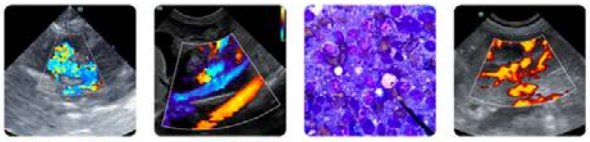


PATIENT

Bentley Jordan Vasey

SPECIES

Canine

BREED

Chow Chow x

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

63 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Kermendy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Ericka Haynes

INVOICE

74658

DATE

4/21/26

PRESENTING CLINICAL SIGNS

Patient has chronic (several year) history of elevated ALP, panting. There is a 6-8 month history of polydipsia, polyuria, and hair loss. Screening for hepatomegaly, adrenomegaly.

Abnormal PE/Chem/CBC/UA Results: CBC-WNL Chem panel- ALP=1873 (5-160) ALT=365(18-121) :Lipase=318 (0-250) UA=USG = 1.022, sediment inactive Low dose dexamethasone suppression test results pending

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left 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.

The right kidney has a normal shape and size (7.28 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 normal in size measuring 0.73 cm at the cranial pole and 0.60 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.

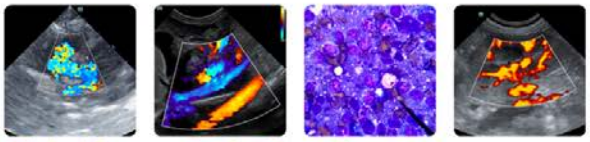
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.75 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 and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules in the parenchyma.



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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. 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. The normal areas of gastric wall measure at 0.52 cm. There is focal thickening and loss of layering visualized associated with the pyloric region/body of the stomach. The gastric wall in this region measuring 1.16 cm in thickness.

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 0.55 cm. Jejunum wall measures 0.48 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 area of 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

- Large, heterogeneous, rounded liver with 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.

- Focal thickening and loss of layering of the gastric wall – Findings are concerning for focal infiltrative disease (round cell neoplasia, carcinoma, granulomatous disease, etc.). Severe focal inflammation is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, rounded and irregular with some ill-defined hypoechoic nodules. Generally, this has somewhat of a benign appearance, although infiltrative neoplasia or similar cannot be definitively ruled out. Recommend a fine needle aspirate of the liver.

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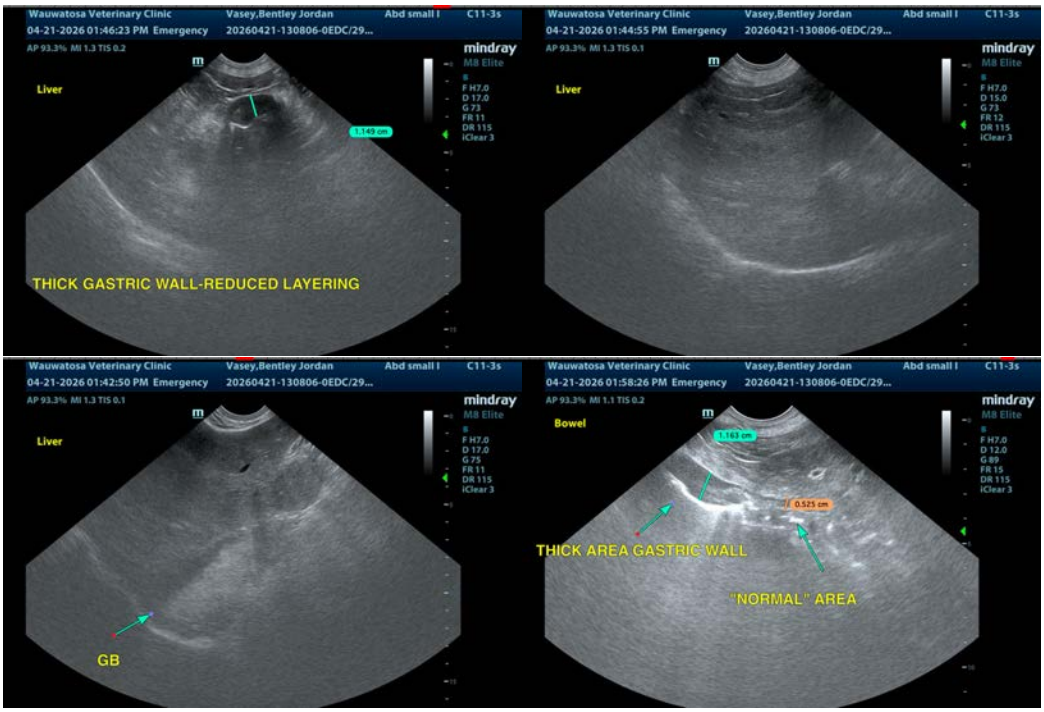
The left adrenal gland appears normal in size. The right adrenal gland is difficult to clearly visualize, but no definitive mass effect is observed in the region. This does not rule out Cushing's disease but may make it somewhat less likely.

