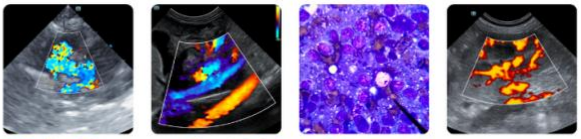


PATIENT

Stella Amundson

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

13 Years

WEIGHT

15.68

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Hougentogler

INVOICE

13690

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- What were the organs/areas of interest? Pancreas; Adrenals
- Please summarize the patient's history and clinical signs that prompted this ultrasound exam 5 days ago was seen for vomiting and not eating; was diagnosed with pancreatitis; patient is doing better, but ultrasound was recommended to assess for chronic pancreatitis
- Please summarize the physical exam findings for this patient.
- BAR; no significant findings on exam
- Please describe any prior treatment for the current clinical signs and its effectiveness: Metronidazole; Amoxicillin; Cerenia - doing very well
- Please summarize the sonographer's impressions for this exam: large left adrenal gland
- Any concerns with pancreas? Left adrenal concerning for tumor? Cushing's?
- Please list any differential diagnoses you would like us to comment on. Chronic Pancreatitis; Cushing's Disease; Adrenal gland neoplasia_

Abnormal PE/Chem/CBC/UA Results: Retic Hgb - 19.8; WBC - 16.7; Neut - 12.191; Mono - 1.971; ALP - 862; Amylase - 10916; Lipase - over 1800; cPL - 200; UPC - 0.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with focal minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Medullary renoliths and intermittent small cortical cysts were present bilaterally. The left kidney measured 4.6 cm in length. The right kidney measured 4.4 cm in length.

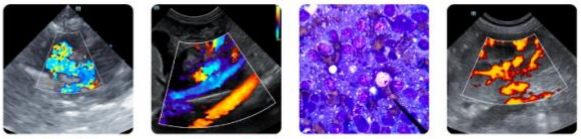
Adrenal Glands

The bilateral adrenal glands were asymmetrically enlarged (more prominent in the left adrenal gland) with asymmetrical contour and variable nonhomogenous hyperechoic to indistinctly nodular parenchyma. No obvious evidence of mineralization. The left adrenal gland measured 4.1 cm length x 0.94 cm width at the cranial pole and 2.45 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 1.5 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder



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The liver was mildly enlarged in size with nonhomogenous mild increased to remodeled hepatic parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized primarily gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left and right pancreas presented prominent in size with capsule asymmetry and variable nonhomogenous hyperechoic parenchyma and mild peripancreatic hyperechoic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral enlarged nonhomogenous indistinctly nodular adrenal glands- hyperplasia, functional versus nonfunctional adenomatous change, unilateral/bilateral adrenal tumors or combination are possible.
- Enlarged nonhomogenous liver.
- Mildly enlarged nonhomogenous hypoechoic pancreas, mild peripancreatic hyperechoic omentum.
- Mild gallbladder debris (non-mucocele).
- Normal empty gastrointestinal tract.

Secondary Findings

- Chronic renal changes exhibiting medullary renoliths and cortical cysts.
- Minor urinary bladder lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas suggests persistent mild active or chronic active pancreatitis criteria. Continued as needed gastrointestinal support and empirical therapy for pancreatitis is recommended.

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning.

