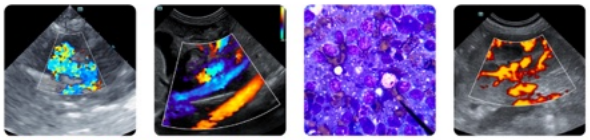


PATIENT

Mya Gabriele

SPECIES

Canine

BREED

Jack Russell Chihuahua

SEX

Female

AGE

8 years

WEIGHT

15.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. John Hughes

INVOICE

71725

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Decreased appetite and elevated liver values.
- Addison's disease was diagnosed in November of 2023. She has been doing well with Zycortel and prednisone PRN, starting 02/05/2026. Recently, she has been more picky about eating, so the owner increased the prednisone frequency to every other day to maintain her appetite. Since then, she has been doing much better, with more energy and activity. Prior to this, she was struggling to jump up onto the couch.
- Mya is currently eating Fresh Pet and a homemade diet (chicken, veggies, rice, sweet potato). The owner notes she seems to prefer the Fresh Pet. She no longer eats kibble.
- MEDICATIONS: 0.6 Zycortal SQ q 25 days, 2.5 mg prednisolone SID
- ALP: 689 U/L (elevated) - ALT: 576 U/L (elevated) - AST: 155 U/L (elevated) - Total Bilirubin: 1.9 mg/dL (elevated) - Direct Bilirubin: 1.1 mg/dL (elevated) - Sodium: 145 mEq/L (low normal) - Potassium: 5.4 mEq/L (high normal)

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.

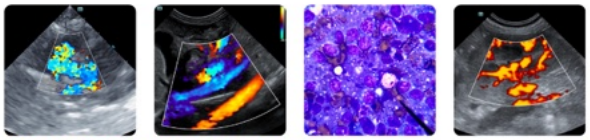
Normal renal size (left measured 4.2 cm, right measured 4.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The adrenal glands are bilaterally small and dorsoventrally flattened, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.44 cm in length x 0.36 cm and 0.37 cm in width. The right adrenal gland measured 0.42 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.



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Liver

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

Gallbladder

The gallbladder is full containing a small amount of non-adhered hyperechogenic sediment. 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally small adrenal glands.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands is consistent with the diagnosis of Addison's disease.

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Although the most likely etiology for the hepatopathy would be secondary to the cortisone therapy, reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic hepatopathy should still be considered.

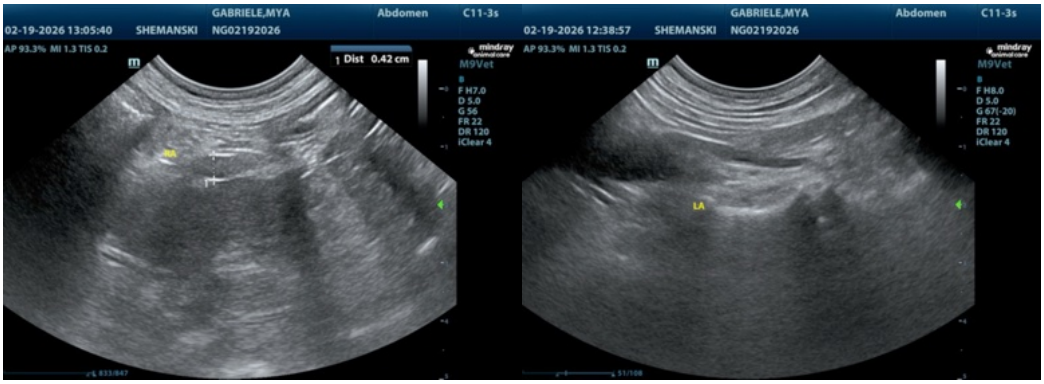
Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

