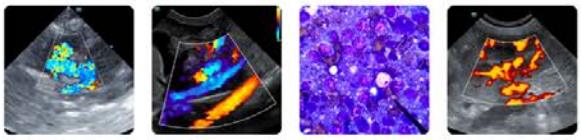


DATE

4/21/26

PATIENT

Captain Toby Pickles Schumm

SPECIES

Canine

BREED

German Shepherd x

SEX

Neutered Male

AGE

5/27/18

WEIGHT

57.5 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Schaupp

INVOICE

74666

PRESENTING CLINICAL SIGNS

Patient History: Generalized malaise, decreased appetite, "not himself". History of soft tissue sarcoma Grade I removed mid March 2026, clean margins from left side dorsal lumbar location. No cough/sneeze/vomit/diarrhea. PE : did not lose weight, no heart murmur, pink mmemb, abdomen soft, decreased range of motion on rotation of left coxofemoral joint, quiet and withdrawn during exam.

Current Medications: Dasuquin.
Labwork Results: Labwork attached, reported as: Bloodwork sent out 04/17 including screening for tick borne dz. Radiograph VD pelvis - left coxofemoral arthritis with DJD and thickening of femoral neck. Radiograph VD thorax - cardiac silhouette appears wnl. No obvious lung pathology.
Date of Previous IntraPet Ultrasound: No previous.
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 anechoic urine. The Bladder wall is generally of normal thickness with a smooth mucosal surface. In the apical region it is slightly prominent/mildly thickened, measuring at 0.51 cm. The region of the 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 (6.44 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 (5.61 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 and slightly irregular/mottled in appearance, measuring 1.01 cm at the cranial pole and 0.39 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 0.89 cm at the cranial pole and 0.79 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 (2.3 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.

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 minimal luminal contents. It measures at a normal thickness of 0.72 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. 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 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

- Mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

- Large, slightly mottled/irregular left adrenal gland – The significance of this is uncertain. This could represent anatomic variation or an early mass effect.

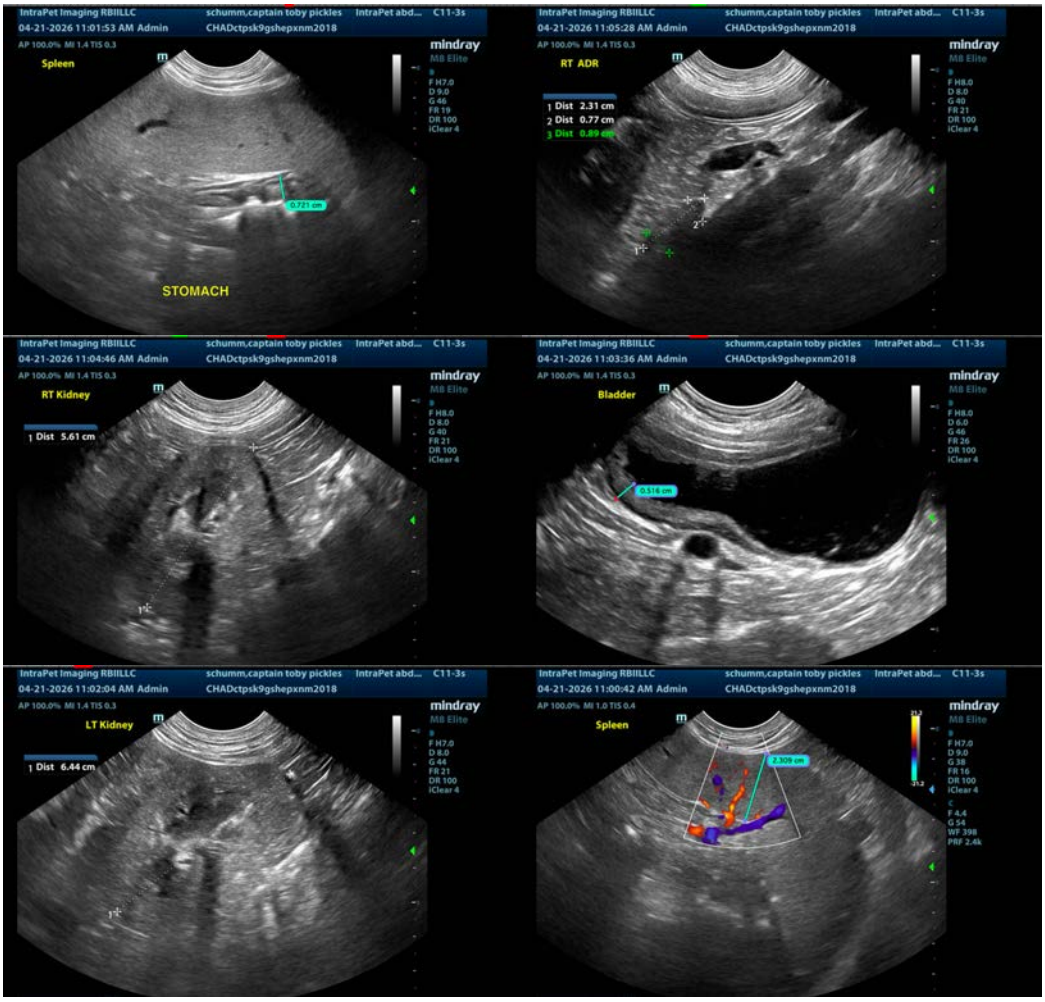
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

