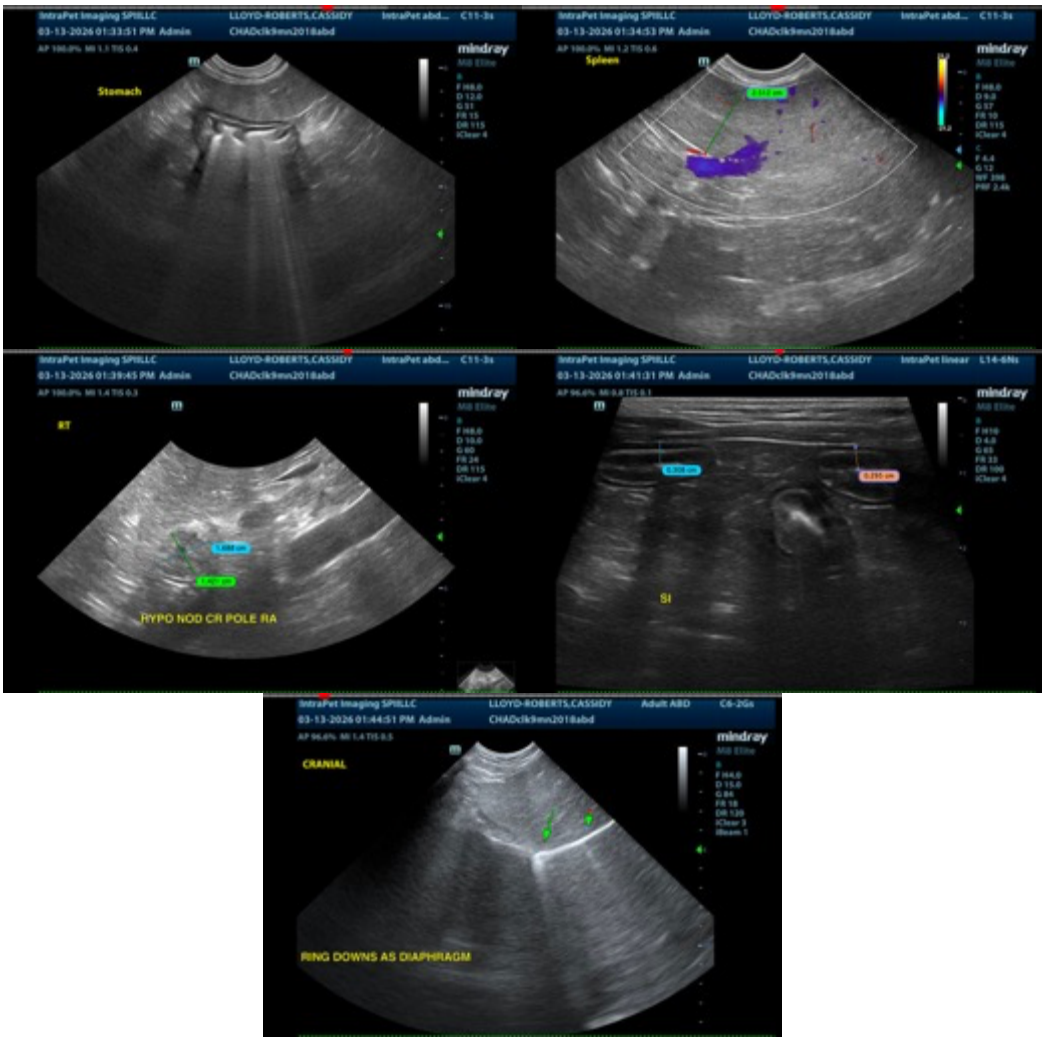
If this patient has a history of Cushingoid like symptoms you could consider adrenal function testing when the patient is stabilized. Additionally, advanced imaging (contrast CT scan) could be considered to further evaluate these lesions, particularly if surgical removal would be considered (unilateral or bilateral adrenalectomy.) Additionally, consider blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels.

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

Recommend a pathologist review of a blood smear. A slide agglutination test looking for autoagglutination and continued monitoring of the red blood cell count. If the bilirubin is rising and the anemia is stable or

improving, further evaluation for a hepatopathy may need to be considered.





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.

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