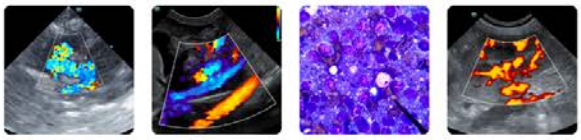


DATE

3/20/26

PATIENT

Coco Chilcote

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

6/29/12

WEIGHT

31.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Mengers

INVOICE

73870

PRESENTING CLINICAL SIGNS

Patient History: Presented for annual PE. On PE, potbellied appearance, tense abd but subjective hepatomegaly, mid dental calc, bilat MPLs, PLR absent OS w/ anisocoria. Very elevated LEs on BW. Doing well clinically at home.

Current Medications: None listed.
Labwork Results: Labwork attached, reported as: 3/11/26- CBC/CHEM/T4: ALT 173, ALP 2009, T4 1.3. UA: SpG 1.020, 2+ proteinurua, rare rods, WBC 10-15/hpf. 3/18/26- LDDST: pre 1.62, 4 hrs post 0.66, 8 hrs post 1.45. 3/19/25- CBC/CHEM/T4 + fT4: ALP 773 (prev 192), ALT 138 (prev 95), tp 7.8, alb 4, T4 1.2, fT4 0.6 (borderline).
Date of Previous IntraPet Ultrasound: 3/25/25. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (5.18 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are occasional small cortical cysts visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.65 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, hypoechoic and rounded, measuring 0.82 cm at the cranial pole and 1.02 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 and hypoechoic, measuring 0.59 cm at the cranial pole and 0.82 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 (1.16 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 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 too numerous to count poorly defined hypoechoic nodules visualized throughout the parenchyma. The previously described hyperechoic/mixed echogenicity nodule in the left lobe is visualized, measuring approximately 2.67 cm x 1.29 cm (previous measurement 1.97 cm x 1.09 cm in 3/2025). The lesion appears similar, possibly slightly larger.

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 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 0.51 cm. Jejunum wall measures 0.34 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.

PRIMARY FINDINGS

- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

- Age related changes visualized associated with both kidneys.

- Large, heterogeneous liver with numerous ill-defined hypoechoic nodules and a mixed echogenicity hyperechoic nodule on the left side – The appearance is most consistent with a vacuolar hepatopathy and regenerative nodules, although a more significant hepatopathy is possible. The previously described mixed echogenicity nodule is visualized, measuring slightly larger than on the previous exam.

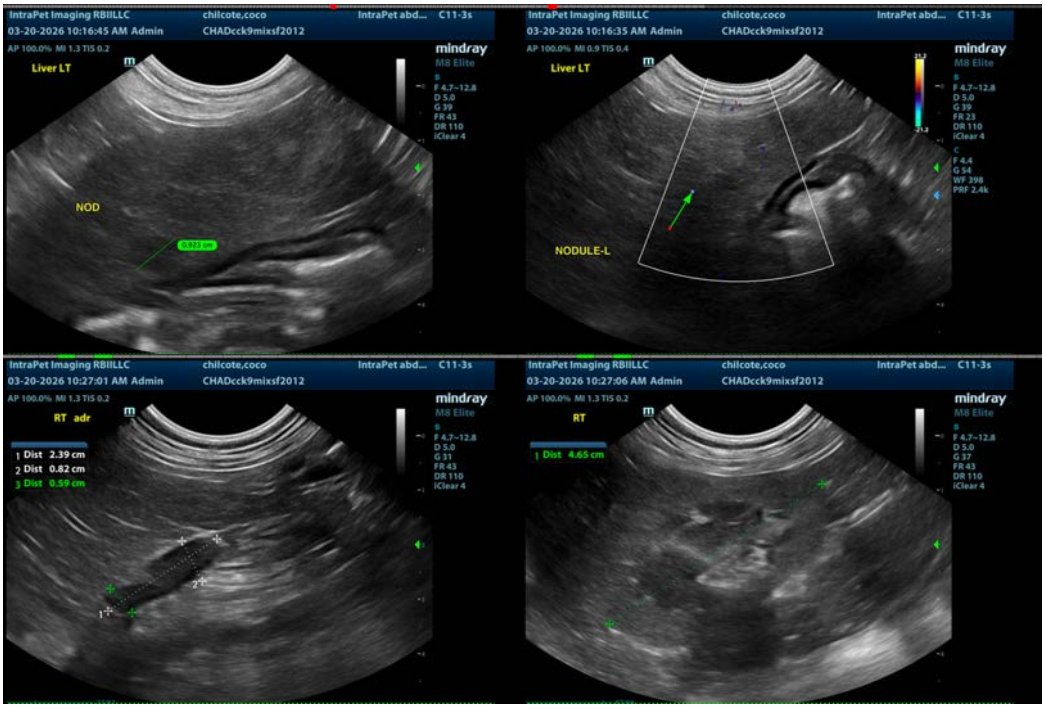
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

