



PATIENT

Emma Magnus

SPECIES

Canine

BREED

Shorkie

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Kristie Johns, DVM

INVOICE

75698

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Patient had a xylitol toxicity and while recovering had elevated liver enzymes. Her ALKP has been elevated and unresolved and she is polydipsic. AUS recommended to further screen liver health. Suspect ALKP is not related to previous xylitol exposure. Presently on denamarin.

Abnormal PE/Chem/CBC/UA Results: ALT 164 ALP 1302

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 (4.02 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.92 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline plump in size and abnormal in appearance, measuring 0.86 cm at the cranial pole and 0.68 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a poorly defined hyperechoic nodule in the cranial pole measuring 0.87 cm x 0.63 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal/borderline plump in size and abnormal in appearance, measuring 0.77 cm at the cranial pole and 0.62 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 somewhat abnormal in that there is a very poorly defined hyperechoic region/nodule in the cranial pole measuring 0.48 cm. No evidence of vascular invasion visualized.

Spleen

The spleen is subjectively normal in size (1.02 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 in size 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 numerous poorly defined hypoechoic nodules in the parenchyma. Examples measure 0.58 cm and 0.68 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.

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Gastrointestinal

The stomach contains minimal luminal contents. 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.

BREED

Shorkie

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.27 cm.

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Visualized peristalsis appears appropriate. There is mild mucosal speckling visualized associated with some sections of small intestine.

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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

WEIGHT

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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

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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

IMAGING PERFORMED BY

Julia Bakker, DVM

- Borderline “plump” adrenal glands with a hyperechoic nodule in the cranial pole of the left adrenal gland and a poorly defined hyperechoic region/nodule in the cranial pole of the right adrenal gland – Findings could be consistent with anatomic variation/early mild hyperplasia. Both nodules have a somewhat benign appearance, possibly consistent with focal hyperplasia, adenoma, other. An early neoplastic lesion cannot be ruled out.

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- Age related changes visualized associated with both kidneys.
- Large, heterogeneous, rounded liver with ill-defined hypoechoic nodules – Findings are most consistent with a vacuolar hepatopathy and regenerative nodules, although other more significant hepatopathies are possible.

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- 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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- Prominent small intestine with mild mucosal speckling – Correlate with clinical symptoms. In the absence of underlying GI signs, the significance of this is uncertain.



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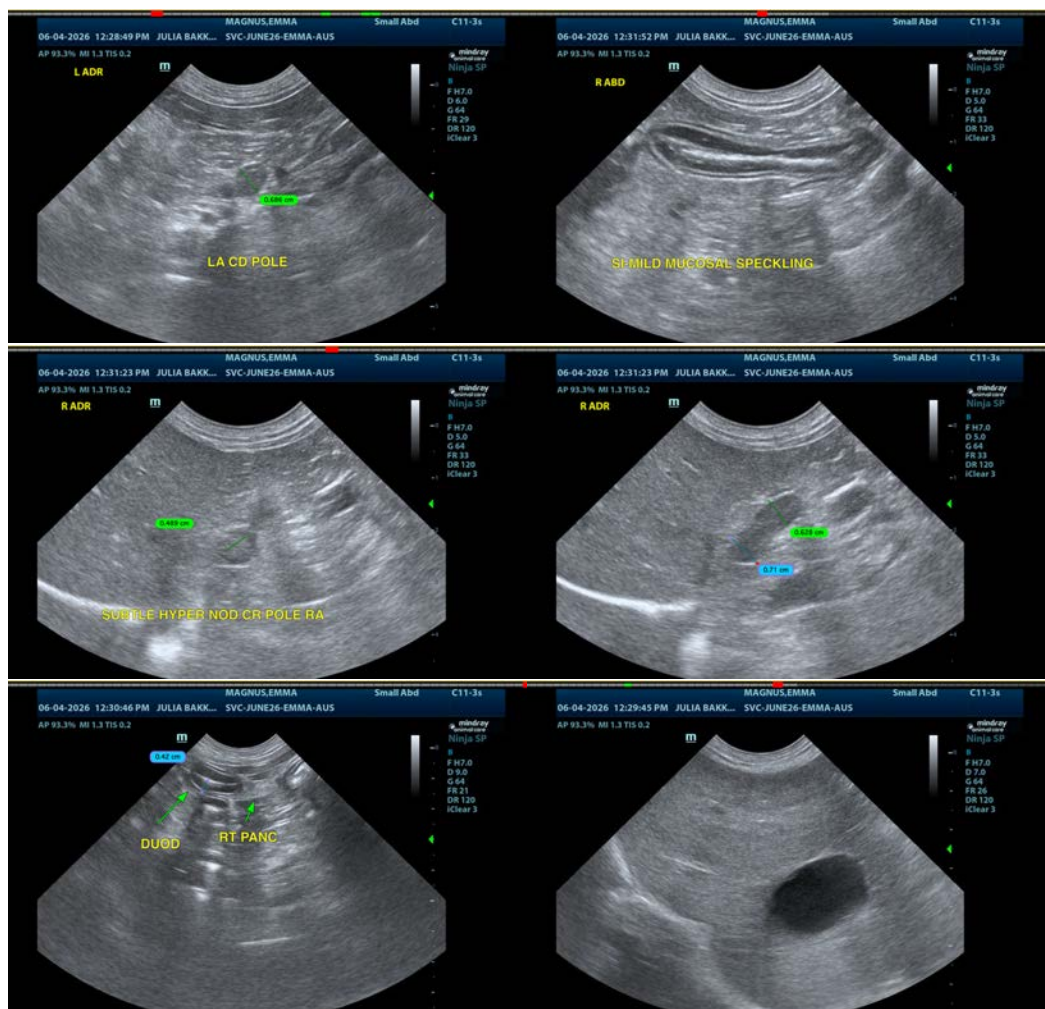
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are plump and have slight irregularities in their cranial poles. Generally, the appearance of these lesions is most consistent with benign lesions, although close continued monitoring with ultrasound is strongly recommended in the event of an early mass effect (recommend recheck in approximately 3 months). If symptoms consistent with Cushing's are present, consider adrenal function testing. Additionally, recommend a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels, looking for a possible pheochromocytoma.

