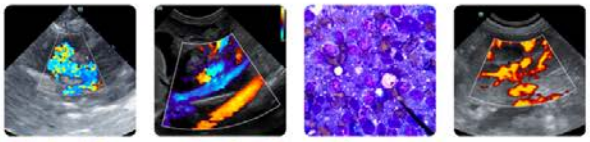


PATIENT

Jasper Pyatt

SPECIES

Canine

BREED

Sheltie

SEX

Neutered Male

AGE

9 Years

WEIGHT

17.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

West Springs Veterinary Hospital

REFERRING VET

Dr. Krolik

INVOICE

74650

DATE

4/21/26

PRESENTING CLINICAL SIGNS

Jasper is a 9 year old MN Sheltie. He was experiencing polyphagia, polydypsia, polyuria and increased panting. Owner was diagnosed with Pituitary Dependent Hypercortisolism by LDDS test on February 12th. Owners were concerned about adverse effects of Trilostane and wanted to start very low with the dose. We slowly increased the dose to 20mg (1.1mg/kg) BID. All clinical signs are well controlled apart from residual panting at night, which owners describe to be about 70% improved. Owners are concerned about performing an ACTH stim test for monitoring and prefer to monitor Cortisol levels prior to administering morning dose and 3 hours after the morning dose. These cortisol levels were measured March 24th (Trilostane 10mg BID) and April 6th (Trilostane 20mb BID). Jasper has a previous history of Pancreatitis. His cholesterol and triglycerides are elevated. Owners were concerned about combining Fenofibrate with his Trilostane so stopped administering the Fenofibrate when the Trilostane was started. After further discussion about the risks the Fenobirate has been restarted at a low dose of 48mg SID and they are slowly increasing back to 150mg SID this week. Jasper is receiving : Liposomal Silibinin, Melatonin, Green-Lipid Mussel, Phosphatidylserine, HMB

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, or masses. There is a small amount of dependent mineralized debris in the trigone region, extending into the proximal urethra and the pre-prostatic urethra.

The prostate is normal in size (0.96 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

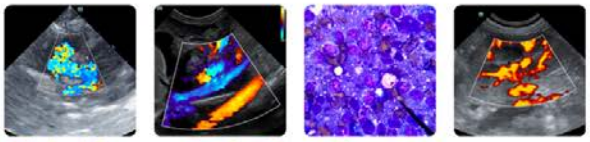
The left kidney has a normal shape and size (5.77 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.96 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.85 cm at the cranial pole and 0.85 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 large, measuring 0.95 cm at the cranial pole and 0.77 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.



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Spleen

The spleen is subjectively normal in size (1.53 cm in width at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is 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. There are numerous ill-defined hypoechoic nodules in the parenchyma. An example measures 0.89 cm in diameter.

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.

Gastrointestinal

The stomach contains mild fluid and gas. 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. 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. Duodenum wall measures 0.60 cm. Jejunum wall measures 0.31 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 visible/mildly mottled 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 significant lymphadenopathy. There are occasional mildly reactive lymph nodes visualized. A sublumbar lymph node is visualized measuring 0.43 cm.

PRIMARY 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.

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- Dependent mineralized debris/small calculi visualized in the urinary bladder and proximal urethra – Correlate with urinalysis, culture and radiographs.
- Large, hyperechoic liver with ill-defined hypoechoic nodules – Findings are most consistent with a vacuolar hepatopathy. The hypoechoic nodules have a benign appearance most consistent with regenerative nodules, although early neoplastic lesions cannot be ruled out.
- Large gallbladder debris – 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.

SECONDARY FINDINGS

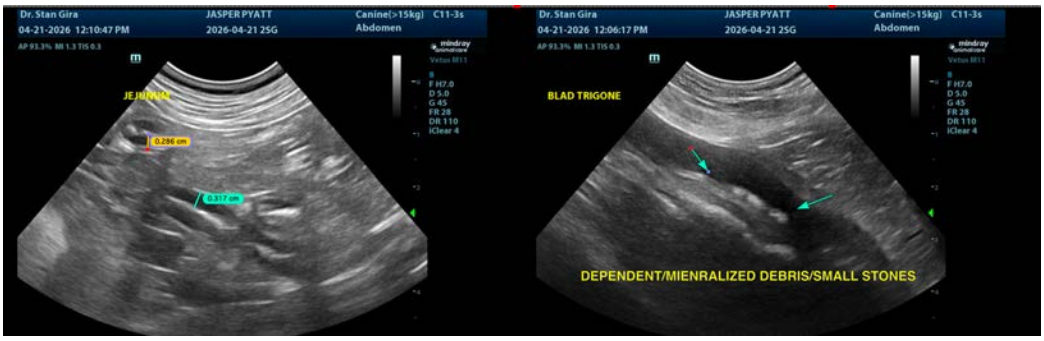
- Age related changes associated with both kidneys.
- Hyperechoic foci visualized in the spleen – Most consistent with benign myelolipomas. Recommend continued monitoring.
- Pancreatic changes consistent with mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the changes observed are most consistent with a current diagnosis of hyperadrenocorticism (adrenal changes, liver, etc.).

The gallbladder is large with a large amount of debris and minimal evidence of inflammation. There is some mild stranding noted. Findings are relatively benign at this time, but continued monitoring is warranted, as this pet is at increased risk for cholecystitis and/or mucocele formation. I would consider chronic Ursodiol therapy in efforts to manage this situation, as well as continued monitoring with ultrasound, and monitoring of liver values.

