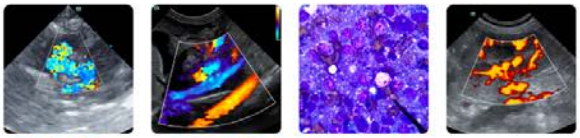


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Nessie Camani

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed Female

AGE

3.5 Years

WEIGHT

35.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hillview Veterinary Clinic

REFERRING VET

Dr. Stevenson

INVOICE

73723

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Ongoing weight gain, on thyroid panel BW noted high lipemic index, triglycerides were high. Seems to drink and urinate a lot. Started on low fat diet and seems to have more energy but kept gaining weight and recheck triglycerides are lower but still too high, start Omega 3. Seems to be drinking and urinating less now, recommend first am urine

Abnormal PE/Chem/CBC/UA Results: cTSH 1.24(0.05-0.60 ng/mL) Creatinine high normal Chloride 107(108-119mmo/L) ALP 891(5-160U/L) Trigylcerides 10.44(0.23-1.71mmol/L) Lipase 282(0-250U/L) USG 1.028, protein 3+, WBCs 6-10/hpf, rods, finely granular casts 0-1/lpf Hematocrit 0.61(0.41-0.60L/L)

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 (5.22 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 (4.99 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 normal in size measuring 0.49 cm at the cranial pole and 0.45 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.

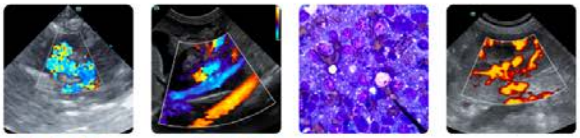
The right adrenal gland is normal in size measuring 0.35 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.49 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 normal in echogenicity with rounded margins. 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris and there is organization and stranding of this debris into a mucocele. There is minimal surrounding inflammation and no obvious free fluid observed. The bile duct is normal/not visible. Findings are consistent with a mucocele. Consider close monitoring and initial medical management.

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 0.34 cm. Jejunum wall measures 0.23 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 visible/mildly mottled in the right limb. 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

- Pancreatic changes most consistent with mild pancreatic remodeling.
- Large, heterogeneous 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.
- Mature gallbladder mucocele – Options could include medical or surgical management.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears large and heterogeneous. This is a non-specific finding. In this breed this could be consistent with primary vacuolar hepatopathy or similar. A fine needle aspirate of the liver should be considered (provided coagulation parameters are normal).

Additionally, the gallbladder has a mucinous stellate pattern most consistent with a gallbladder mucocele. There is no evidence of surrounding inflammation, and no evidence of wall thickening is appreciated at this time. You could consider medical management with Ursodiol +/- antibiotics if there is concurrent cholecystitis, although typically surgery is considered the treatment of choice for a gallbladder mucocele. Consider referral to a veterinary surgeon for consultation, particularly if medical

