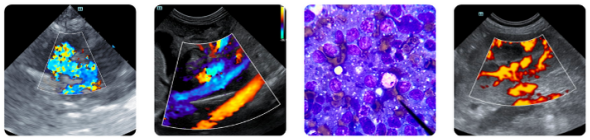


PATIENT

Roxie Brantley

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

13 years

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Reyes

INVOICE

11973

DATE

5/19/2026

PRESENTING CLINICAL SIGNS

Rapid weight loss, 3 lbs in 2 weeks. Decreased appetite and lethargy. Increase water intake and urination. Just finished Amox/Clav for UTI.

Abnormal PE/Chem/CBC/UA Results: BUN: 48, 15 2 weeks ago ALT: 741, 270 AST: 198 ALP: > 2,000.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The region of the trigone of the urinary bladder is visualized and appears within normal limits. Theres no evidence of wall thickening, irregularity, mass lesions, or calculi.

The left kidney has a normal shape and size (3.61 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 (5.38 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 in size measuring 0.73 cm at the cranial pole and 1.02 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.

A portion of the right adrenal is visualized and appears large, measuring at 0.77 cm.

Spleen

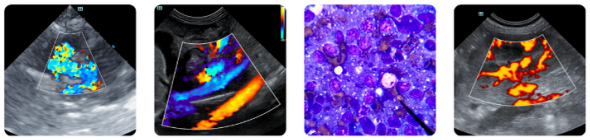
The spleen is large in size, and irregular in shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass effect visualized mid cranial spleen measuring 2.46 cm x 2.65 cm.

Liver

The liver is subjectively large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules. Examples measure 0.88 cm, and 0.81 cm.

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



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The stomach contains mild/moderate fluid. 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. The duodenum measured as normal (0.39 cm in wall thickness) and the jejunum measured as normal (0.33 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 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, 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

- Suspect 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. (The right adrenal is not visualized in its entirety.)
- Age related changes visualized associated with both kidneys.
- Hypoechoic splenic mass lesion. A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, rounded, hyperechoic liver with occasional ill-defined hypoechoic nodules. The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic nodules have somewhat of a benign appearance possibly consistent with regenerative nodules or similar. 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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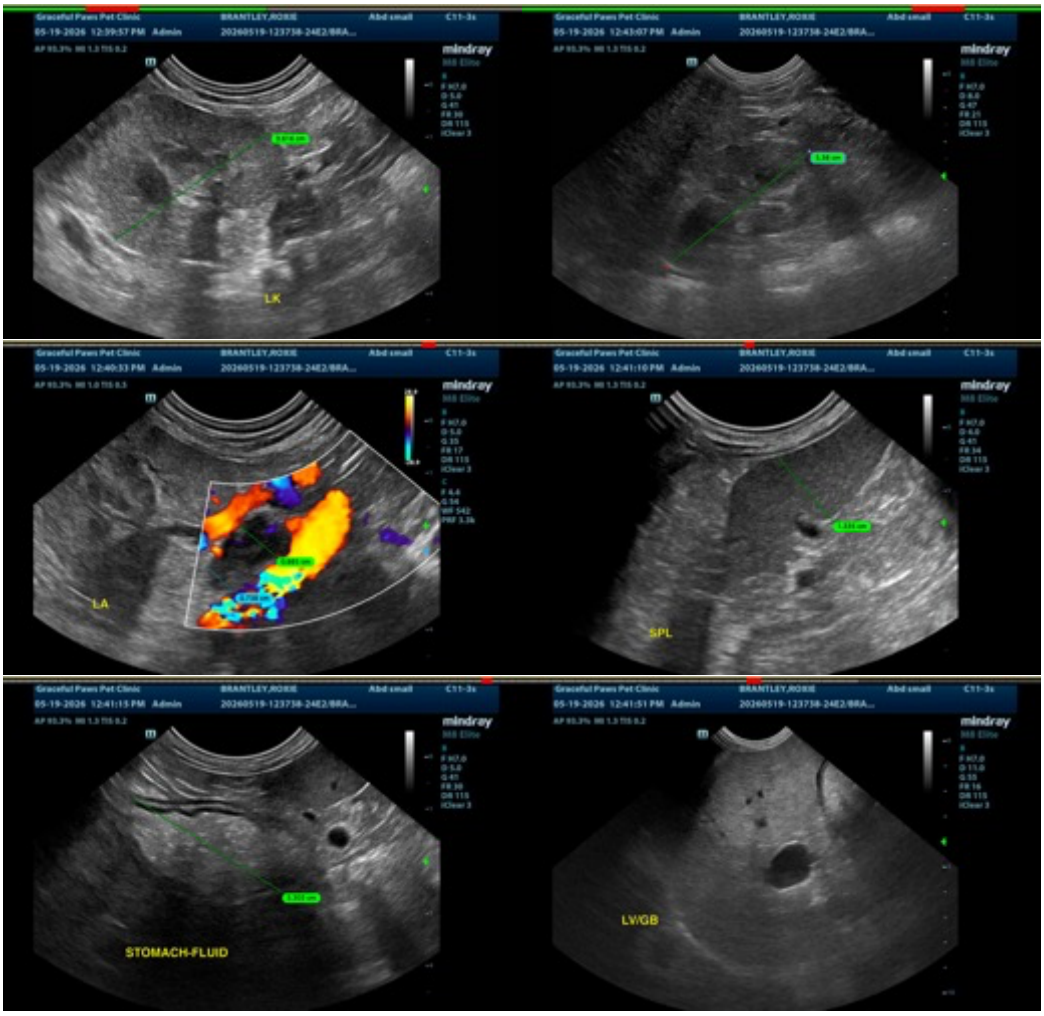
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear large, and the liver is large, rounded, and hyperechoic. Possibly consistent with a vacuolar hepatopathy. These changes could be consistent with pituitary dependent hyperadrenocorticism (keeping in mind the entirety of the right adrenal is not visualized) but the symptoms described would not be typical unless in the case of a macroadenoma where sometimes you can see neurologic symptoms, mental dullness, a drop in appetite, etc. A contrast CT scan would likely be necessary to further evaluate for this possibility.