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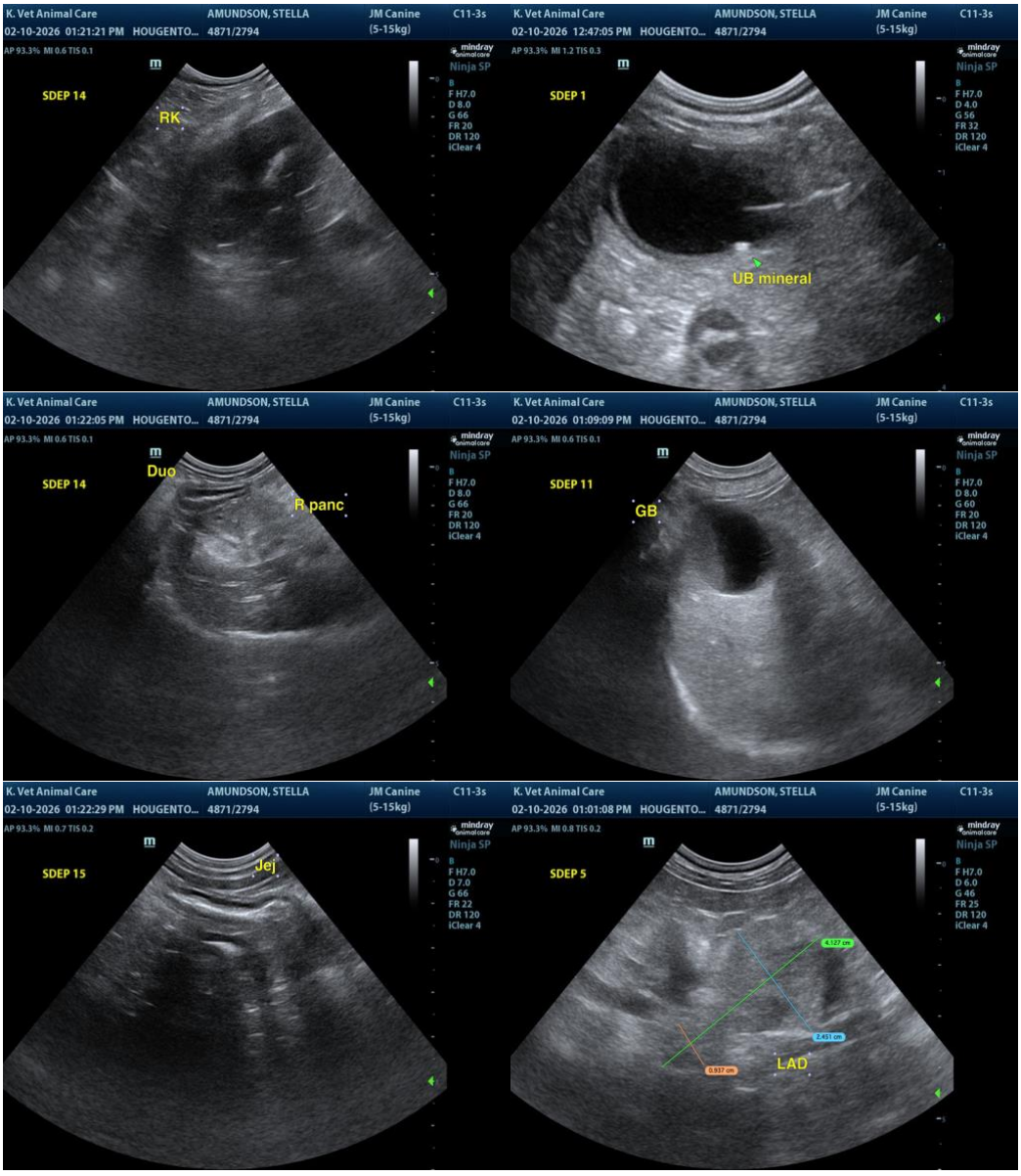
Benign hepatopathy, i.e. reactive, metabolic, vacuolar or cholestatic hepatopathy with potential for inflammatory disease is probable with occult to emerging hepatic neoplasia is thought less likely. Hepatosupportive medications in conjunction with recommended diagnostics and monitoring would be reasonable.



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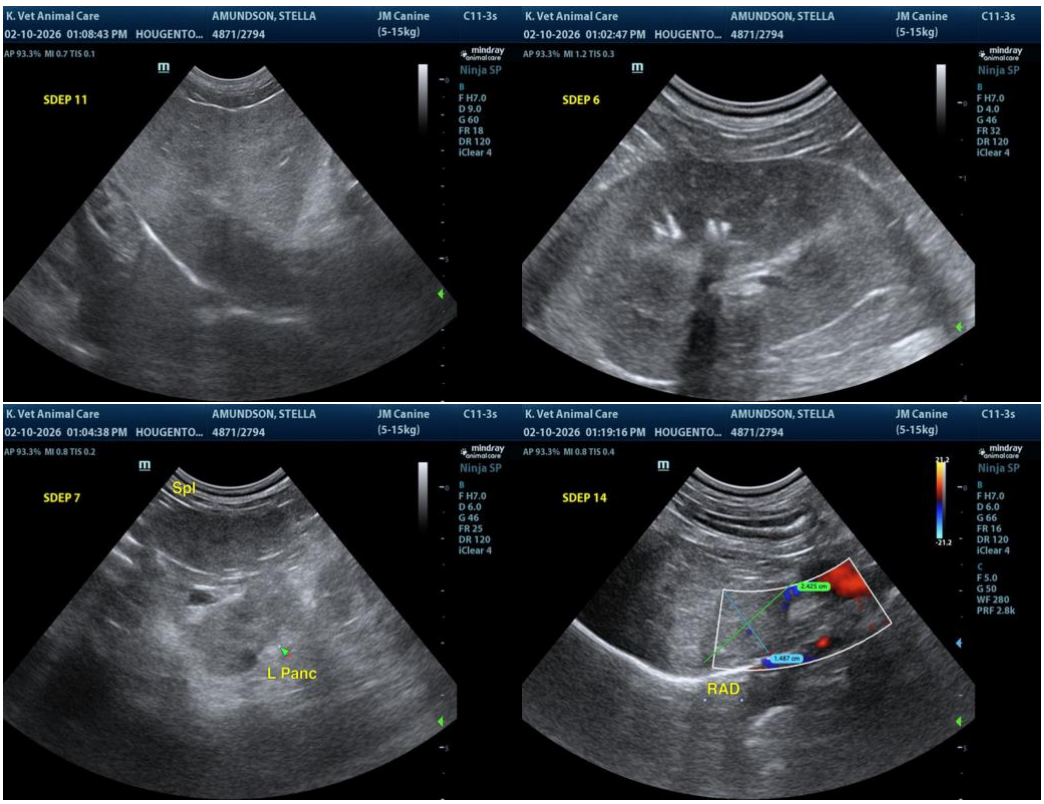

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com