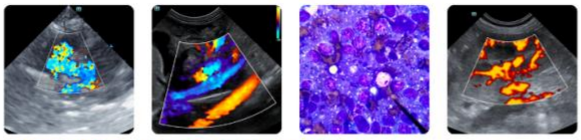


DATE

04/10/26

PATIENT

Bailey Schenning

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

04/09/16

WEIGHT

10.8 pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Jones

INVOICE

15000

PRESENTING CLINICAL SIGNS

Patient History: Bailey presents for polydipsia, polyuria, weight loss, and decreased appetite Patient History: Referred from Festival Animal Hospital for suspected diabetes mellitus - Polydipsia and polyuria for past week - Progressive weight loss - Decreased appetite: takes a few bites then walks away, requires assisted feeding - Bloodwork at referring hospital showed elevated liver values - Urinalysis performed at referring hospital.

Current Medications: None listed.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.26 cm). There is a wide hyperechoic band of tissue separating the cortex and medulla, most consistent with a medullary band and occasional small cortical mineralizations.

The right kidney has a normal shape and size (4.39 cm). There is a wide hyperechoic band of tissue separating the cortex and medulla, most consistent with a medullary band and occasional small cortical mineralizations.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.53 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 0.60 cm at the cranial pole and 0.67 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The spleen measured 0.95 cm. There is an irregular hypoechoic lesion/nodule visualized in the mid-body of the spleen, measuring 0.96 cm by 0.75 cm.

Liver

The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation. A small amount of the debris appears adhered to the gallbladder wall.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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 (0.45 cm in wall thickness) and the jejunum measured as normal (0.32 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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.

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Medullary band visualized associated with both kidneys- Hyperechoic medullary band visualized associated with both kidneys – A thick, hyperechoic band of tissue is visualized at the corticomedullary junction. This is most often associated with chronic renal disease and fibrosis.

- Irregular hypoechoic splenic nodule- 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.

- Mild pancreatic changes most consistent with chronic pancreatic remodeling.

- Large hyperechoic liver- The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

- Large gallbladder debris with a small amount of debris adhered to the gallbladder wall- A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

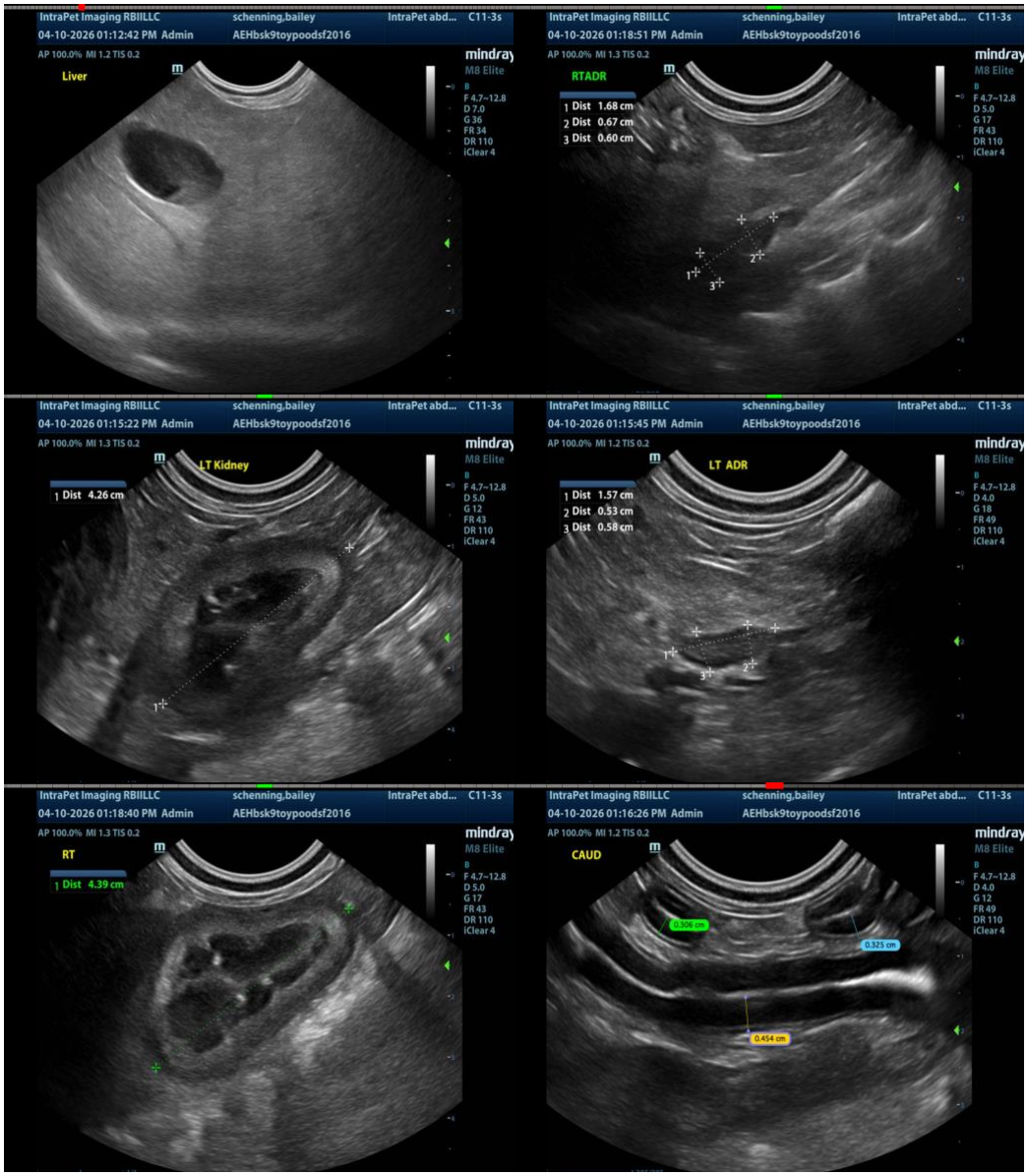
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and hyperechoic, most consistent with a vacuolar hepatopathy/diabetic hepatopathy. There is a large amount of non-organized debris visualized in the gallbladder with some adhered to the gallbladder wall. Consider starting ursodiol therapy and continued monitoring of the gallbladder.

