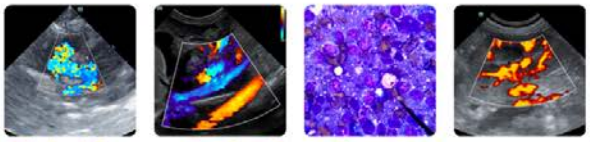


PATIENT

Eleanor May Sheets

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

5.5 Years

WEIGHT

32 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Gwenna Johnson, VMD

INVOICE

74502

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Several month history of severe PU/PD symptoms, weight gain. Patient having accidents in crate at home, which is a new abnormal behavior. Repeat urinalysis, LDDST, labwork relatively unremarkable, abdominal U/S recommended as next step.

Abnormal PE/Chem/CBC/UA Results: Urinalysis 3/28/26 - USG 1.036 - No bacteriuria, hematuria, crystalluria noted; negative for proteinuria Full labwork 4/1/26 unremarkable LDDST 4/9/26 - Resting cortisol 2.0 - 4 hr post dex 0.2 - 8 hr post dex <0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly 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 (5.2 cm) with numerous pinpoint mineralizations. Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.41 cm) with pinpoint non-obstructive mineralizations. Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.46 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.

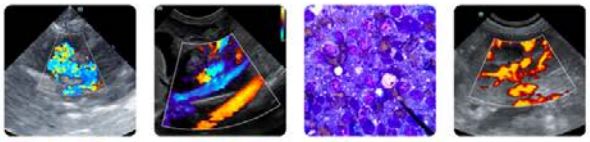
The right adrenal gland is somewhat irregular in appearance, measuring 1.19 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that the cranial pole is slightly irregular, with a mixed echogenicity area measuring 1.04 cm x 0.63 cm, possibly consistent with anatomic variation or poorly defined nodule. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.21 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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 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 moderate fluid/shadowing ingesta. 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. Correlate with feeding history. If the patient was adequately fasted, then consider delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid/chyme 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 0.31 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. Some sections of small bowel appear significantly distended with fluid and chyme, most consistent with a non-fasted patient. If the patient was adequately fasted, this could represent ileus, less likely an unseen obstructive lesion, etc.

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.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction and small, non-obstructive mineralizations visualized associated with both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Fluid/shadowing ingesta visualized within the stomach and small intestine – Findings are most consistent with a non-fasted patient.
- Slightly irregular/large cranial pole of the right adrenal – Findings could be consistent with an ill-defined nodule. Possible differentials could include anatomic variation, an adenoma, focal hyperplasia, carcinoma, early pheochromocytoma, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have decreased corticomedullary distinction. This could be consistent with early renal disease. Correlate with lab value and an SDMA level.

