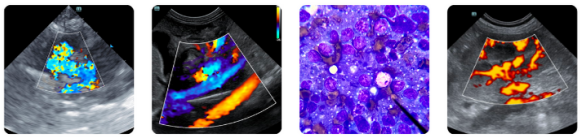


DATE

3/13/2026

PATIENT

Kandibelle Kessler

SPECIES

Canine

BREED

Dachshund

SEX

SF

AGE

11 years

WEIGHT

10.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Schaupp

INVOICE

11486

PRESENTING CLINICAL SIGNS

Patient History: Intermittent hematuria even during antibiotic administration. This pet is fed Royal Canin Hydrolyzed diet for the past year for food allergy. PE - good weight, BAR, mild to moderate dental tartar, allergies quiet. No other significant findings.

Current Medications: Amoxiclav suspension - 62.5 mg PO BID for 2 weeks. Hydroxyzine 25 mg 1/2 tab PO QD - BID (for allergies) PRN seasonally.

Labwork Results: Labwork not attached, reported as: Blood work - WBC 18.3K primarily neutrophils and monocytes elevated. Chemistry – wnl. UA - pH 9.0, Urine protein 3+, WBC 15-20/HPF, Rare cocci, 3+ triple PO4 crystals.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not 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, or masses. In the dependent portion of the urinary bladder there's a small hyperechoic shadowing structure most consistent with a small stone or a small pile of mineralized debris.

The left kidney has a normal shape and size (4.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of free fluid but there's mild surrounding inflammation in the region of the left kidney. Numerous small non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.2 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of free fluid but there's mild surrounding inflammation in the region of the right kidney. Numerous non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 cm at the cranial pole and 0.55 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 in size, and abnormal in appearance measuring 2.36 cm x 3.19 cm, most consistent with a mass effect. There's evidence of irregularity towards the cranial pole with invasion into the vena cava. Most consistent with an intraluminal soft tissue structure measuring greater than 1.37 cm x 1.18 cm.

Spleen

The spleen is subjectively normal in size (1.33 cm) and the echotexture is homogenous. 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 normal 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 are occasional ill-defined hypoechoic nodules in the parenchyma. Generally varying in size from 0.25 cm to 1.0 cm.

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. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of up to 0.6 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, 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 (0.32 cm in wall thickness) and the jejunum measured as normal (0.2 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. There is no significant lymphadenopathy. The omtenum is slightly hyperechoic in the region of both kidneys (this is possibly the region around the vena cava?)

ULTRASONOGRAPHIC FINDINGS

- Small dependent mineralizations/calculi visualized in the urinary bladder.
- Bilateral non-obstructive nephroliths in both kidneys. Hyperechoic foci are visualized in the kidney most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate

findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for progression/obstruction.

- Heterogenous liver with hypoechoic nodules. 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. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.

- 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.

- Right adrenal mass lesion with invasion into the vena cava. Invasion likely indicates a more aggressive lesion. Possible differentials include a carcinoma, pheochromocytoma, other.

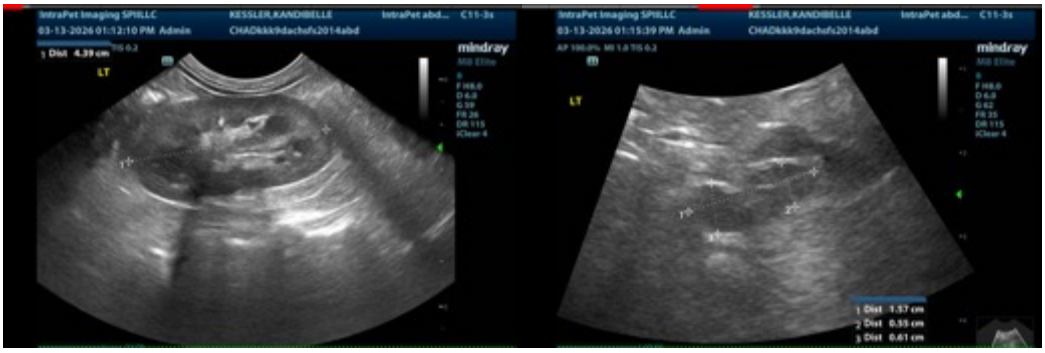
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

