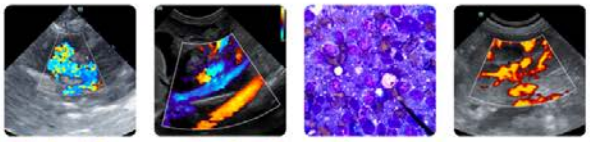


PATIENT

Ferris Wallace

SPECIES

Canine

BREED

Swiss Mountain Dog

SEX

Neutered Male

AGE

9.5 Years

WEIGHT

53 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Laurie Brewer

INVOICE

75656

DATE

6/4/26

PRESENTING CLINICAL SIGNS

*P transferred from referring veterinarian. Client reports he was struggling to get up and laying in abnormal positions, which was significantly worse than his usual mild difficulty with his back legs. He refused breakfast this morning and vomited despite not eating. Client offered eggs which he ate but vomited again two hours later. During transport, his mobility worsened with increased difficulty rising. He had uncontrollable diarrhea while at the referring veterinarian. Client describes him as incredibly lethargic, which is unusual for his normal personality. Prior history of bilateral adrenal tumors, cushing's disease, and splenectomy. P takes gabapentin, lysodren, and dasuquin. admitted for supportive care. foley urinary catheter placed. *concern for Cushing's disease with bilateral adrenal masses (hx), AKI, Possible bleeding adrenal mass, Abdominal effusion, Pancreatitis with AKI, Possible iatrogenic Addisonian crisis (lysodren toxicity (less likely); other

Abnormal PE/Chem/CBC/UA Results: PE 6/3: Non-reactive to abdominal palpation, pendulous abdomen PE 6/4: mild pain 2/4; Reactive to abdominal palpation, Flinching on initial palpation; non-ambulatory; peripheral edema referral ER: rads: normal thorax, no obvious masses, abdominal effusion noted; Chem: elevated ALP, azotemia developing, sodium 142, potassium 5.1; Abdominal tap performed by referring veterinarian: no blood present; ACTH stimulation test performed last week: elevated levels (26); UA: hematuria, proteinuria, leukocytes, USG 1.037 Shores 9 pm: Resting cortisol 8.19; Lactate 4.5, BUN 50, Creat 4.4, ALT 179, ALP 2,473; cPL 483.1 abnormal; tru rapid (4dx): negative x4; lepto (witness test): negative 6/4 6 am pt/aptt: WNL; albumin 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with urine. The Bladder wall subjectively appears slightly thickened at 0.74 cm. No focal lesions were visualized. Full evaluation is hindered by lack of urine distention.

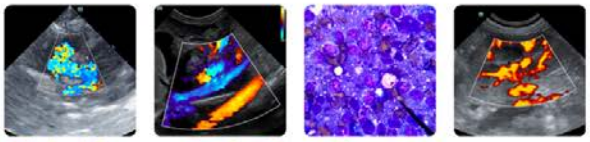
The prostate is normal in size (2.09 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (9.01 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 (8.48 cm) with occasional small cortical cysts. 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

There is a mass effect in the region of the left adrenal gland that appears rounded and hypoechoic with hyperechoic foci, measuring at 4.58 cm. This is visualized cranial to the left renal artery. No evidence of vascular invasion is clearly visualized at this time, but cannot be ruled out.



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The right adrenal gland is large, measuring 1.55 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. The cranial pole is not clearly visualized.

Spleen

The spleen is surgically absent.

Liver

The liver is subjectively normal in size, and 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. 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 <0.7cm 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. Jejunum wall measures 0.40 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 left limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

There is a moderate amount of free abdominal fluid. No significant lymphadenopathy noted. The omentum is diffusely hyperechoic, particularly in the region around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes consistent with chronic renal disease.
- Left adrenal mass lesion and enlarged right adrenal gland – The left adrenal mass lesion is most concerning for carcinoma, pheochromocytoma, adenoma, other. The right adrenal is difficult to clearly visualizes. It could be consistent with an early mass lesion, hyperplasia, etc.

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- Surgically absent spleen.
- Heterogeneous liver – 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.
- Pancreatic changes most consistent with moderate/severe pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

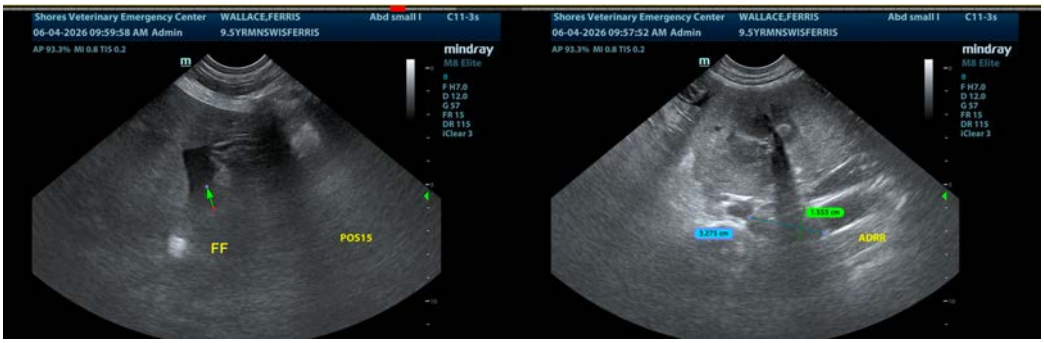
There is significant inflammation around the pancreas (particularly the left limb). It appears enlarged and hypoechoic, most consistent with active pancreatitis. It is uncertain if this is the primary cause for the symptoms described or secondary to other issues.