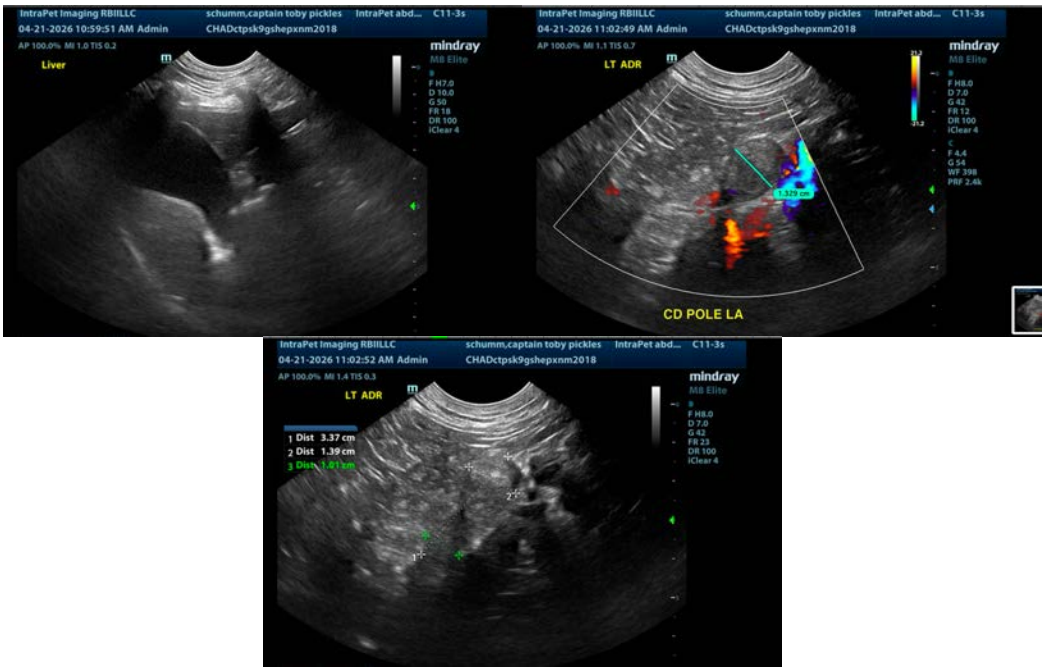
The changes observed on today's scan are relatively mild. A definitive cause for the symptoms described is not visualized.

On some views the apical wall of the urinary bladder appears mildly thickened/irregular. Correlate findings with urinalysis +/- cultur results.

The left adrenal is large and somewhat mottled in appearance. The significance of this finding is uncertain. A distinct mass or nodule is not visualized. The right adrenal is normal in size. If signs of Cushing's are present, you could consider adrenal function testing. Additionally, you could consider a blood pressure evaluation. If hypertension is present, you could measure catecholamine levels, looking for possible early pheochromocytoma. Recommend close continued monitoring of the right adrenal gland and consider reevaluation with ultrasound in 8-12 weeks.

In addition to routine testing, you could consider baseline cortisol to screen for Addison's, monitoring body temperature for waxing and waning fever. If these are ruled out, you could consider a short-term nonsteroidal trial in the case of possible orthopedic pain. Additionally, if symptoms are persistent, you could consider repeat imaging in the future, looking for progression of today's findings (particularly the left adrenal changes).





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