PATIENT

Arya O'Brien

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

11

WEIGHT

19.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Harvard Family Pet Clinic

REFERRING VET

Pamela Koretsky, DVM

INVOICE

75262

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History distended abdomen, thin coat, itchy skin, increased thirst, dilute urine worsening over time, panting, ACTH Stim in high end reference range for Vetoryl (Trilostane) therapy. 10 mg SID at 10 days. Next BW in 30 days. ? Kidney disease. *Post prandial

Abnormal PE/Chem/CBC/UA Results: Pre cortisol: 4 .1, 1 hour post stim: 5.8. Urine SG: 1.021, granular casts and WBC/RBC in urine. Chol: 507, GGT 47, ALP 169, Platelets 471.

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 (5.0 cm) and occasional small 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 (5.27 cm) with occasional pinpoint cortical 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.

Adrenal Glands

The left adrenal gland is borderline plump, measuring 0.94 cm at the cranial pole and 0.66 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 plump, measuring 0.66 cm at the cranial pole and 0.78 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 (1.1 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional hyperechoic lesions most consistent with benign myelolipomas. A hyperechoic nodule is visualized measuring 0.52 cm.

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. A hypoechoic nodule is visualized in the parenchyma measuring 0.91 cm.

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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 a large amount of 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. Findings are most consistent with a non-fasted patient.

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 0.44 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There is mild mucosal speckling visualized associated with the duodenum.

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

- Borderline plump adrenal glands - Findings could be consistent with anatomic variation or hyperplasia.
- Age related changes visualized associated with both kidneys.
- Hyperechoic nodule in the spleen – This has a benign appearance most consistent with benign myelolipoma. Recommend continued monitoring.
- Large, heterogeneous liver with an ill-defined hypoechoic nodule – 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 hypoechoic nodule has a somewhat benign appearance, possibly consistent with a regenerative nodule. An early neoplastic lesion 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.

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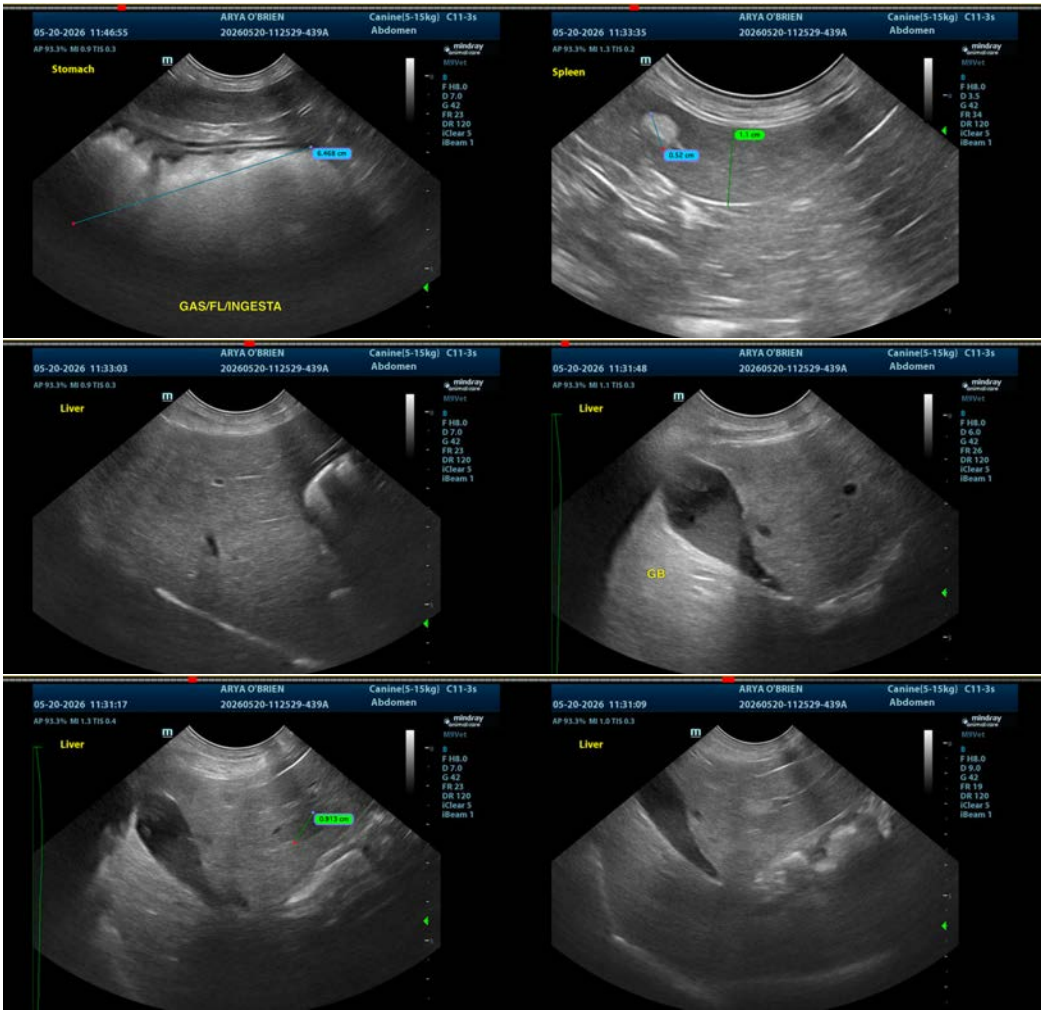
- Mild mucosal speckling visualized associated with the duodenum – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are plump. Given the concern for Cushing's disease, this could be consistent with bilateral hyperplasia and pituitary dependent hyperadrenocorticism.