There is a mass effect on the spleen. This could be causing some symptoms but there's no significant evidence of inflammation at this time. This could represent a benign or neoplastic lesion. Options would include continued monitoring, a fine needle aspirate, or surgical splenectomy.

If symptoms consistent with Cushing's are present, recommend adrenal function testing to evaluate for a cortisol excess.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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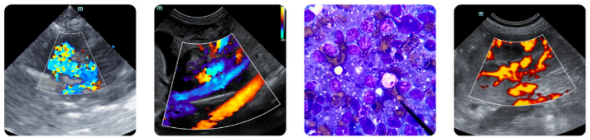

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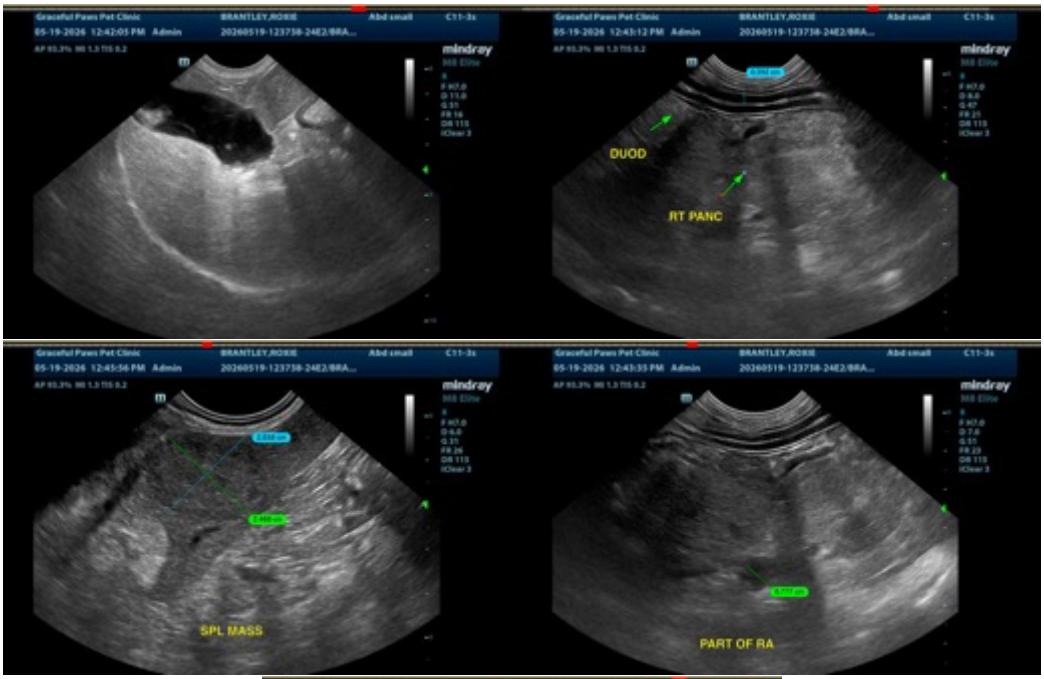

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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