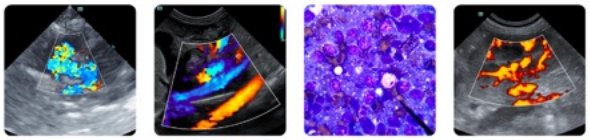

PATIENT

Oliver Thompson

SPECIES

Canine

BREED

Standard Schnauzer

SEX

Neutered Male

AGE

10 years

WEIGHT

49 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VTNH Vet Clinic

REFERRING VET

Dr. Warner

INVOICE

74818

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: - Oliver presented as a new patient last week to establish care, and owner noted changes in his appearance, focused mainly on his abdomen over the last month. It appears bigger and harder than before. Oliver has gained some weight (7lbs), but owner feels its more than that, and over the weekend felt the belly looked bigger and Oliver was lethargic. On initial exam he was very reactive to touching his belly at all, and will try to bite which is new. Oliver does have moderate dental disease
Oliver was not currently on any treatments, but was sent home with some pain medications for the weekend.
Abnormal PE/Chem/CBC/UA Results: - Recent weight gain - Tight, tense belly with rounded appearance. Palpation is nondiagnostic d/t tension - 4/17 Senior panel run. CBC normal aside from mild monocytosis (0.;748). BUN low 7. AST mildly low 12. ALP mildly elevated _335__. 4dx neg x4. FEC no ova seen. - UA done today showed hyposthenuria (water was not restricted), otherwise unremarkable - abdominal xrays appear normal, review pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 5.30×3.15 cm, with a cortical thickness of 0.60 cm in the sagittal plane. The right kidney measures 4.97×3.37 cm, with a cortical thickness of 0.55 cm. Both kidneys are normal in shape and size for a dog of this size (typically ~5–7 cm). The cortex demonstrates normal echogenicity. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.68 cm (cranial pole) and 0.75 cm (caudal pole), within normal to upper limits for a dog of this size (typically ≤0.7–0.8 cm), with normal morphology. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 2.01 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively mildly enlarged, with rounded margins and a regular contour. The parenchyma is mildly hyperechoic relative to normal expectations (slightly hyperechoic compared to falciform fat

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and isoechoic to the spleen), with a fine echotexture. No focal lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin. The contents are predominantly anechoic with a very small amount of biliary sludge. No biliary ductal dilation is identified.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.24 mm and preserved wall layering (within normal limits). The pylorus measures 4.07 mm. Duodenum: 2.18 mm. Jejunum: 2.64–3.11 mm. Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon wall thickness is 0.78 mm, within normal limits, with formed feces present.

Pancreas

The evaluated pancreatic regions 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 hepatomegaly with mild diffuse increased echogenicity
- Left adrenal gland at the upper limits of normal size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is mildly enlarged with mildly increased echogenicity, a pattern most commonly associated with vacuolar hepatopathy (including steroid-related change), lipid accumulation, or nonspecific hepatocellular change. While this may correlate with the mild ALP elevation, these findings are typically not associated with significant abdominal pain or a tense abdomen.

The left adrenal gland is at the upper limits of normal size but maintains normal morphology. In isolation, this is of uncertain clinical significance and does not confirm hyperadrenocorticism.

Overall, there is a discordance between the clinical presentation (tense, painful abdomen) and the ultrasonographic findings, which do not demonstrate a clear abdominal cause. Functional, early, or extra-abdominal causes of discomfort should be considered, and it is also possible that transient or resolving pathology (mild gastrointestinal or inflammatory process) is not captured on this examination.

Recommendations

- Given the presence of hepatomegaly with increased echogenicity, mild ALP elevation, recent