There is a focal section of gastric wall that appears thickened with loss of layering. The appearance is concerning for a mass effect. I don't see a clear window for sampling, but if there is a safe window, a fine needle aspirate could be considered. Otherwise, your options would be surgical evaluation for biopsies, or non-specific treatment for gastritis and reevaluation in 4-6 weeks. Upper GI endoscopy could be considered but may not be helpful if the mucosa is intact.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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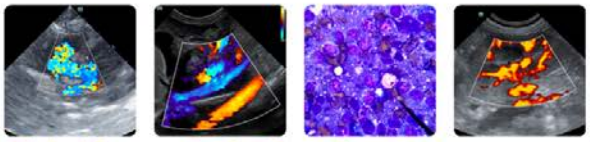

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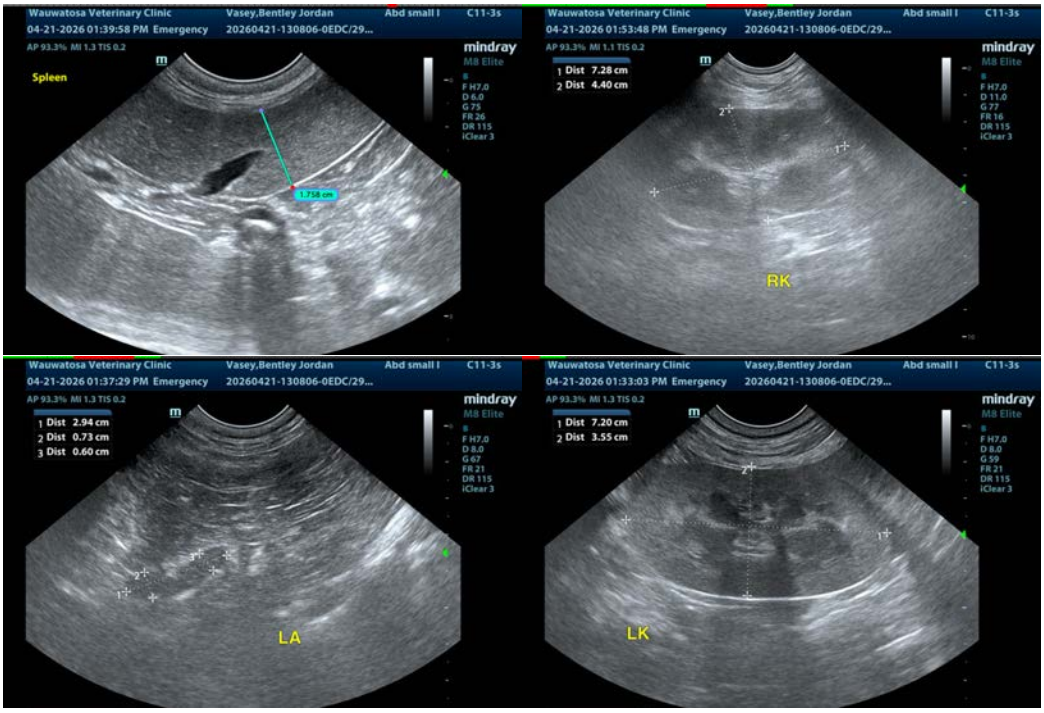

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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