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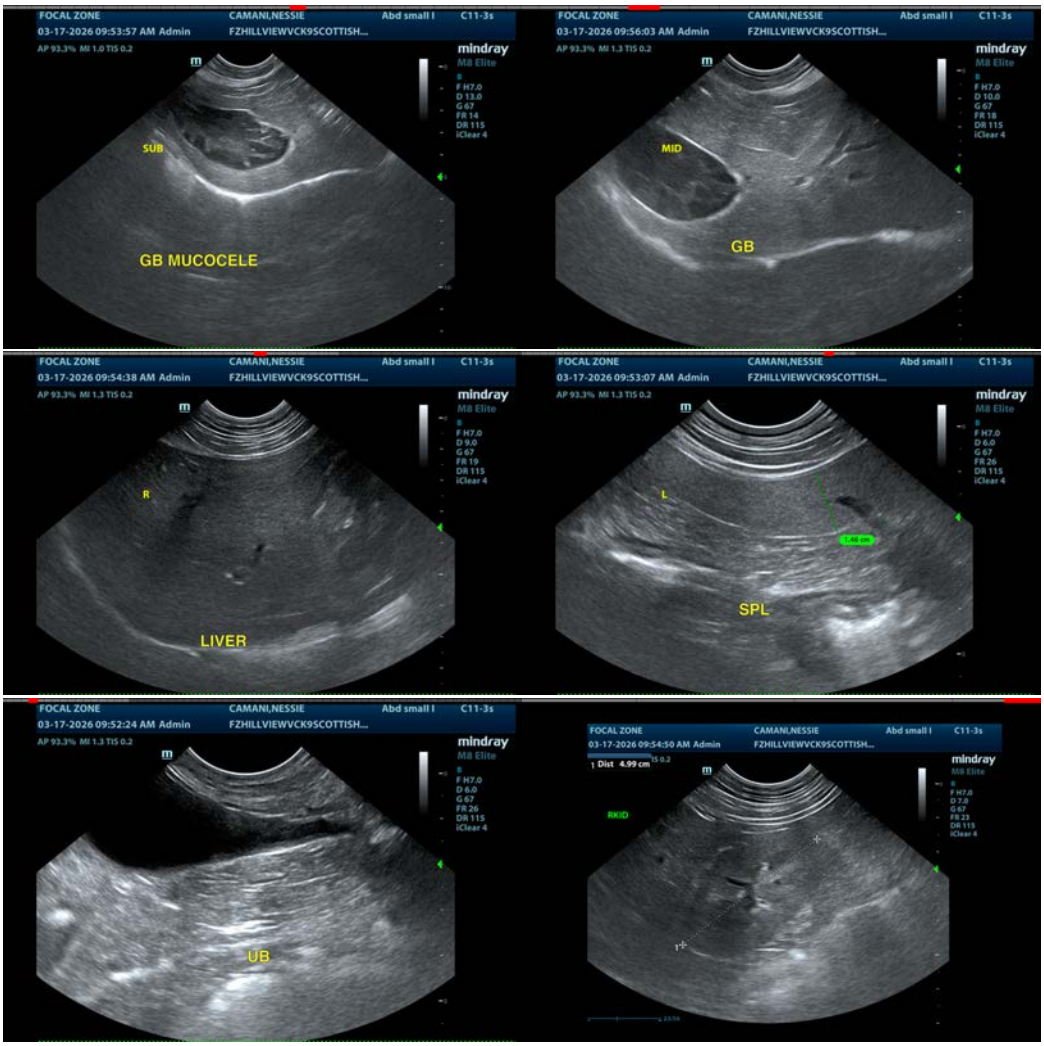
management does not result in improvement of the appearance of the gallbladder. A biopsy of the liver should be performed at the time of surgery (histopathology, culture and copper levels).

There is no evidence of adrenal enlargement at this time. This does not definitively rule out underlying Cushing's disease but makes it somewhat less likely.

Recommend a urinalysis, culture +/- urine protein to creatinine ratio based on the urinalysis findings reported. No significant lesions were observed involving the urinary bladder.



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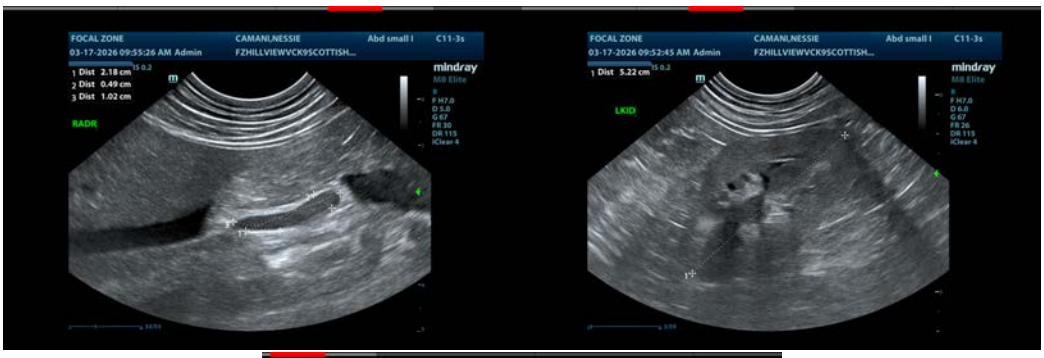

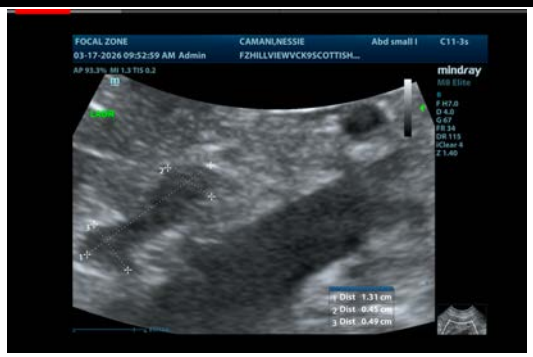

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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