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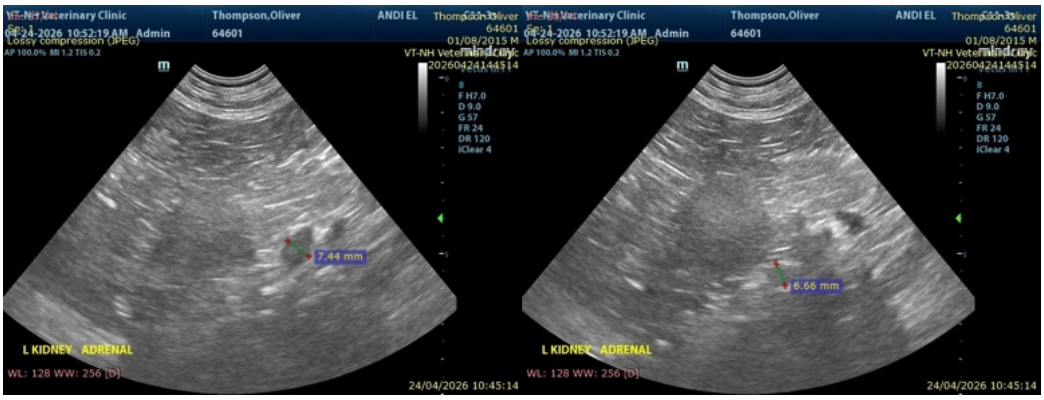
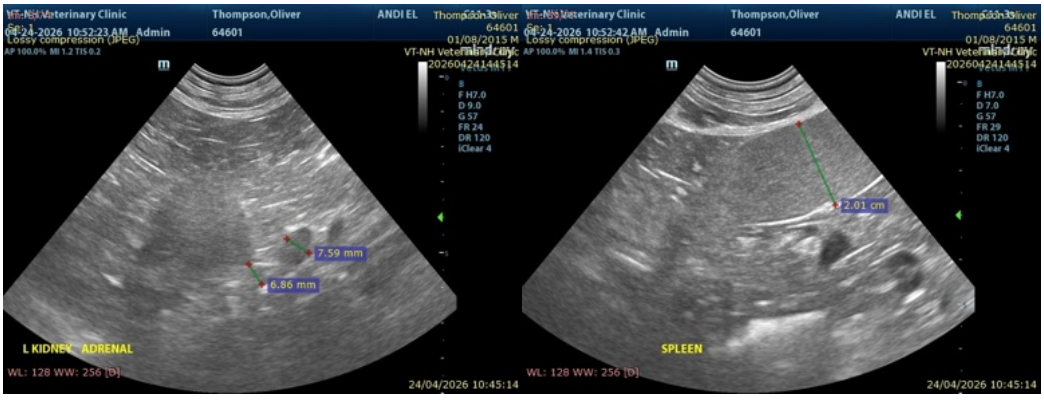
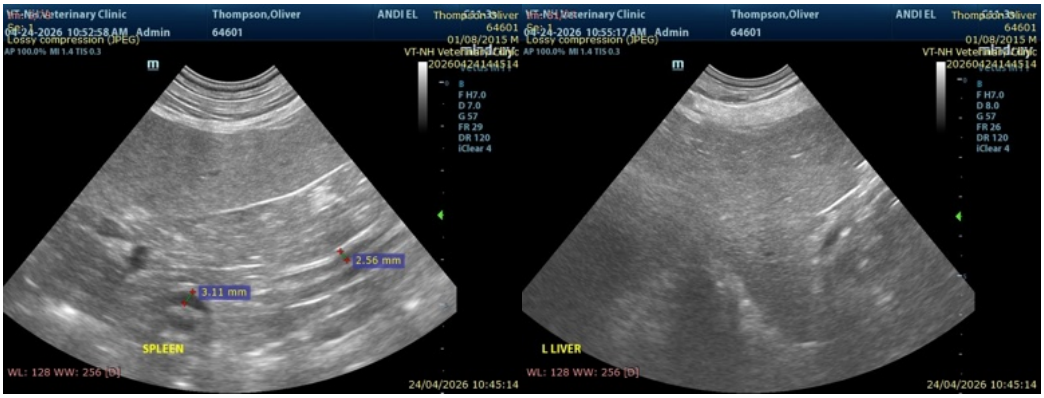
weight gain, and a left adrenal gland at the upper limits of normal size, screening for hyperadrenocorticism may be considered if clinically indicated.

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







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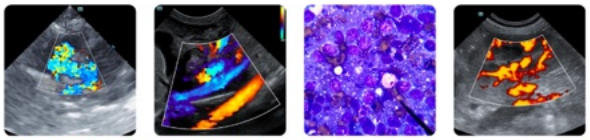

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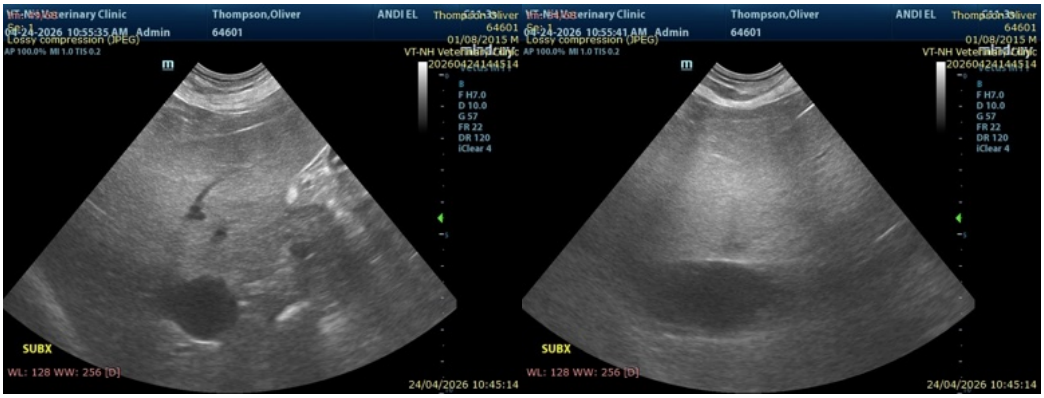

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com