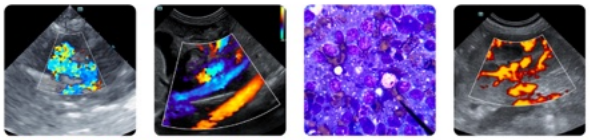

PATIENT

Zara Hewett

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

27 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr Tara Hayes

HOSPITAL NAME

Valley VC

REFERRING VET

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INVOICE

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PRESENTING CLINICAL SIGNS

History: - Past 4-6 months owner noticed a "more rapid aging period". During this time she has experience weight loss (31.0 kg 2024, 29.5 kg 2025, 27.0 kg May 2026), increased appetite, lethargy (primarily described as exercise tolerance but also following owner around house less), cognitive changes (more restless, vision decreased, occasional inappropriate elimination)
- Physical exam: Significant DJD in stifles and hips. Muscle atrophy particularly in hind end and abdominal wall. Intermittent partially plantigrade stance. Postural reflexes mildly delayed in hind limbs (uncertan whether due to weakness vs. neuro deficit). Mydriasis OU with normal menace/palpebrals and decreased PLR, mild nuclear sclerosis OU. Intra-ocular pressures taken at time of ultrasound (on Trazodone and Gabapentin for PVP) were low: 6 mmHg OS and 7 mmHg OD. No pain appreciated on retropulsion of globes. **Not able to assess IOP or retropulsion of globes without PVPs since she was very head shy and anxious.
- Medications: Thyro-tab 0.5 mg BID, Metacam 30 kg SID, Triacta joint supplement, Mushroom blend supplement (also for joint support).
Abnormal PE/Chem/CBC/UA Results: - Blood work April 2026 (Idexx geri + U/A + UPC): Mildly decreased reticulocyte Hg (same as her previous values), mild lymphopenia (0.72, 0.98-4.2), very mild increase in ALP (169, 5-160), mild hematuria on free catch sample (no bacteriuria, no pyuria, no signs of UTI/cystitis). Normally concentrated urine, no proteinuria (UPC 0.1). TT4 low normal (29.3, 13-53 - blood work done at 10 am, about 2-3 hours post-pill due to appointment timing). Last TT4 check on same dose in June 2025 was 34 at appropriate post-pill timing.

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 are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

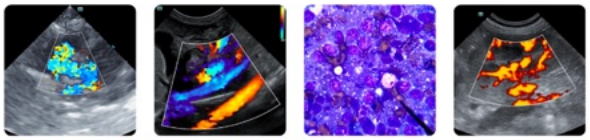
The left kidney is normal in shape and size, measuring 6.16×3.30 cm. Cortical thickness measures 0.66 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 5.86×3.48 cm. Cortical thickness measures 0.62 cm in the sagittal plane. Both kidneys demonstrate normal cortical echogenicity with preserved corticomedullary ratio and corticomedullary distinction. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate globose shape and normal echogenicity. Dorsoventral diameters measured in the sagittal plane are as follows:

- Left adrenal gland: 0.85 cm at the cranial pole and 0.91 cm at the caudal pole
- Right adrenal gland: 0.66 cm at the cranial pole and 0.86 cm at the caudal pole

These represent the maximal measurements obtained from three separate measurements.



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Spleen

Splenic thickness is 2 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 normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal 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 evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal Tract

The stomach contains residual ingesta. Gastric wall thickness measures 2.90 mm with preserved mural layering. The pyloric wall measures 0.78 mm. Duodenal wall thickness measures 2.34 mm. Jejunal wall thickness measures 2.62 mm with preserved mural layering. The ileocecal junction is not confidently visualized. No evidence of focal gastrointestinal inflammation, obstructive ileus, or foreign material is identified. Colonic wall thickness measures approximately 1.24–1.38 mm, with formed fecal material present within the descending colon.

Pancreas

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

Free Abdomen

A heterogeneous soft tissue mass measuring approximately 2.98×2.15 cm is identified within the abdomen. Clear organ association cannot be confidently established sonographically, and the exact anatomic localization within the abdomen remains uncertain based on the submitted images. The lesion could potentially represent an enlarged abdominal lymph node, although a definitive nodal origin cannot be confirmed, and adjacent abdominal lymph nodes are not clearly identified.

