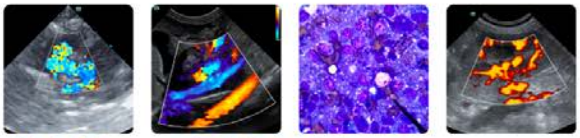

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PATIENT

Luckey Charette

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

12 Years

WEIGHT

~8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road Animal Hospital

REFERRING VET

Dr. Sandhu

INVOICE

73733

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3/17/26

PRESENTING CLINICAL SIGNS

History of polyuria and polydipsia, elevated ALKP and a slight elevation of ALT. ACTH stim performed - results revealed elevated resting Cortisol of 357nmol/L with a post ACTH cortisol of 397nmol/L. Results do not confirm cushings disease. Lab internist consult suggests pheochromocytoma? Liver Tumor? or atypical Cushings disease. Recommend AUS as next steps. No meds at this time.

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. In the dependent portion of the urinary bladder there is a mild irregularity most consistent with some adhered debris or a polypoid-like lesion measuring 0.47 cm x 0.66 cm. Additionally there are occasional hyperechoic foci most consistent with a small amount of mineralized debris/small stones.

The left kidney has a normal shape and size (3.92 cm) with numerous non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.1 cm) with numerous non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is “plump” measuring 0.60 cm at the cranial pole and 0.88 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.

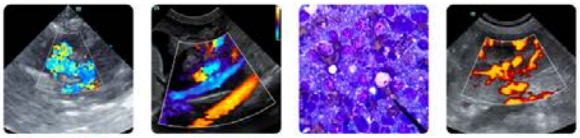
The right adrenal gland measures at the upper end of normal at 1.13 cm at the cranial pole and 0.66 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.06 cm at the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an ill-defined hypoechoic nodule in the parenchyma measuring 0.33 cm x 0.67 cm.

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 is a small anechoic cyst visualized in the parenchyma measuring 0.83 cm. Additionally, there is a somewhat ill-defined hyperechoic, mottled mass effect visualized in the mid cranioventral liver measuring 2.35 cm x 2.96 cm.



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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. Luminal contents are mild and likely incidental at this time. 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 0.38 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 right 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, 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

- Mild irregularity at the bladder wall and small hyperechoic mineralized material – Findings are most consistent with adhered debris and small sandy stones. Correlate with urinalysis +/- culture and radiographs. Recommend continued monitoring of the urinary bladder, as an early mass effect cannot be definitively ruled out.
- “Plump” left adrenal gland, and right adrenal that measures at the upper end of normal – Findings could be consistent with anatomic variation or mild hyperplasia.
- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous liver with an ill-defined hyperechoic mass effect and a small cystic lesion – 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 poorly defined hyperechoic mass effect could represent a benign lesion such as an adenoma, focal hyperplasia, etc. A neoplastic lesion is somewhat less

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likely but cannot be ruled out.

- Prominent mottled right limb of the pancreas – Findings could be consistent with chronic pancreatic remodeling +/- chronic pancreatitis. Correlate with a PLI level and consider treatment for chronic pancreatitis if clinically appropriate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

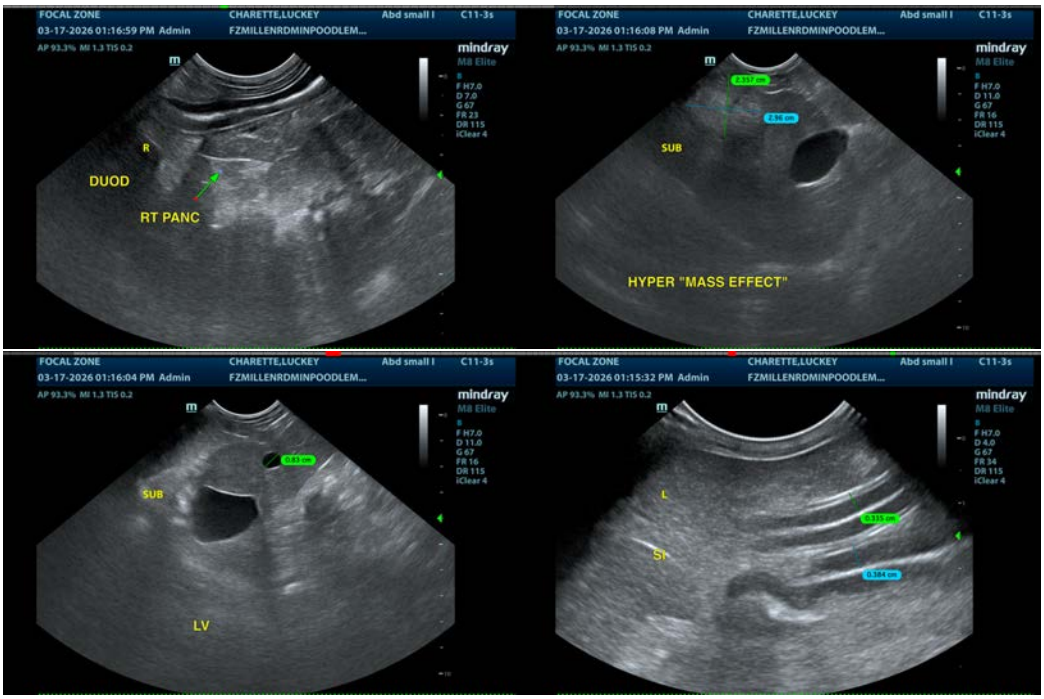
The liver is large and heterogeneous with an ill-defined hyperechoic mass effect. The hyperechoic appearance trends towards a more benign lesion, but an early neoplastic lesion cannot be ruled out. If a safe window for sampling is available, consider a fine needle aspirate (provided coagulation parameters are normal). Further evaluation at this time would likely require a contrast CT scan to obtain better visualization for possible surgical consultation.

