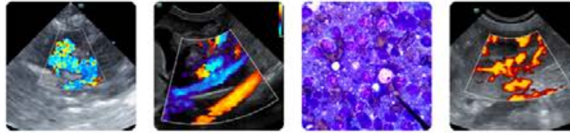


DATE

3/17/26

PATIENT

Zeus Mcnamer

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

6/13/16

WEIGHT

77 lbs

INTERPRETED BY

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

HOSPITAL NAME

Pleasantville Animal Hospital of Fallston

REFERRING VET

Dr. Gounaris

INVOICE

73760

PRESENTING CLINICAL SIGNS

Patient History: Patient has diabetes and Cushing's. Owner reporting pu/pd recently and patient has lost 5-6lbs since December. Patient also seems somewhat less active. Blood glucose was ~200 at appointment on 3/10
and resting cortisol was 1.3. We increased insulin slightly and also decreased trilostane.

Current Medications: Insulin - currently 31 units BID SQ, Trilostane - 60mg PO SID (previously was also receiving 30mg EOD on top of that)
Labwork Results: Labwork not attached, reported as; 3/10- Glucose – 212, ALT 135, ALP 998, Na:K ratio 27
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, masses or cystic calculi.

The prostate is normal in size (0.85 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 (7.46 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 (7.2 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, measuring 0.65 cm at the cranial pole and 0.86 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 0.65 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 (2.1 cm in width at the level of the hilus). The spleen echotexture is mildly mottled, 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 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 numerous ill-defined hypoechoic nodules throughout the parenchyma, an example measures 1.99 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. Some of the debris is focally mineralized, possibly consistent with sandy debris or a cholelith. 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. Jejunum wall measures 0.31 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 prominent, mottled and hypoechoic 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. There is no significant lymphadenopathy. Sublumbar lymph nodes are visualized measuring 0.63 cm and 0.86 cm. The omentum is normal in echogenicity/slightly hyperechoic around the right limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Borderline bilateral adrenomegaly – Findings are most consistent with the PDH reported.
- Borderline 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. These findings could also be consistent with anatomic variation.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis in the right limb.
- Large, heterogeneous liver with ill-defined 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

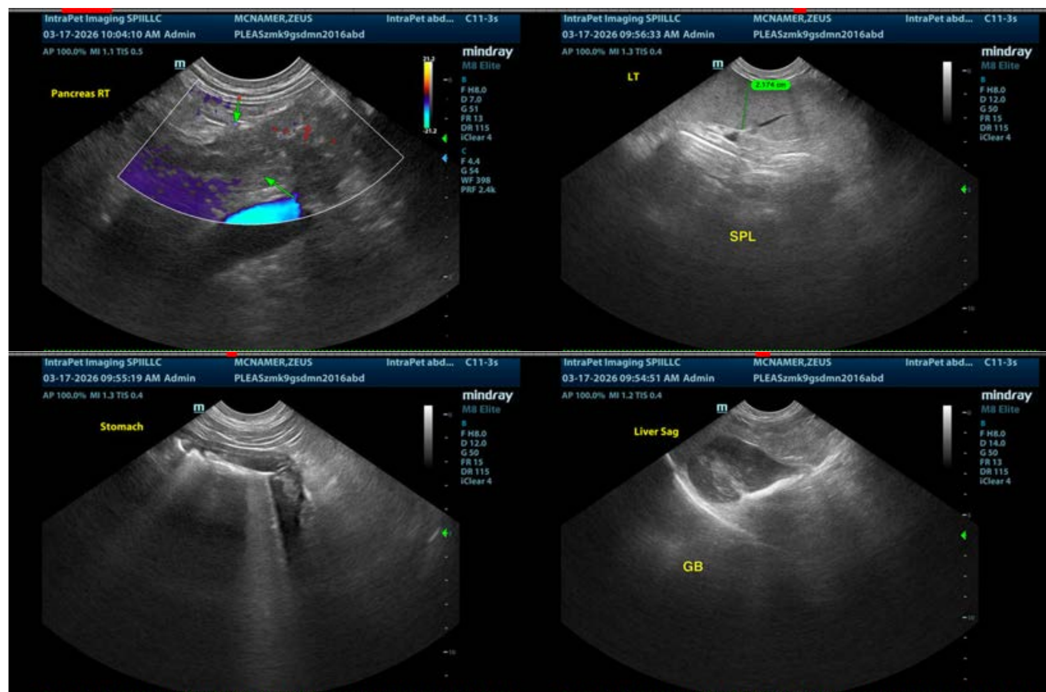
Many of the changes observed on today's exam are expected for a patient with diabetes and Cushing's disease. This includes large adrenals, a large, heterogeneous liver, etc.

