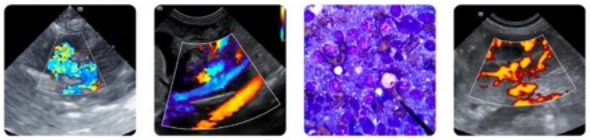


PATIENT
Buddy McDonald

SPECIES
Canine

BREED
Standard Poodle

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
30 kg.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
McFarlen

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Parsons

INVOICE
13462

DATE
2/9/26

PRESENTING CLINICAL SIGNS

History: Sudden Onset of profound polyphagia massive weight gain, radiographs. Gastric distention due to overeating. Otherwise unremarkable abdomen and thorax.

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chemistry WNL, except: UREA 15.3 (N 2.5-9.6) HIGH CHOL 11.33 (N 2.84-8.26) HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall in the region of the apex is mildly thickened (up to 0.64 cm) with a slightly irregular mucosal surface. The wall tapers to a normal thickness as it extends toward the cystourethral junction. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.02 cm in width) and shape. Parenchyma is slightly mottled in appearance. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.78 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.44 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (6.45 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.62 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

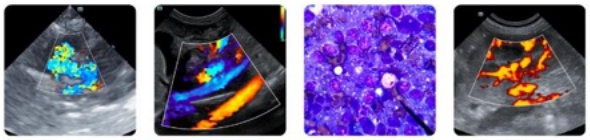
The right adrenal gland is normal in size (1.32 cm at cranial pole) (0.57 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.14 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral, nonspecific, age-related renal changes. The left pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.
- Minor retained gastric ingesta

Secondary Findings:

- The urinary bladder wall changes in the region of the apex could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history and urinalysis findings is recommended.

*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test). However, it would be unusual for a patient to have Cushing's disease in the absence of an elevated ALP.
2. A T4/free T4 by equilibrium dialysis is recommended (if not already performed).
3. Also consider a GI panel including serum cobalamin, folate, TLI and PLI
4. Depending on the results of the above diagnostics, further workup may be warranted.

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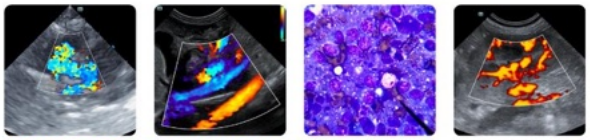

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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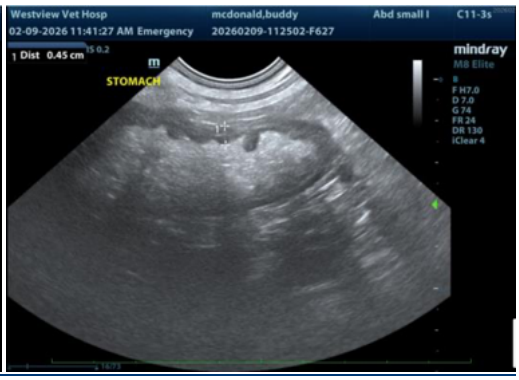

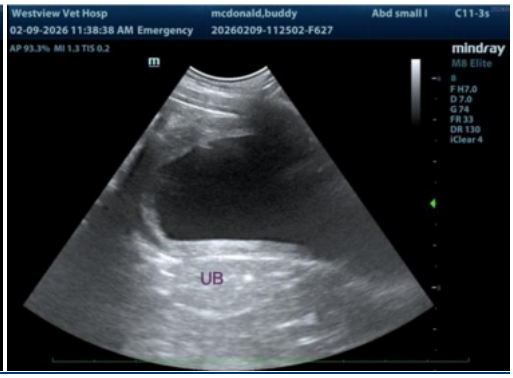

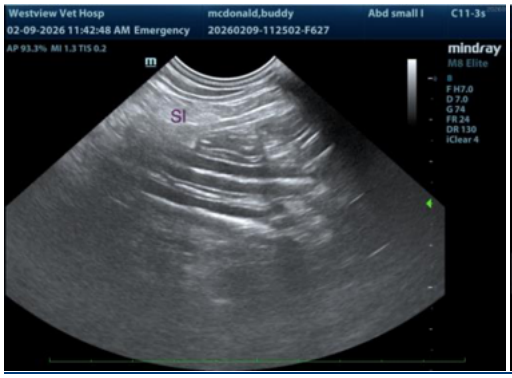

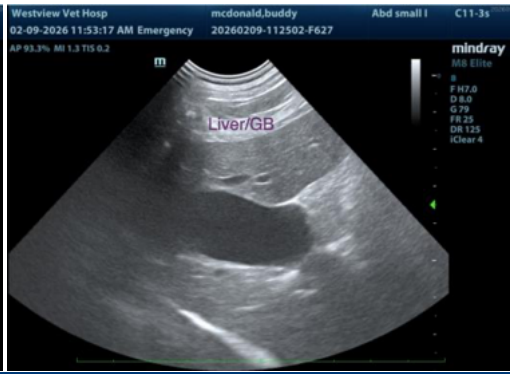

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com