No abdominal effusion or sonographic evidence of peritonitis is identified. The cranial mesenteric lymph nodes are not confidently visualized, although the surrounding mesenteric region appears otherwise unremarkable. The iliac trifurcation region is unremarkable.

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PRIMARY FINDINGS

- Bilateral adrenal gland enlargement.
- Heterogeneous intra-abdominal soft tissue mass measuring 2.98×2.15 cm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

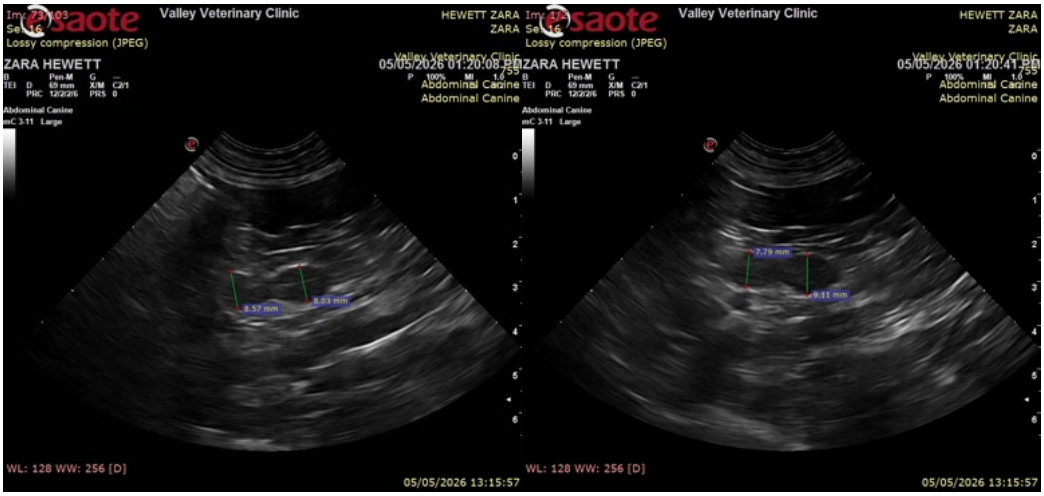
Bilateral adrenal gland enlargement is present, with both adrenal glands exceeding expected size for a dog of this body weight. In the context of progressive muscle wasting, polyphagia, lethargy, behavioral/cognitive changes, and mild cholestatic enzyme elevation, the adrenal findings raise concern for hyperadrenocorticism, despite the absence of marked ultrasonographic hepatic or urinary changes typically associated with more advanced disease. The bilateral nature of the adrenal enlargement would favor pituitary-dependent hyperadrenocorticism if clinically confirmed.

Additionally, a heterogeneous intra-abdominal soft tissue structure of uncertain origin is identified. The lesion does not demonstrate a clear organ association sonographically. Although an enlarged abdominal lymph node remains a differential consideration, the current examination cannot confidently determine whether this represents nodal tissue, focal mesenteric change, or another soft tissue lesion. No additional abdominal masses, abdominal effusion, or overt metastatic disease are identified sonographically.

Recommendations

- Endocrine testing for hyperadrenocorticism could be considered if clinically appropriate, recognizing that the current ultrasonographic adrenal enlargement is supportive but not independently diagnostic.
- Ultrasound-guided cytologic sampling of the lesion could be considered if the structure can be confidently localized and safely accessed.
- Continued neurologic and ophthalmologic assessment may also be warranted given the behavioral, visual, and postural abnormalities described clinically.

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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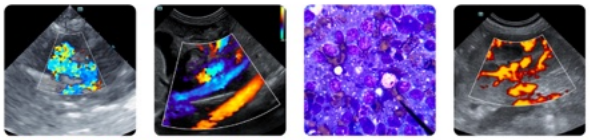