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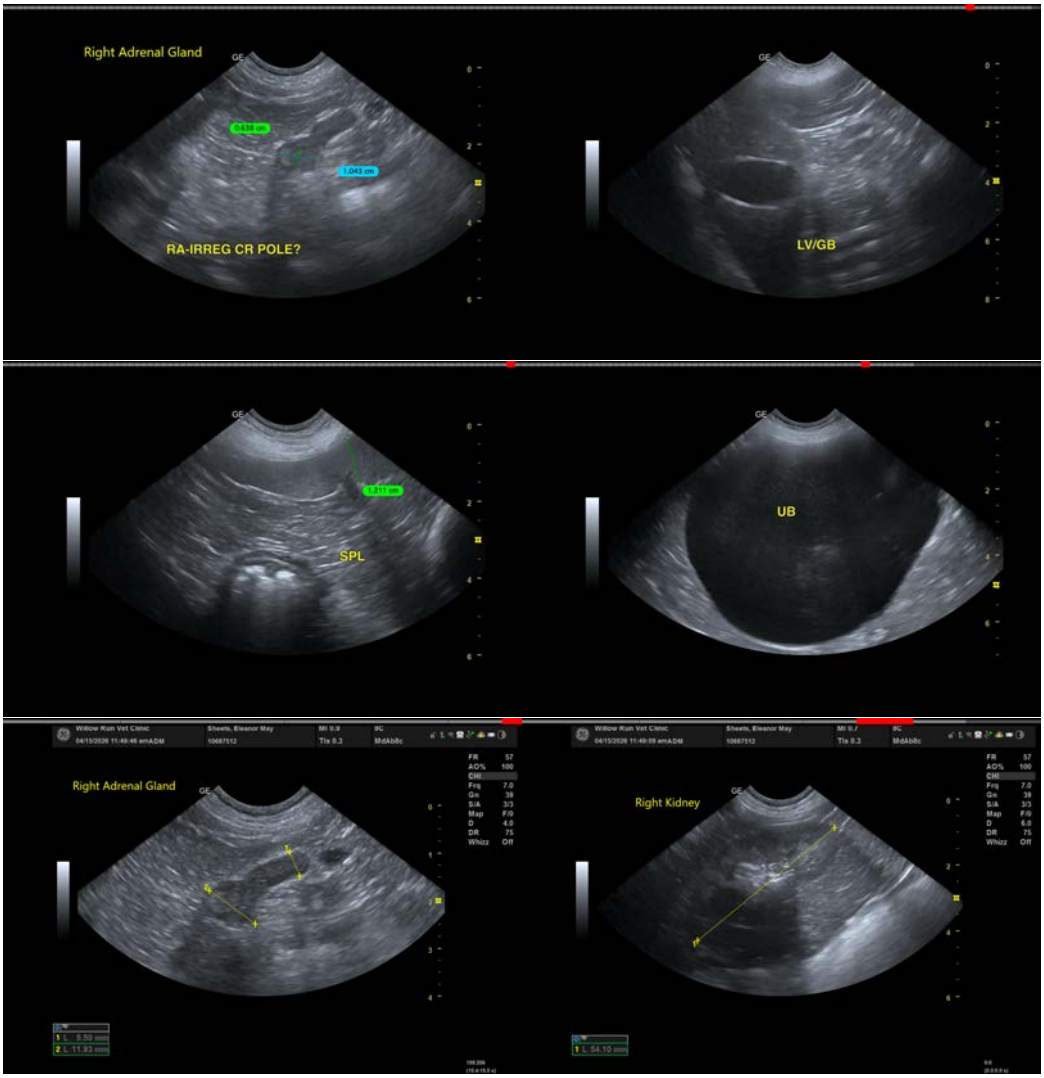
The cranial pole of the right adrenal gland appears somewhat irregular, possibly consistent with an ill-defined adrenal nodule. The urine concentration reported is not dilute, which is somewhat surprising, given the history reported. Consider quantitating water intake to determine if the patient is truly PU/PD. If clinical findings are strongly supportive of Cushing's disease, you could consider an adrenal panel combined with an ACTH stimulation test to the University of Tennessee's endocrine lab, looking for evidence of atypical Cushing's. Additionally recommend a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels, looking for a possible pheochromocytoma. Recommend close continued monitoring of the right adrenal gland with ultrasound (recheck in 6-8 weeks), looking for significant rapid growth or similar, which could be indicative of a more aggressive neoplastic lesion.



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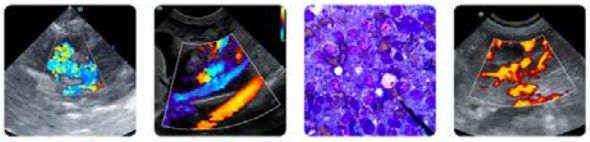

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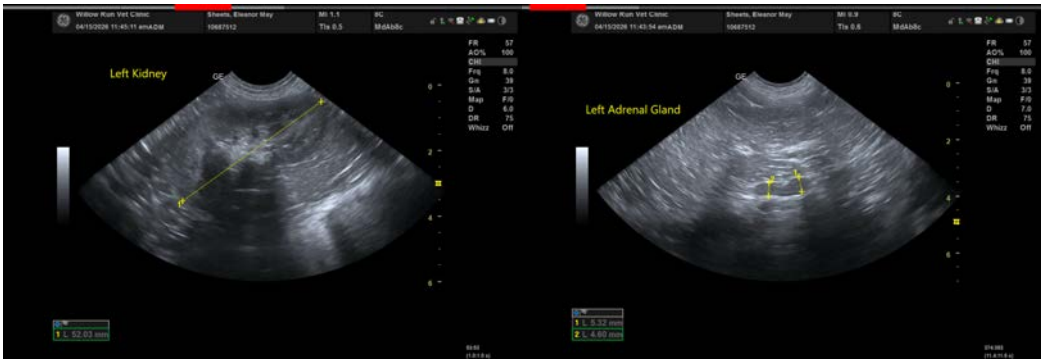

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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