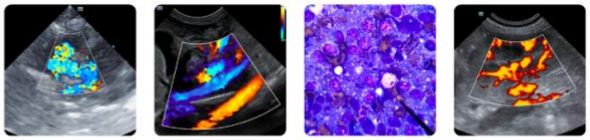


PATIENT

Ripken Adams

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

8 Years

WEIGHT

105 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jones

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

INVOICE

36314

DATE

3/20/26

PRESENTING CLINICAL SIGNS

- P has increased urination recently
- elevated alp
- multiple lipomas
- Abnormal PE/Chem/CBC/UA Results: ALP 294

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.10×3.28 cm, and the thickness of the cortex is not provided in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

The right kidney is normal in shape and size: 6.12×3.78 cm, and the thickness of the cortex is not provided in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane (maximum of three measurements). The left adrenal gland measures 0.71 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland could not be visualized due to gas within the colon and associated comet-tail artifact.

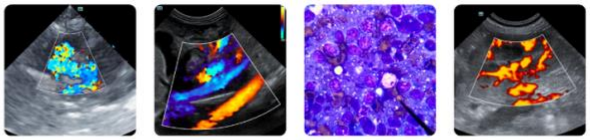
Spleen

Splenic thickness is 2.37 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture. Several small myelolipomas are present. Additionally, there are hypoechoic foci measuring 6.46×7.21 mm, and a larger, more heterogeneous hypoechoic nodule measuring 2×1.89 cm that causes focal deformation of the splenic capsule.

Liver

The liver is subjectively increased in size, with rounded edges and a regular contour. The liver parenchyma appears uniform and slightly hyperechoic compared to the falciform fat, with echogenicity similar to the spleen and a fine echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness (3.05 mm) and preserved wall layering. The pylorus measures 4.38 mm.
Duodenum: 4.79 mm, mildly dilated with a small amount of luminal fluid and hyperechoic mucosal striations.
Jejunum: 3.32 mm. Ileum: 2.60 mm. Normal wall layering is preserved. No signs of obstruction, ileus, or foreign material are identified.
Colon: 0.78 cm, with a small amount of fecal material in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild symmetrical enlargement of the left adrenal gland (up to 0.75 cm).
- Hepatomegaly with diffuse mild hyperechogenicity.
- Mild splenomegaly (2.37 cm) with several hyperechoic (myelolipomas) and hypoechoic foci; and one heterogeneous lesion (2×1.89 cm) with capsular deformation.

SECONDARY FINDINGS

- Mild duodenal dilation with hyperechoic mucosal striations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of mild left adrenal enlargement and diffuse hepatomegaly with increased echogenicity is most consistent with hyperadrenocorticism, although confirmation requires endocrine testing. The lack of visualization of the right adrenal gland limits complete characterization, but the morphology of the left adrenal gland favors hyperplasia over a discrete adrenal tumor.

Mild splenomegaly with multiple splenic nodules, is most consistent with benign processes such as nodular hyperplasia or extramedullary hematopoiesis; however, the larger lesion cannot be definitively classified as benign based on ultrasound alone, and differentials include nodular hyperplasia, hematoma, or early neoplasia. Cytologic evaluation or follow-up imaging is recommended for further characterization.

The mild duodenal changes are nonspecific and of uncertain clinical significance in the absence of gastrointestinal signs.

Overall, the imaging findings primarily support an endocrine disorder (most likely hyperadrenocorticism), with an incidental but potentially clinically relevant splenic lesion requiring further assessment.

Recommendations

- Endocrine testing to confirm hyperadrenocorticism.