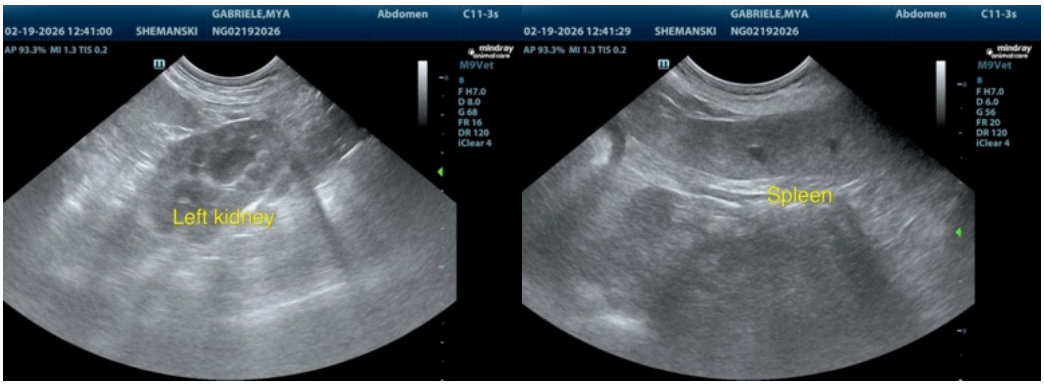
The gallbladder sediment is most likely an incidental finding.

Further assessment that can be considered would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific management of the hepatopathy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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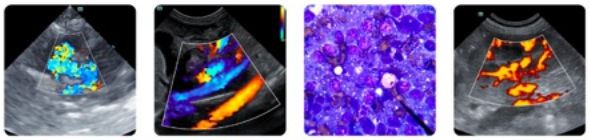

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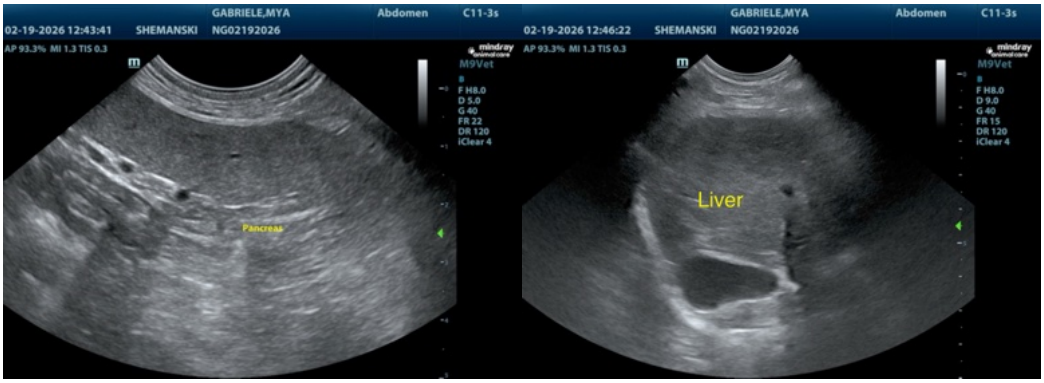

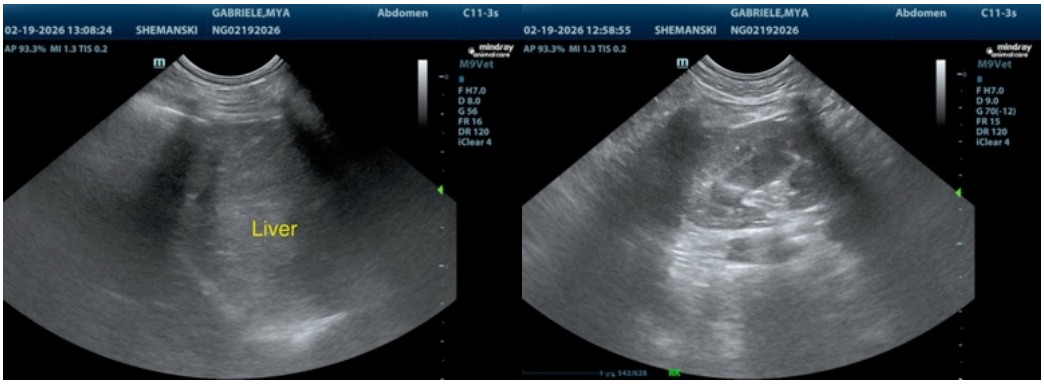

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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