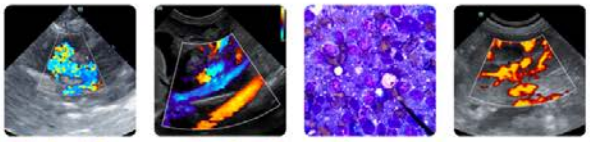

PATIENT

Ziva Novacek

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11

WEIGHT

54

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal Clinic

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INVOICE

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PRESENTING CLINICAL SIGNS

Ziva is a 11 year old FS Mixed Breed Dog that was presented on 3/12/2026 to discuss removal of a skin mass on her left hind leg. Given this was going to require surgery a recommendation of a blood panel (CBC/CHEM/UA/Fecal/4DX) was recommended. Labs was submitted and showed abnormalities (as discussed below). Upon talking to the owner more they reported that Ziva was drinking more and peeing more with a chance of a increase appetite. The goal of the ultrasound is to determine do we have primary renal disease going on that is causing PU/PD or signs on ultrasound that Cushing's disease is the driving factor (maybe even both). I did start the patient on Benazepril 5mg tablet (0.4mg/kg dose) and also Clopidogrel 75mg (1.53mg/kg).

Abnormal PE/Chem/CBC/UA Results: Rupture Pedunculated mass left Hock Weight Loss PU/PD Polyphagia Labs Mild leukocytosis with a neutrophilia, monocytosis, and thrombocytosis Chemistry showed a mild increase in CREA and BUN with a normal SDMA. A slight increase in Potassium, an increase in ALP with a hypercholesterolemia. Urinalysis showed a urine specific gravity of 1.011 with a UPC of 14.4. 4DX showed we are Lyme Positive (Historic) with a C6 level of less than 10.

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 (5.93 cm). 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.

The right kidney has a normal shape and size (6.45 cm). 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.

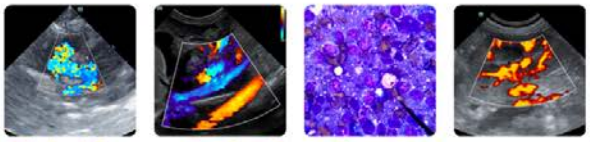
Adrenal Glands

The left adrenal gland is large, measuring 1.04 cm at the cranial pole and 0.94 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 borderline large at the caudal pole, measuring 0.87 cm. 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 (1.51 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.



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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. No focal nodules or cystic lesions are observed.

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 a moderate/large amount of 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. Shadowing ingesta is most consistent with a non-fasted patient and interferes with full evaluation of the stomach and some areas of the cranial abdomen.

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 0.38 cm. Jejunum wall measures 0.35 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 and mottled (particularly 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 evidence of a significant diffuse lymphadenopathy. In the cranial abdomen there is a complex cystic structure most consistent with a cystic portal lymph node measuring 1.21 cm x 2.81 cm. Adjacent to this and caudal to the right kidney there is a hypoechoic, rounded structure measuring 2.97 cm x 2.78 cm, possibly consistent with an additional cystic lymph node(?). The omentum is of normal echogenicity.

ULTRASONOGRAPHIC 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.
- Pancreatic changes most consistent with chronic pancreatic remodeling.

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- 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.

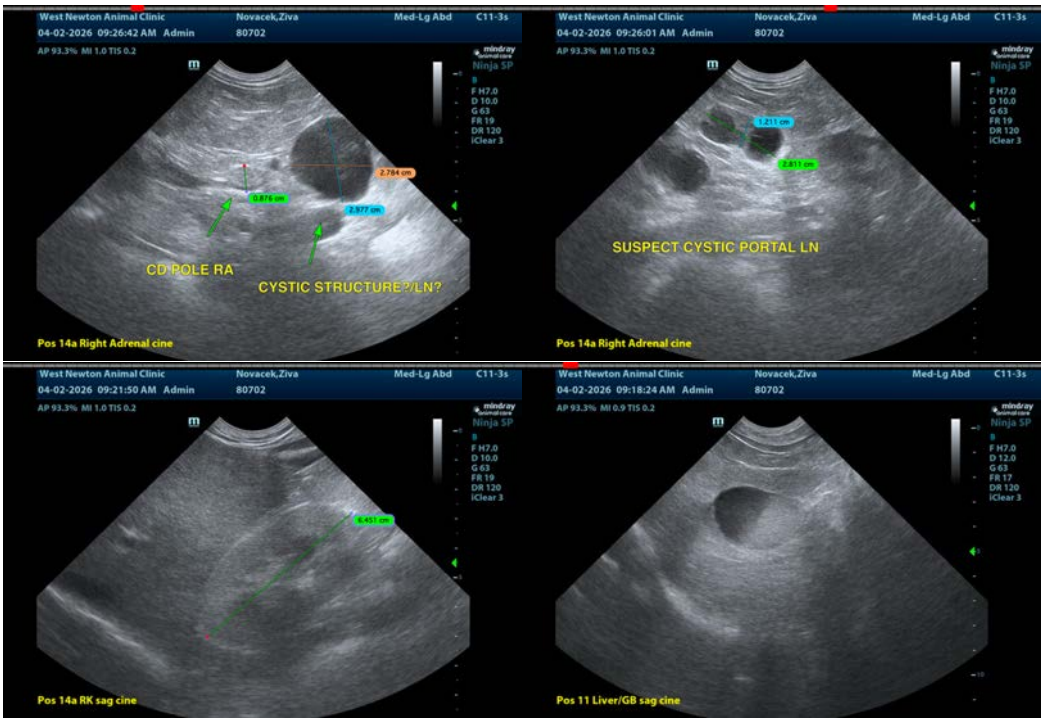
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Suspect cystic portal lymph nodes – The significance of this is uncertain. This typically is an incidental finding. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are large, and the liver is large and heterogeneous, potentially consistent with a vacuolar hepatopathy. Consider adrenal function testing to further evaluate. Consider an ACTH stimulation test, as this has fewer false positives secondary to concurrent illness.