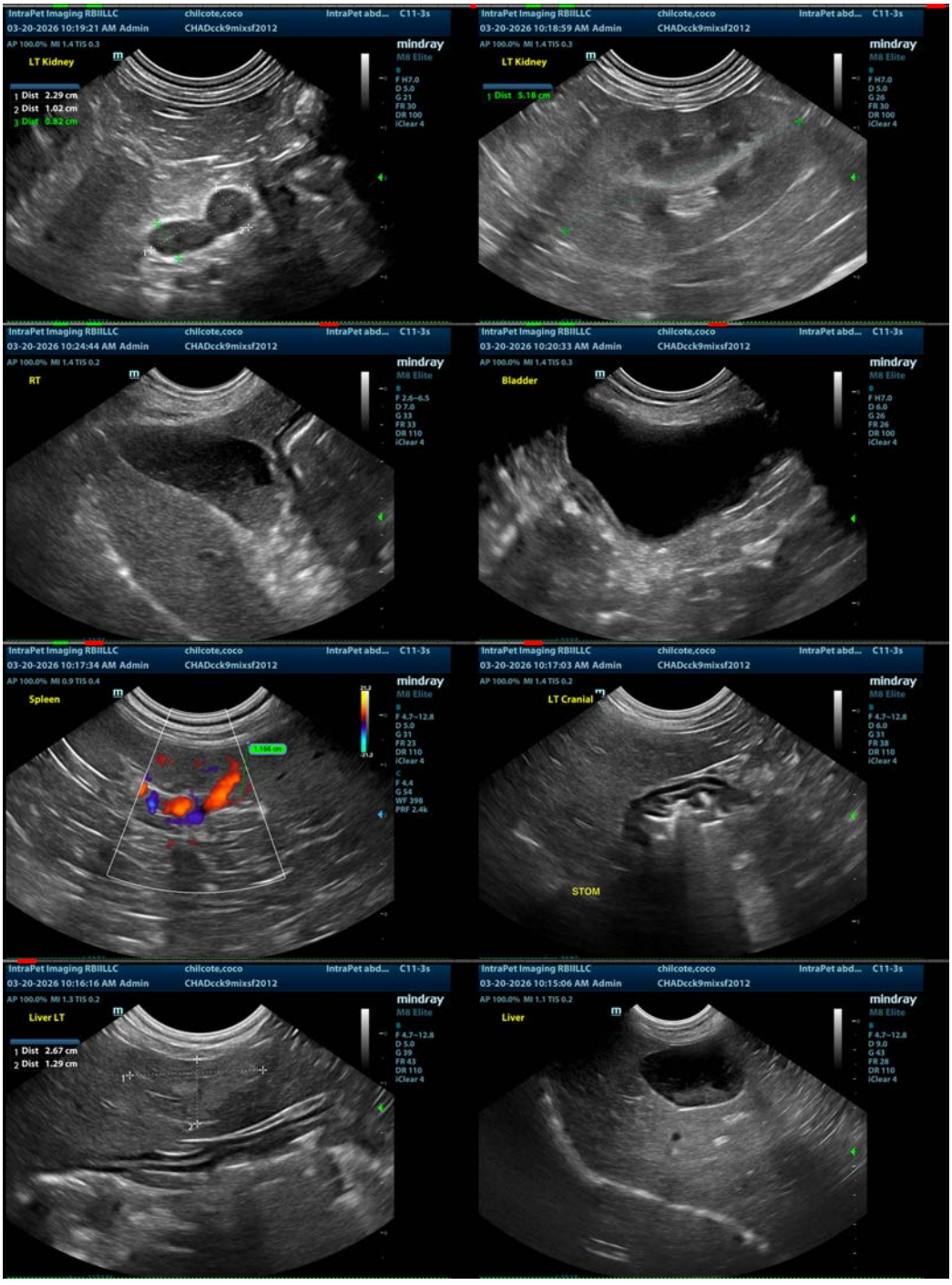
SECONDARY FINDINGS

- Mild dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous with numerous ill-defined hypoechoic nodules. This has the appearance most consistent with a vacuolar hepatopathy and regenerative nodules (the parenchyma appears slightly coarser than on the previous exam). This combined with the more prominent adrenals could be concerning for pituitary dependent hyperadrenocorticism. The hyperechoic mixed echogenicity nodule measures as slightly larger but is somewhat challenging to accurately measure, as it is poorly defined. Consider a fine needle aspirate for further evaluation.

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2 Dist 1.02 cm
3 Dist 0.82 cm
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Liver LT
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2 Dist 1.29 cm
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CHADcck9mixsf2012
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M8 Elite
Liver

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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