The liver is mildly heterogeneous with an ill-defined hypoechoic nodule. These changes could be consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Recommend continued monitoring of the nodule. If significant change is occurring, a fine needle aspirate could be considered.

There is mild mucosal speckling visualized associated with the duodenum. The significance of this is uncertain in the absence of underlying gastrointestinal symptoms. If these develop and/or hypoalbuminemia develops, further evaluation may be warranted.



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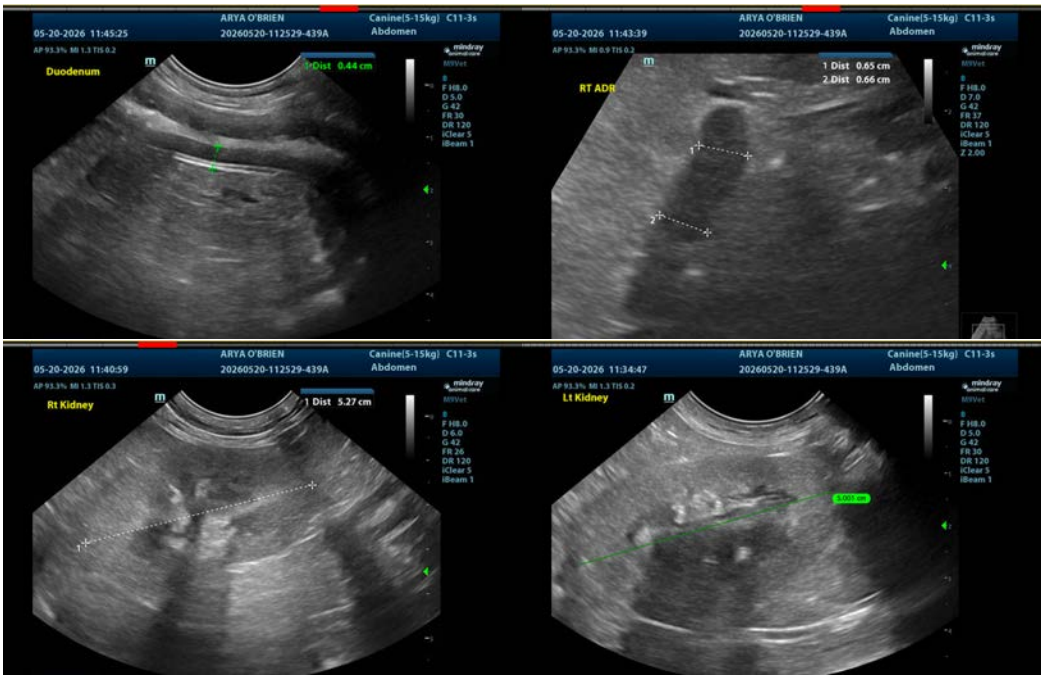

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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