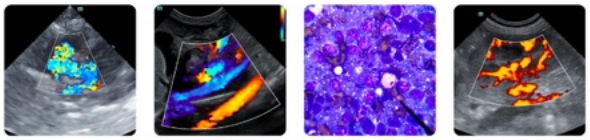


PATIENT

Max Yager

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered male

AGE

14 years

WEIGHT

20 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Corine Miller

INVOICE

71069

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Dental dz, PU/PD and heart murmur
- Has high liver enzymes ALT (245) and ALP (983). USG 1.009, with high UPC ratio. LDDST pending ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.43×2.38 cm. Cortical thickness is 0.47 cm in the sagittal plane. Renal cortical echogenicity appears within normal limits. A small cortical cyst measuring 1.44×2.33 mm is present. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

The right kidney is normal in shape and size, measuring 5.69×2.96 cm. Cortical thickness is 0.50 cm in the sagittal plane. Renal cortical echogenicity appears within normal limits. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

Adrenal Glands

The left adrenal gland is difficult to visualize but appears identifiable, measuring 0.37 cm at both the cranial and caudal poles. The right adrenal gland is markedly enlarged, measuring 1.32 cm at the cranial pole and 0.99 cm at the caudal pole. The cranial pole of the right adrenal gland appears mildly heterogeneous, with focal hyperechoic areas.

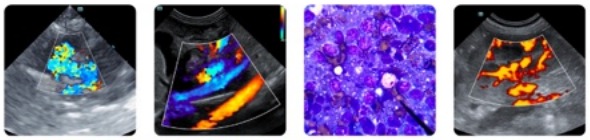
Spleen

Splenic thickness measures 1.29 cm. The splenic parenchyma has normal echogenicity and a fine homogeneous echotexture, without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver mildly extends beyond the greater curvature of the stomach and has slightly rounded margins. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall demonstrates multiple intraluminal mural protrusions, giving the appearance of mucinous gland hyperplasia. The gallbladder contents are primarily anechoic. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.71 mm. The pylorus measures 3.32 mm.

Duodenal wall thickness measures 4.83 mm. Jejunal wall thickness measures 3.73 mm. Ileal wall thickness measures 2.30 mm. Wall layering is preserved throughout. No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.

The colonic wall measures 1.11 mm, with formed fecal material present within the descending colon.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Marked enlargement of the right adrenal gland.
- Subjective hepatomegaly with rounded margins.
- Gallbladder wall changes consistent with mucinous gland hyperplasia.

SECONDARY FINDINGS

- Small left renal cortical cyst, incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography is highly suspicious for functional enlargement of the right adrenal gland, characterized by disproportionate cranial pole enlargement and mild focal heterogeneity. Overall adrenal architecture is largely preserved, without evidence of a discrete mass lesion replacing the gland. In the appropriate clinical context, these findings are most consistent with adrenal-dependent hyperadrenocorticism. The left adrenal gland was difficult to visualize and appears small; when adequately identified, it measured 0.37 cm in thickness. This appearance may be compatible with contralateral adrenal atrophy.

The liver is mildly enlarged with rounded margins and preserved echotexture, findings that are most compatible with vacuolar or steroid-associated hepatopathy. This interpretation is further supported by

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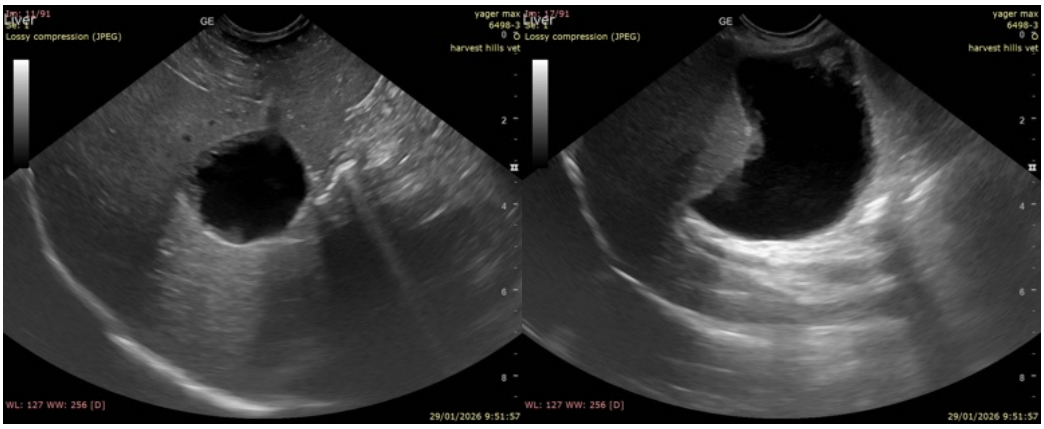
the absence of focal hepatic lesions or biliary obstruction and by the degree of cholestatic enzyme elevation.

Gallbladder wall changes characterized by intraluminal mural protrusions are consistent with mucinous gland hyperplasia, a common finding in dogs with hyperadrenocorticism. There is no evidence of gallbladder mucocele formation or biliary obstruction at this time.

Renal morphology is preserved bilaterally, and the small left renal cortical cyst is considered an incidental finding. The documented proteinuria and low urine specific gravity are therefore most consistent with functional or endocrine-related renal changes, rather than primary structural renal disease, in the context of suspected hyperadrenocorticism.

Recommendations

- Correlation with the pending LDDST is recommended.
- Given the elevated UPC, systemic blood pressure measurement and appropriate management of proteinuria are recommended.
- Periodic monitoring of liver enzymes and gallbladder appearance is advised, recognizing that these changes are likely secondary to endocrine disease.



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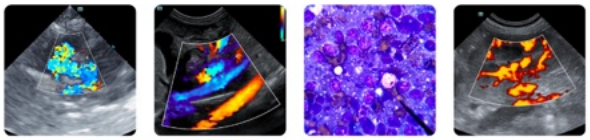

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com