There is a mass visualized associated with the left adrenal. This is large and most consistent with a neoplastic lesion. The right adrenal is more difficult to clearly visualize in its entirety. The visualized areas are more consistent with hyperplasia or a benign mass effect, etc. There is no definitive evidence of rupture or vascular invasion, although this is difficult to definitively rule out.

There is generalized inflammation in the abdomen, and both kidneys have changes consistent with chronic renal disease. Recommend a urinalysis, culture, blood pressure, and a urine protein to creatinine ratio to further evaluate, correlate with urine concentrating ability, etc. to try and determine if some of this is prerenal azotemia.

Recommend aggressive stabilization and treatment for pancreatitis. Ideally, a contrast CT scan would be performed in this very large dog to further evaluate the adrenals and vasculature for any thrombi, vascular invasion, metastatic lesions, etc.

Recommend fluid analysis and cytology of the abdominal effusion reported as wellas 3-view thoracic radiographs to look for any cardiopulmonary lesions.



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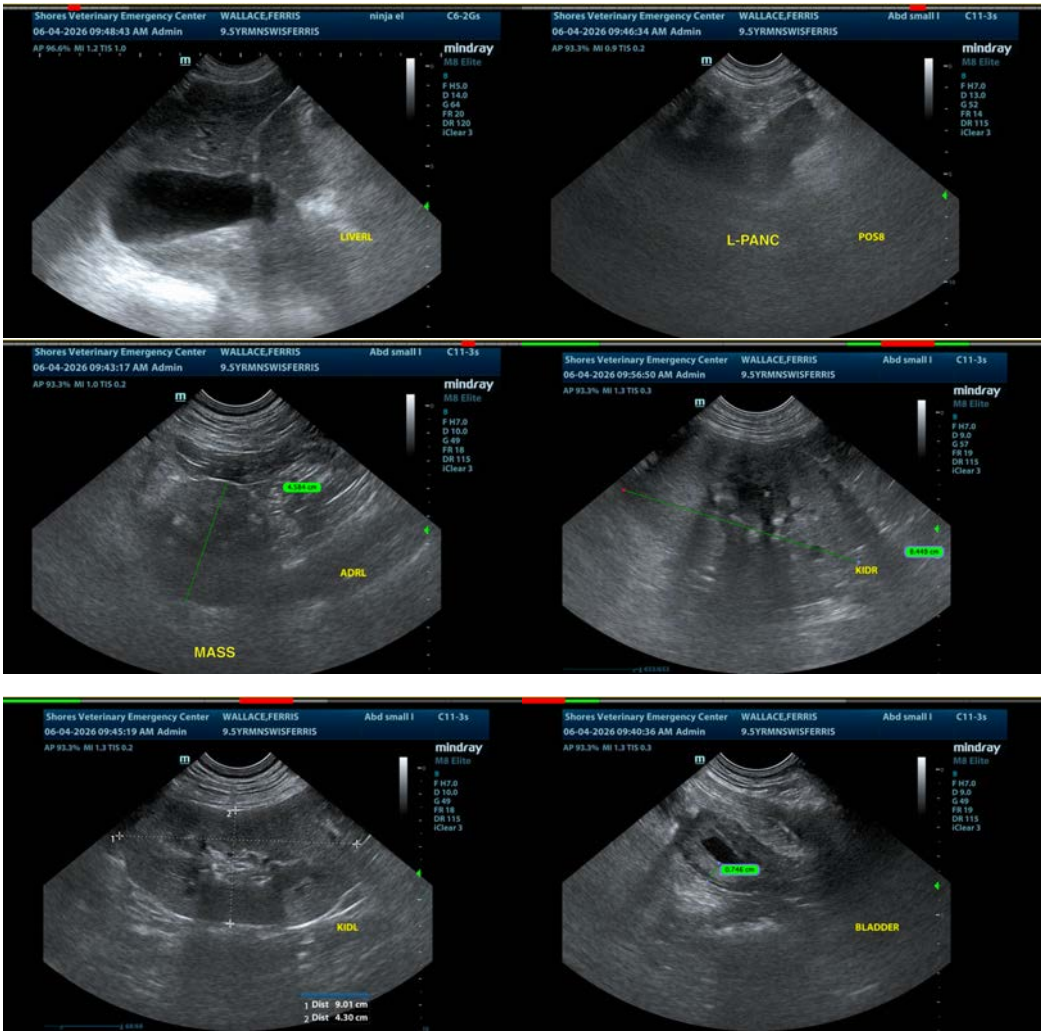

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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