The liver is large and heterogeneous with ill-defined hypoechoic nodules. A vacuolar hepatopathy and regenerative nodules is strongly suspected. If there is concern for more significant liver disease, consider a liver function test and a fine needle aspirate of the liver.

There is mild mucosal speckling visualized associated with some sections of small intestine. If chronic gastrointestinal symptoms are present, further workup for a primary enteropathy may be warranted.





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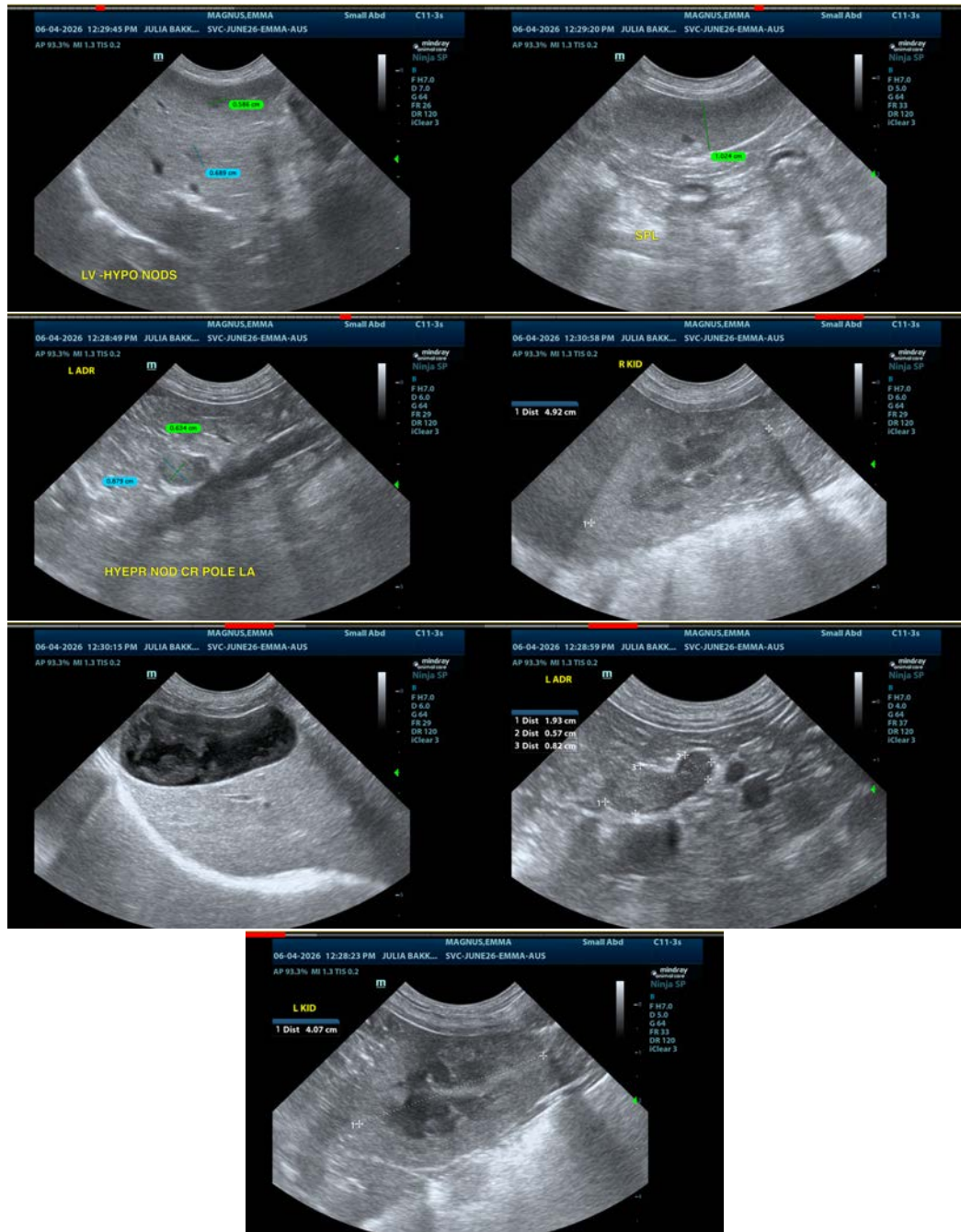
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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