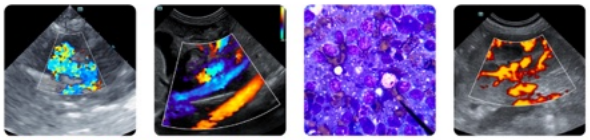


PATIENT

Katie Hossack

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

13 years

WEIGHT

20.2 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Rebecca Neis

HOSPITAL NAME

Animal Health Center Arkansas

REFERRING VET

Dr. Sarah Sexton

INVOICE

70125

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Chronic waxing/waning anorexia
Monocytosis, elevated ALT and ALP, mildly elevated SDMA, proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.4 cm, right measured 4.8 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. Few, small, bilateral cortical cysts were present.

Adrenal Glands

The left adrenal gland revealed an irregular mass that measured 3.06 cm in length x 1.0 cm and 1.67 cm in width with an increased echogenic appearance, but maintained normal position and appearance of the visible peri-adrenal vasculature.

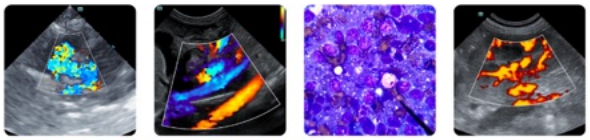
The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 1.96 cm in length x 0.5 cm and 0.45 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.

Liver

Normal size with diffuse, mottled echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal mass.
- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left adrenal mass would be non-functional carcinoma and pheochromocytoma. Functional carcinoma would be less likely as the right adrenal gland is normal.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and chronic hepatitis. Infiltrative neoplasia would be a less likely differential diagnosis.

Further assessment would be serial blood pressure monitoring and urine/plasma catecholamine assay.

Further assessment of the hepatopathy would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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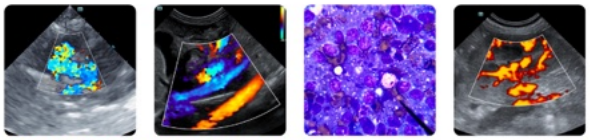

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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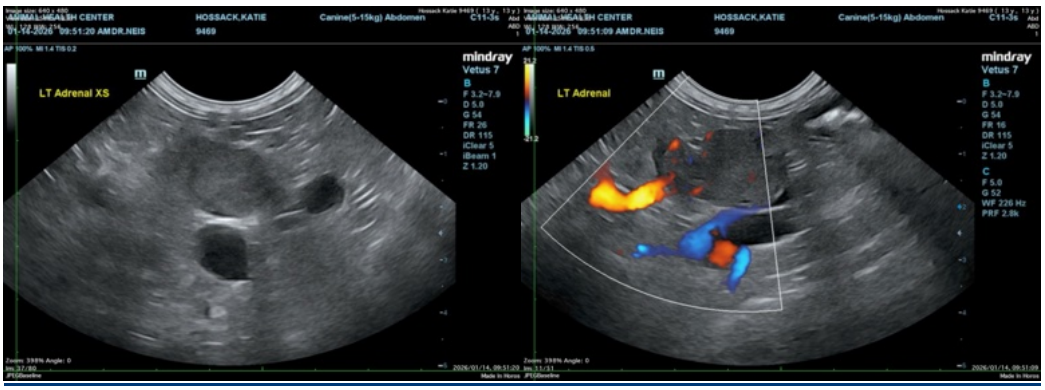