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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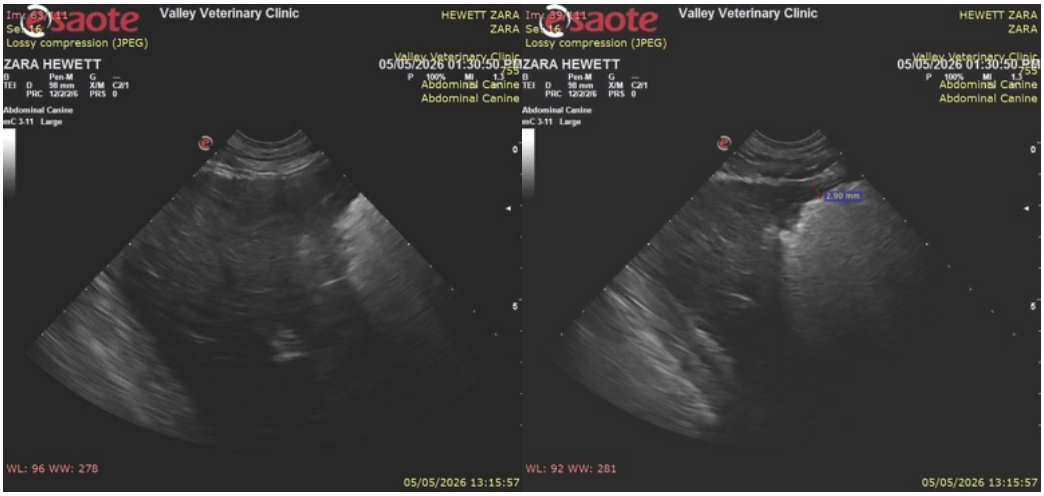
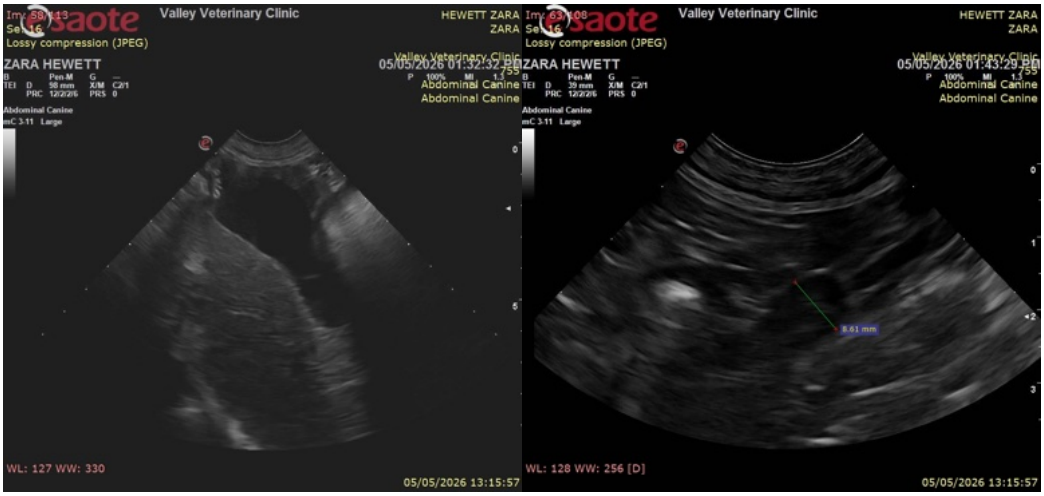
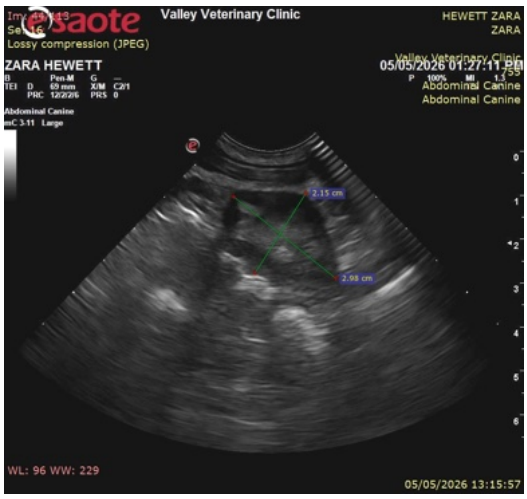
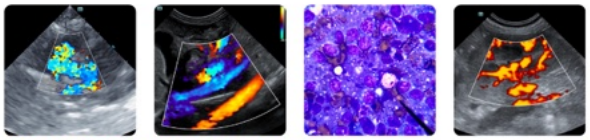






The information and recommendations provided are based on the images presented by the



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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