There are mild changes visualized associated with both kidneys, most consistent with chronic age-related renal disease. Correlate with a urinalysis, culture, and blood pressure evaluation.

There is an irregular hyperechoic lesion in the spleen. This could represent a benign or early neoplastic lesion. Consider a fine-needle aspirate and continued monitoring with ultrasound.

If clinically appropriate, recommend starting insulin therapy and supportive care. If the patient isn't eating well, it may need to be hospitalized for initial treatment with short-acting insulin until it's feeling well enough to eat well and continue long-acting insulin at home.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mindray
M8 Elite
Liver
B
F 4.7~12.8
D 7.0
G 36
FR 34
DR 110
iClear 4
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2 Dist 0.67 cm
3 Dist 0.60 cm
B
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M8 Elite
LT Kidney
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F 4.7~12.8
D 5.0
G 12
FR 43
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iClear 4
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LT ADR
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2 Dist 0.53 cm
3 Dist 0.58 cm
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D 4.0
G 18
FR 49
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04-10-2026 01:16:26 PM Admin
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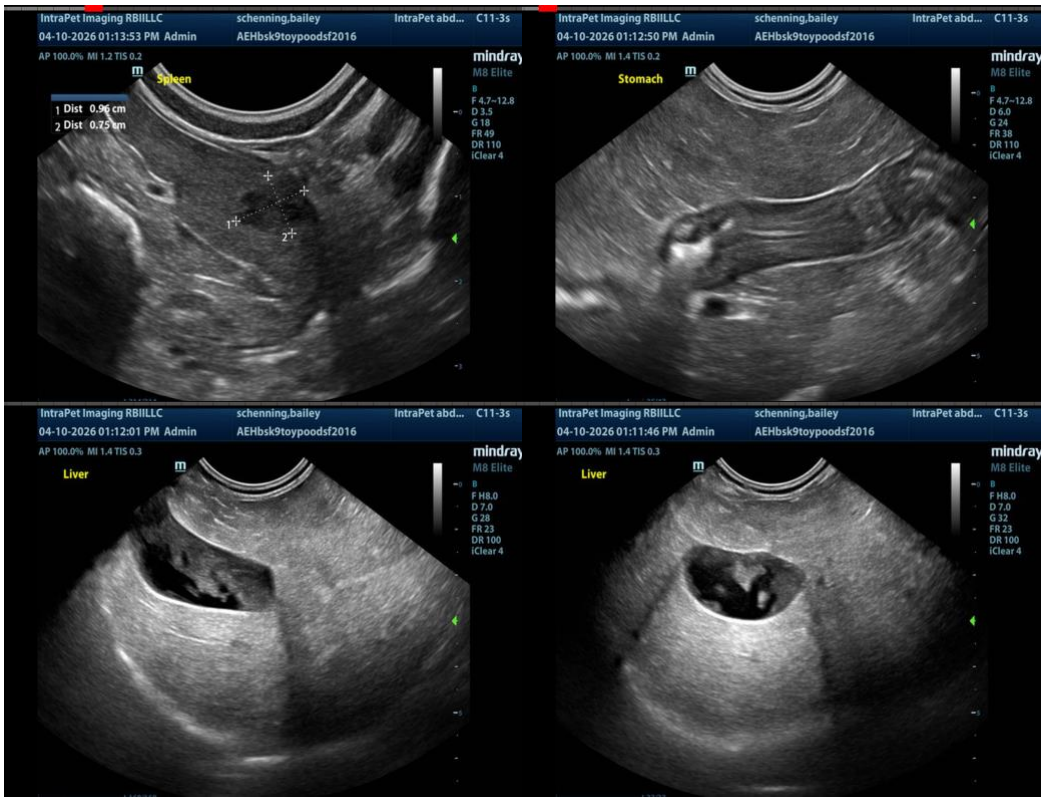

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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