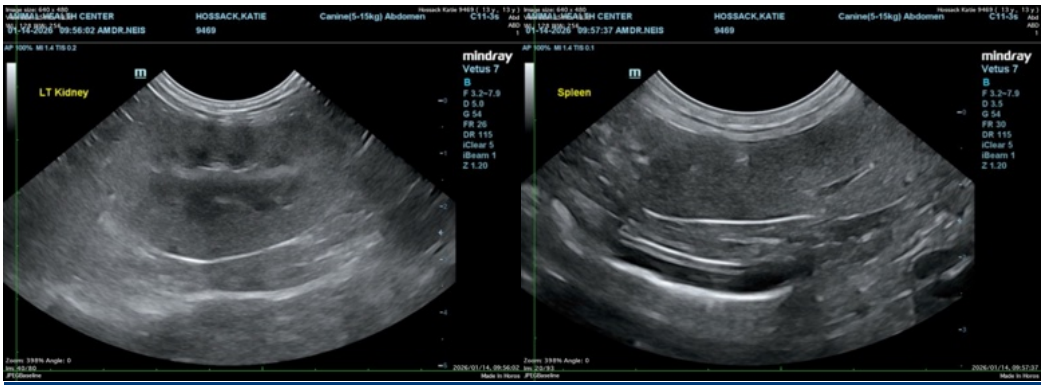

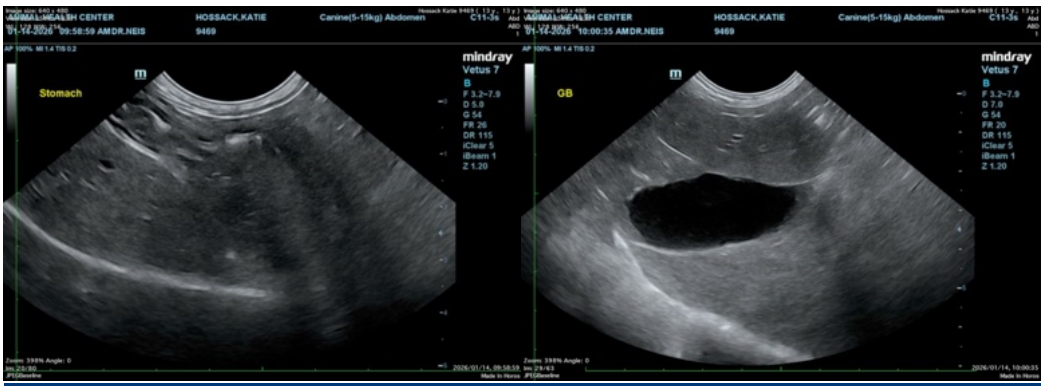

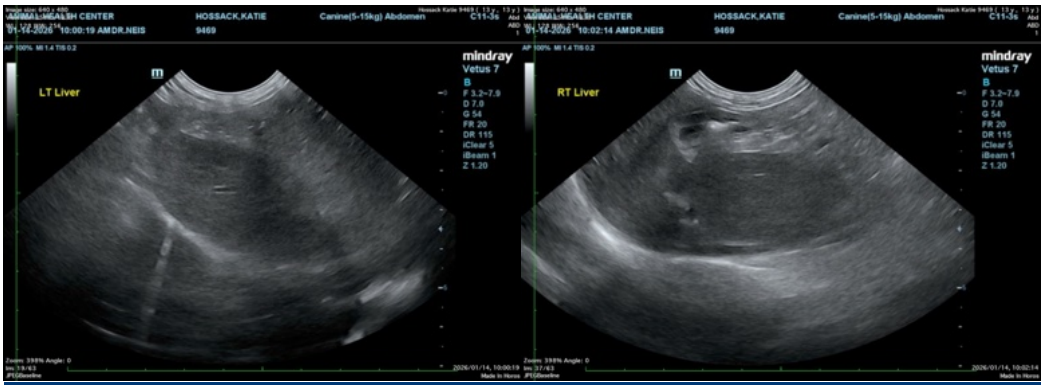

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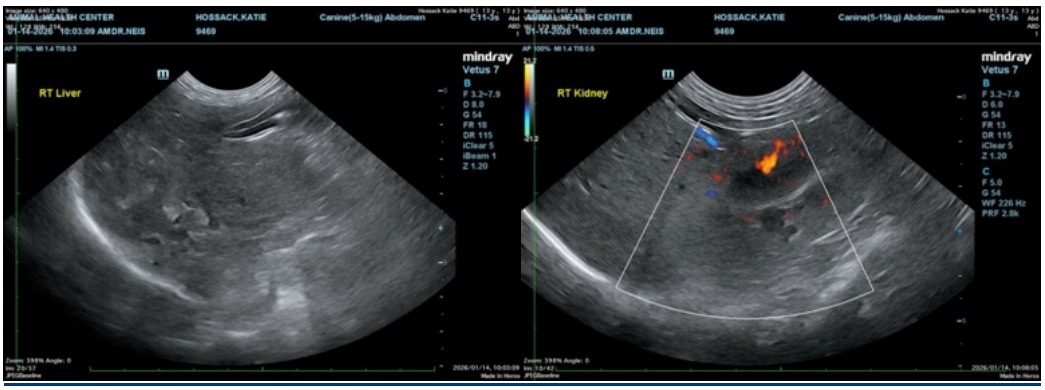

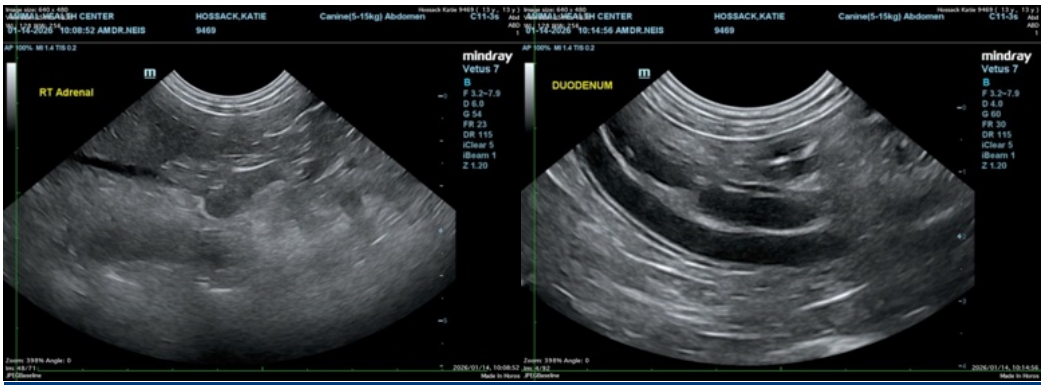

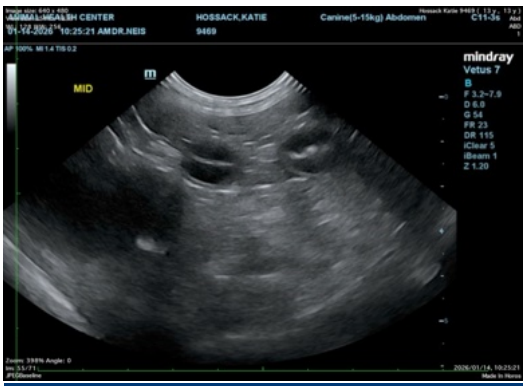

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com