The left adrenal measures as large, and the right measures at upper end of normal. This could be normal for this individual or be consistent with early pituitary dependent hyperadrenocorticism. If Cushing's is strongly suspected, you could consider an adrenal panel to the University of Tennessee's endocrine lab combined with an ACTH stimulation test, looking for atypical Cushing's and other hormone elevations.

Additionally, you could consider continued monitoring and a repeat ACTH stim test in the future (6 months?).

There is a small, hypoechoic nodule in the spleen. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate.

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



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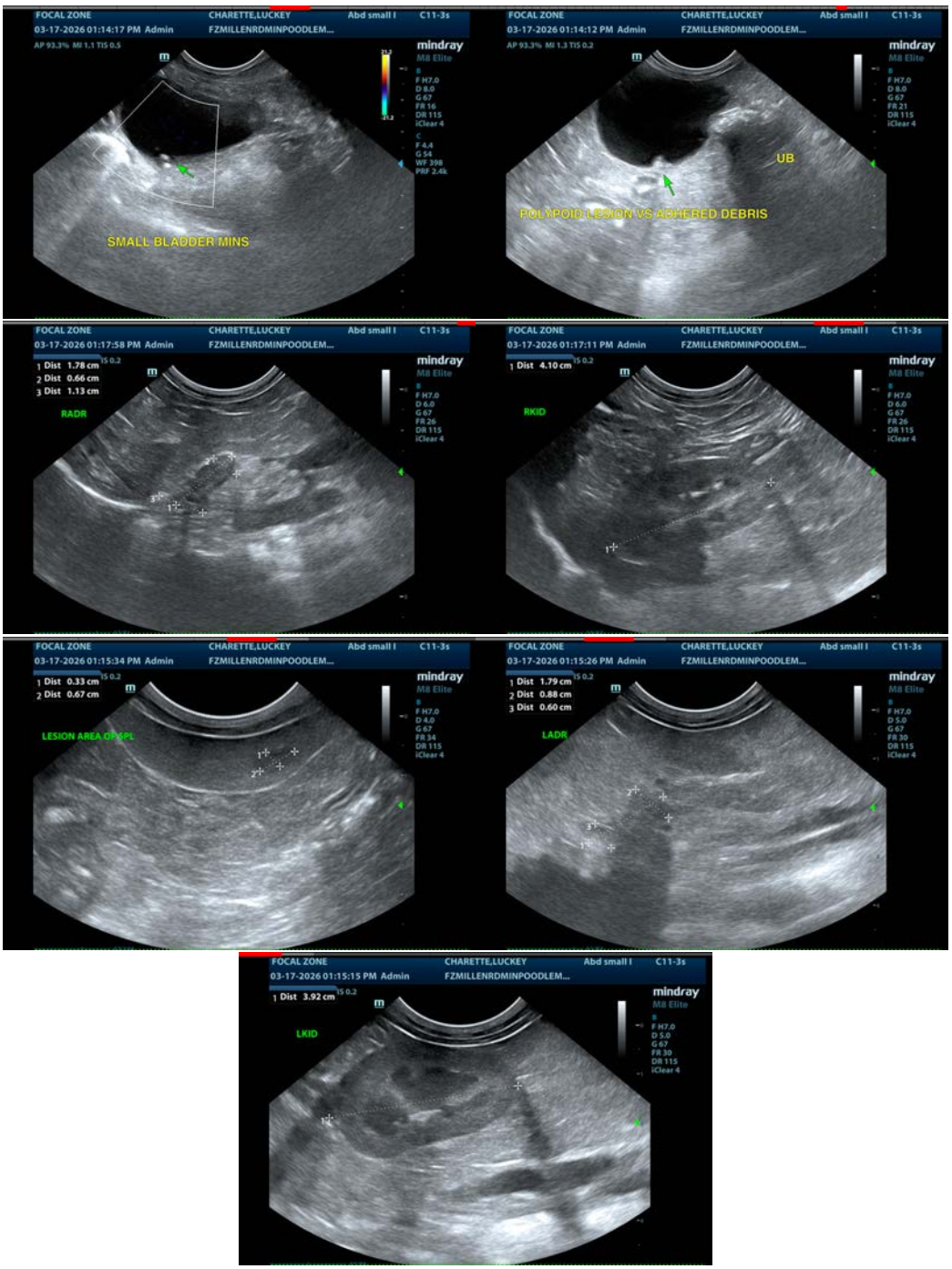

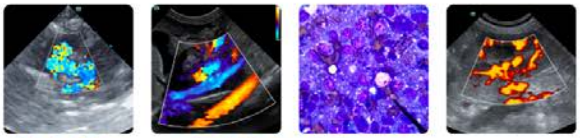

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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