There is mineralized debris visualized in the trigone, proximal urethra, and pre-prostatic urethra. Correlate with urinalysis, culture and radiographs. Depending on the makeup of this material, dietary management may be helpful.



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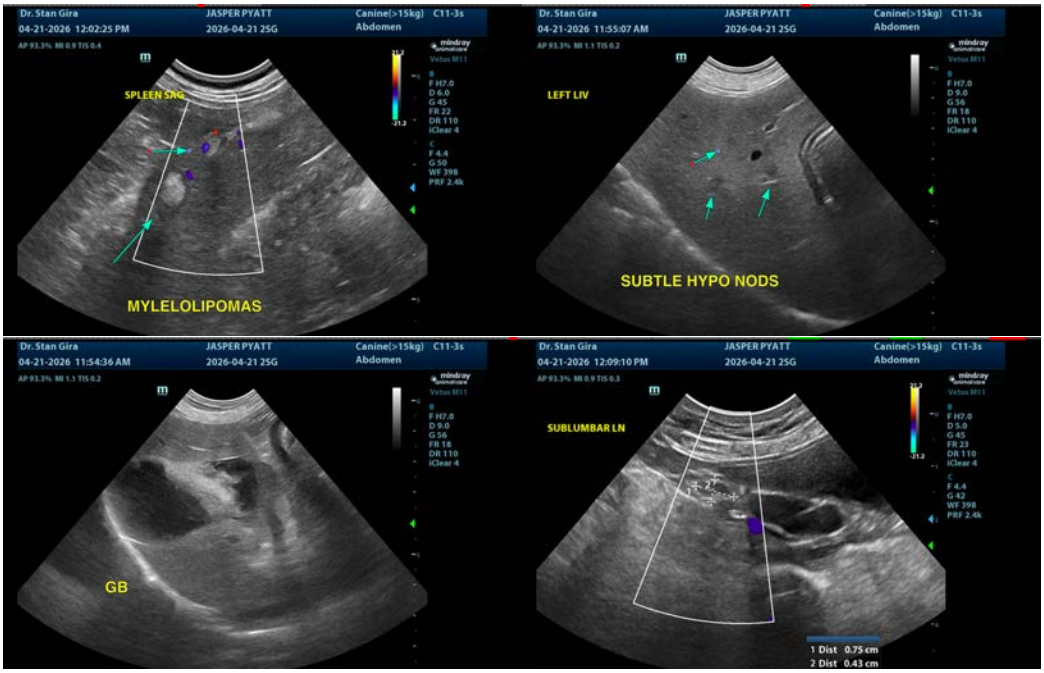

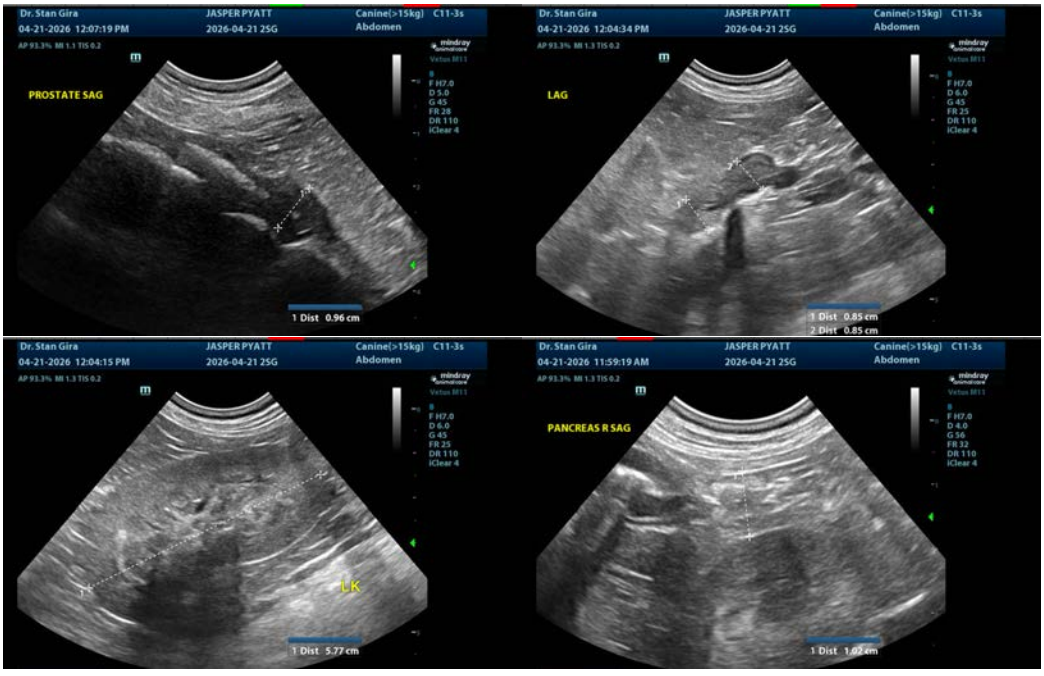

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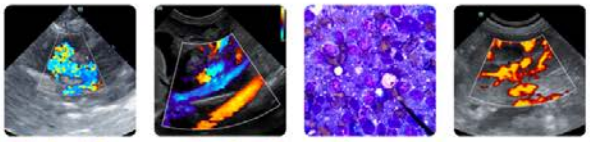

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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