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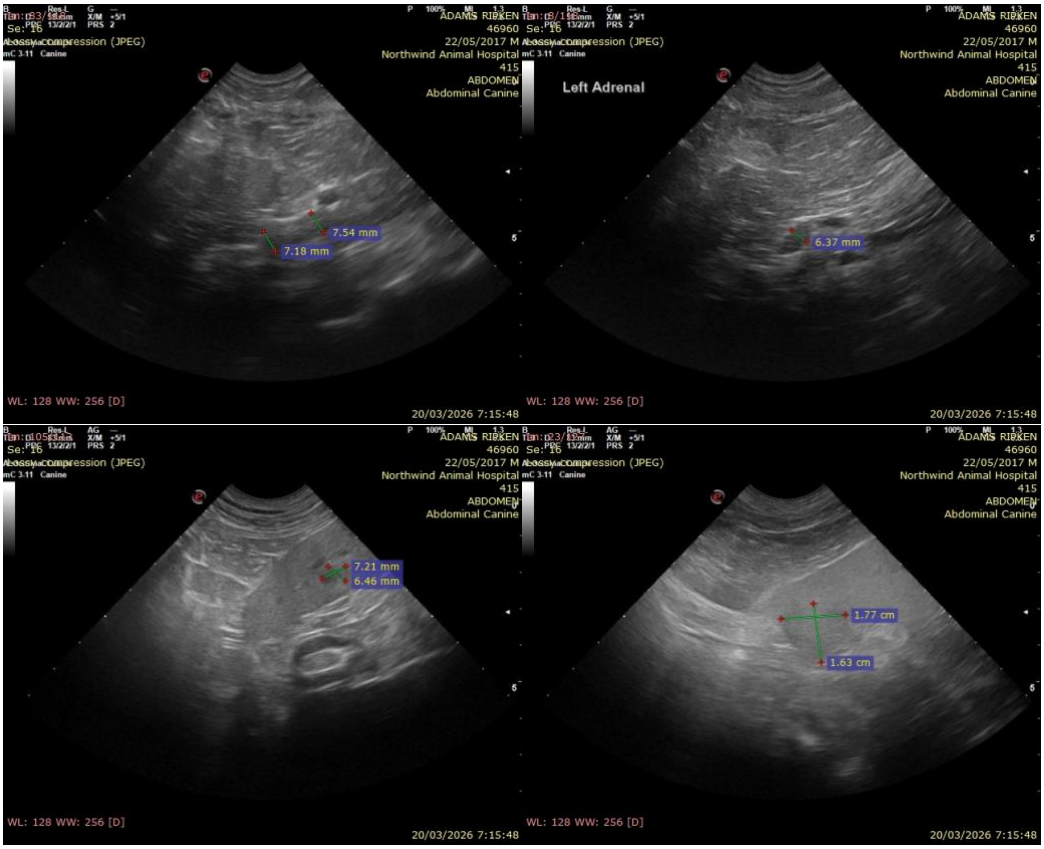
- Blood pressure measurement and urine culture if clinically indicated.
- Further evaluation of the splenic lesion:
    - Fine-needle aspiration (if feasible and clinically appropriate).
    - Alternatively, short-term ultrasound rechecks to assess stability.
- Monitor liver enzymes and consider full biochemistry panels to assess hepatic function.
- If gastrointestinal signs develop, consider further workup for chronic enteropathy

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status and ongoing response to treatment.



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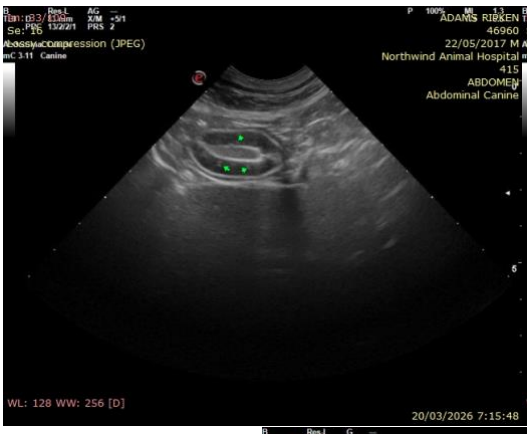

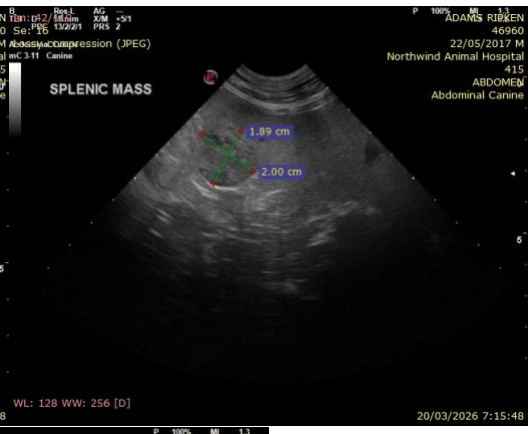

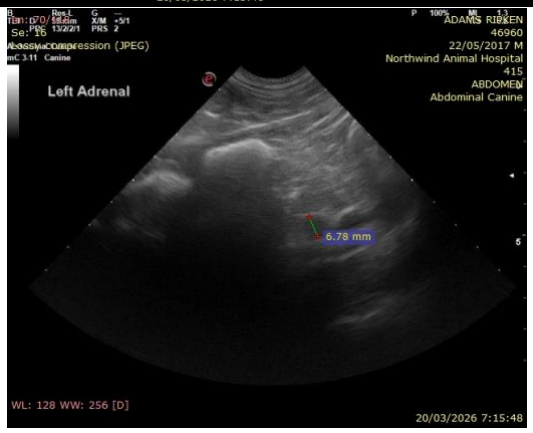

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com