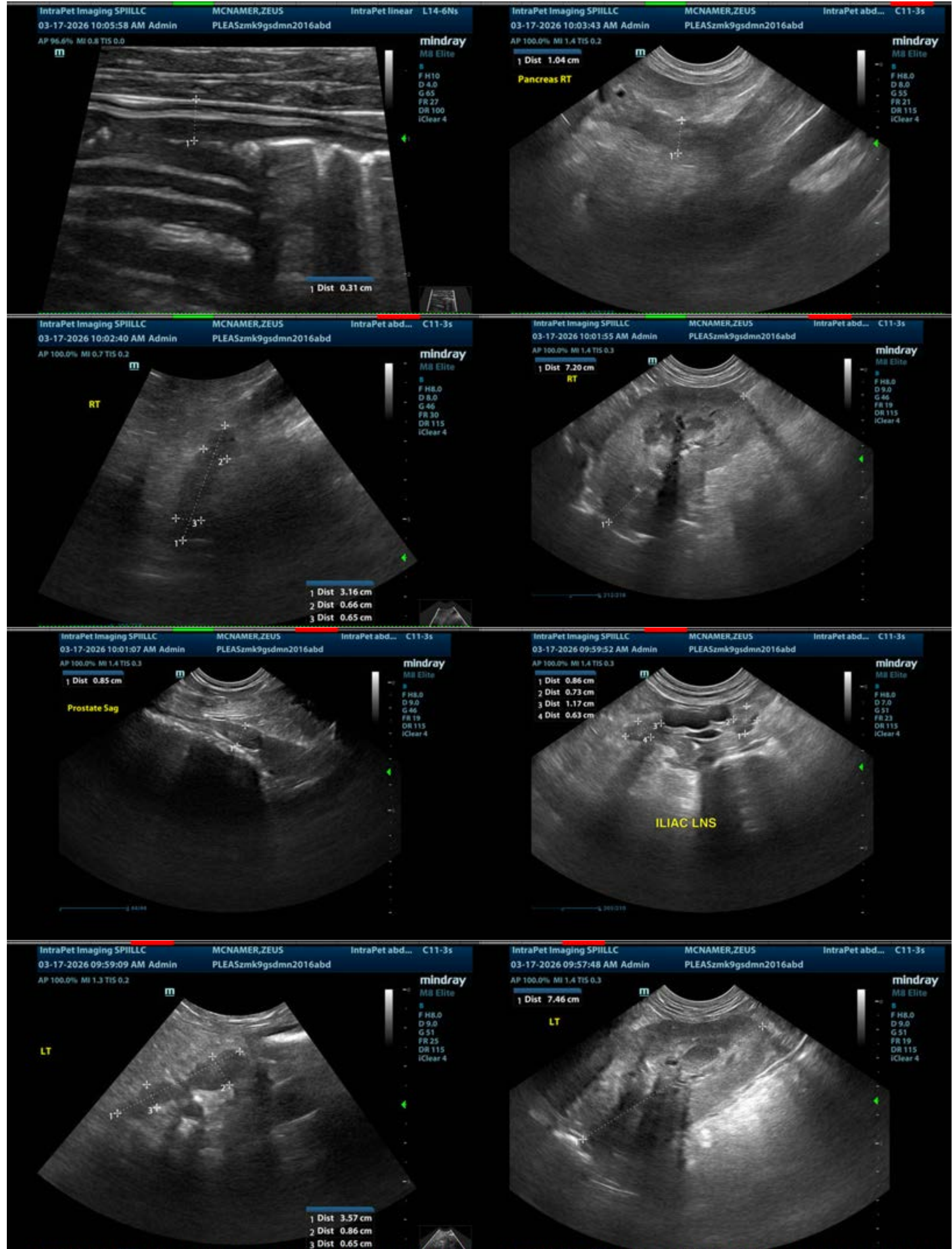
The right limb of the pancreas is prominent and hypoechoic. Correlate with PLI level. If there is significant elevations, there could be concurrent chronic pancreatitis.

The splenic changes are subtle and likely within normal limits for this individual. If there is concern for underlying round cell neoplasia or similar, a fine needle aspirate could be considered.

Recommend a urinalysis, culture and a glucose curve as well as a full ACTH stimulation test prior to adjusting medications, as it is possible there are peaks and troughs that are causing some dysregulation. Additionally, a freestyle libre could be considered to get measurements over several days/weeks to better assess glycemic control.

If symptoms are worsening, you could consider repeat imaging in the future, looking for the progression of today's lesions or the development of new lesions.

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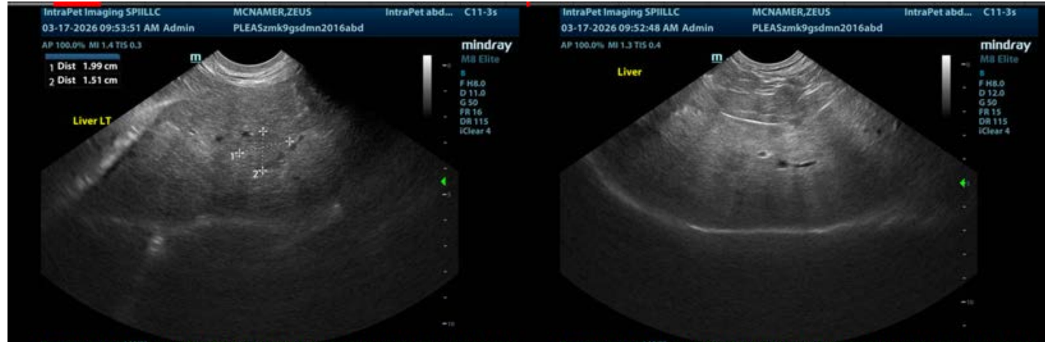

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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