Both kidneys have changes potentially consistent with chronic renal disease. If not already done, recommend a blood pressure evaluation and a repeat urine protein to creatinine ratio performed on a pooled sampled obtained over a 24 hour period (3 separate samples combined equally) to confirm the significant proteinuria and get an average over the course of a day.

There are hypo/anechoic structures visualized near the right kidney. I suspect these represent cystic lymph nodes. I suspect this is an incidental finding, but recommend continued monitoring and evaluation with power doppler to confirm they are not hypoechoic solid structures.



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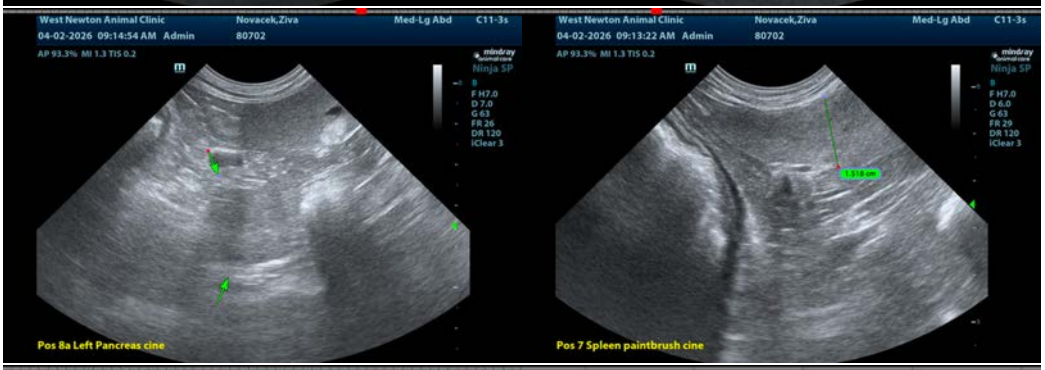

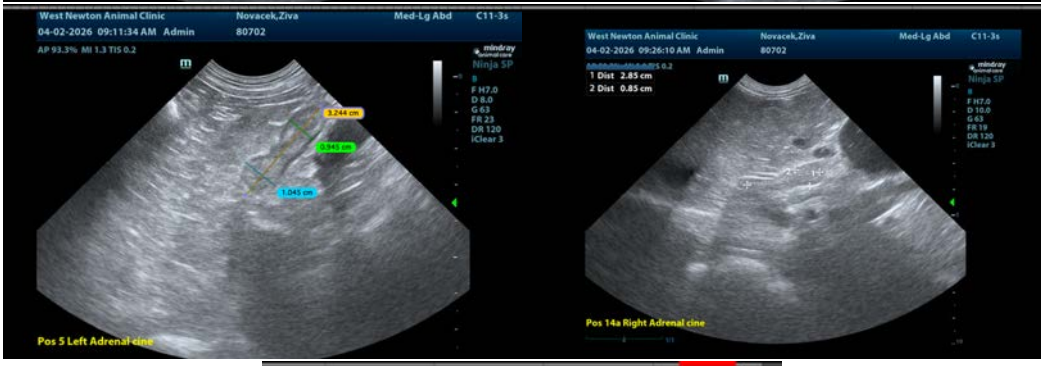

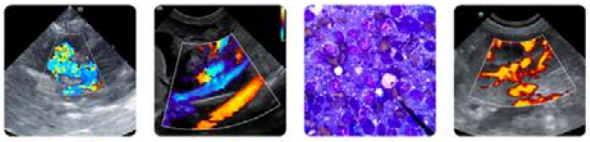

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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