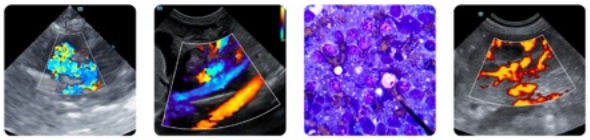


PATIENT

Sissi Budziak

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

7 years

WEIGHT

72.6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Shannon Matthies, DVM

HOSPITAL NAME

Saugerties AH

REFERRING VET

Andrew, Lang, DVM

INVOICE

70843

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Mild polycythemia
- dam was recently diagnosed with an adrenal tumor and the owner would like to have a screening US done for this dog.
- CBC - HCT 65% (n 36-60%), rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or mural inflammatory or neoplastic changes are identified.

Left kidney: Normal shape and size (6.87×3.43 cm). Cortical thickness could not be measured in the sagittal plane. Cortical echogenicity is isoechoic to the liver. Corticomedullary ratio and corticomedullary definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Right kidney: Normal shape and size (7.05×3.59 cm). Cortical thickness is 0.53 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver. Corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands appear normal in shape and echogenicity.

The left adrenal gland measures 0.53 cm at the cranial pole and 0.58 cm at the caudal pole.

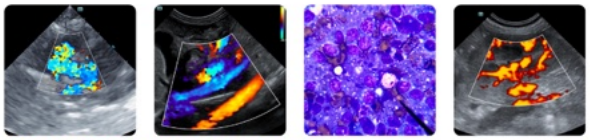
The right adrenal gland is less clearly visualized due to imaging artifacts; however, the caudal pole measures approximately 0.54 cm. The cranial pole is less well delineated, with estimated measurements ranging from approximately 0.70–0.78 cm. No discrete adrenal mass lesions are identified in the videos provided.

Spleen

Splenic thickness is 2.78 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. Hepatic parenchyma is uniform and isoechoic relative to the falciform fat. No hepatic lymphadenopathy is observed.



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The gallbladder is normally distended. The wall is thin and the contents are primarily anechoic.No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.38 mm and preserved wall layering. The pylorus measures 3.25 mm.

The duodenum measures 2.09 mm. The jejunum measures 2.44–2.94 mm, and the ileum measures 1.66 mm, with normal wall layering throughout. No signs of inflammation, ileus, or foreign material are identified.

The colon contains formed fecal material in the descending segment.

Pancreas

The pancreatic regions evaluated did not demonstrate sonographic evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized. The surrounding regions are unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

No clinically significant ultrasonographic abnormalities are identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination does not identify evidence of adrenal neoplasia or adrenal enlargement in the videos provided. Both adrenal glands appear within normal size and echogenic limits, and no discrete adrenal mass lesions are detected.

No abdominal masses, organomegaly, or structural abnormalities are identified that would suggest a secondary cause for the patient's mild polycythemia. The liver, spleen, kidneys, and gastrointestinal tract appear within normal limits for an adult dog.

The findings do not support an abdominal cause for the patient's mild polycythemia.

Recommendations

- Continued clinical monitoring of the hematocrit and correlation with repeat laboratory testing is recommended to further characterize the polycythemia.

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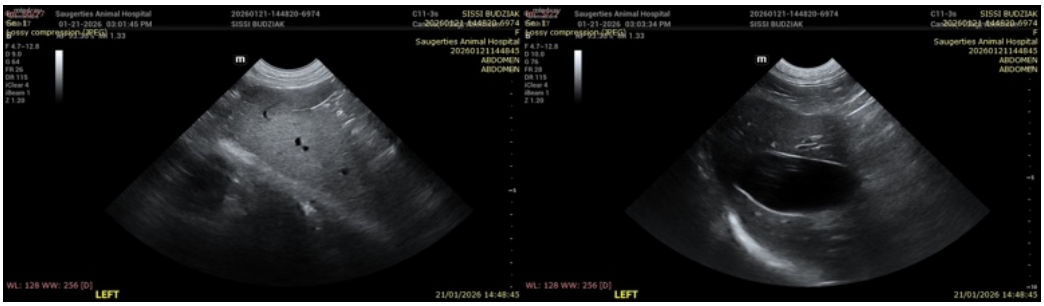
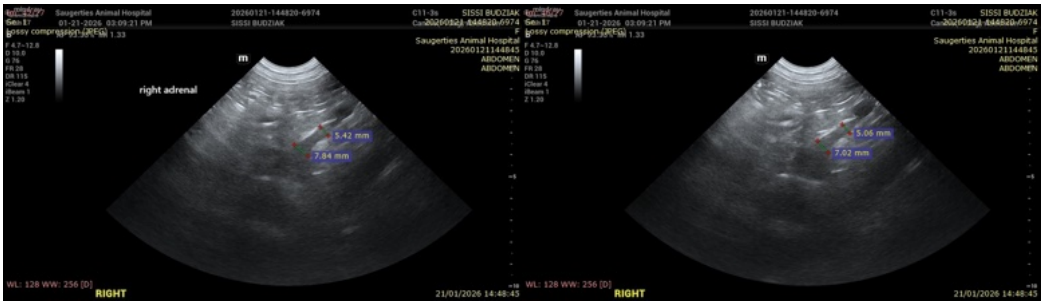
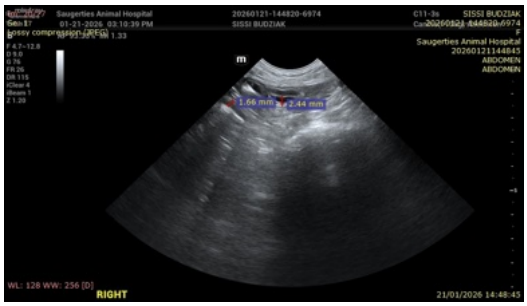
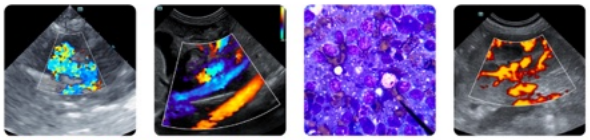
- If polycythemia persists or progresses, consideration may be given to additional diagnostic evaluation for non-abdominal causes (primary hematologic disorders, cardiopulmonary disease), as deemed appropriate by the primary clinician.







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.



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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com