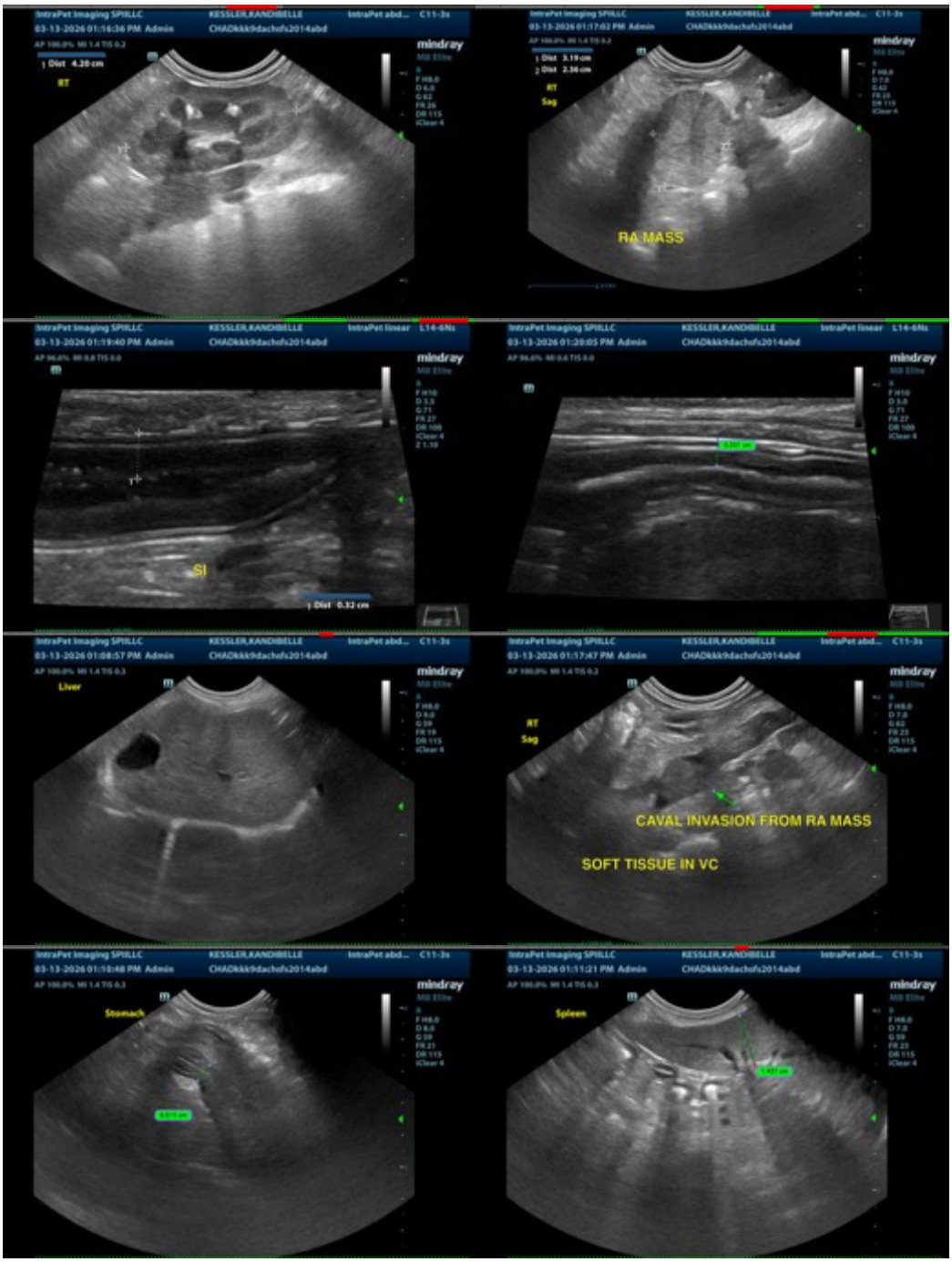
There is some small dependent mineralization visualized in the urinary bladder and non-obstructive nephroliths visualized in both kidneys. Correlate with urine culture results and a digital rectal exam to palpate the distal urethra for any lodged stones possibly contributing to the hematuria reported.

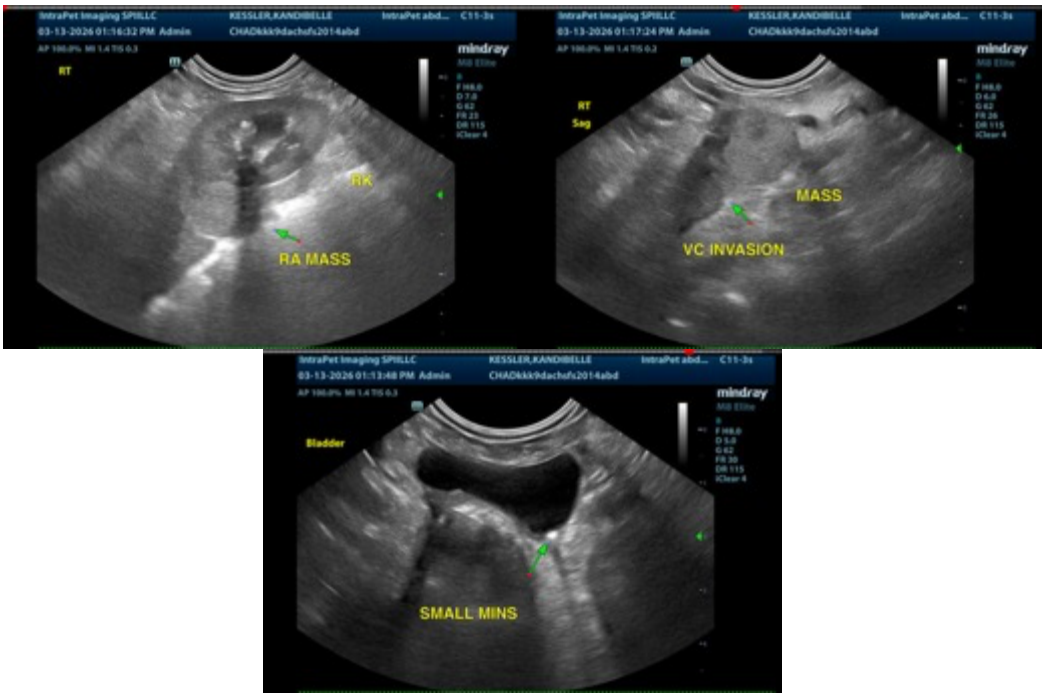
The right adrenal gland is very enlarged creating a mass effect towards the cranial aspect of the adrenal. There is evidence of vascular invasion into the vena cava creating a soft tissue structure (mass or thrombus.) Consider further evaluation in this region with a contrast CT scan to try and determine if surgical options are present. Additionally, if signs of Cushing's are present, consider adrenal function testing.

The hepatic changes are most consistent with a vacuolar hepatopathy and nodular regeneration. Possibly secondary to a cortisol excess?

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




RA MASS
SI
Liver
CAVAL INVASION FROM RA MASS
SOFT TISSUE IN VC
Stomach
Spleen



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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