

**PATIENT**

Charlie Lutz

**SPECIES**

Canine

**BREED**

Boxer x

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

95

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**Rockaway Animal  
Hospital**REFERRING VET**

Dr. Maniar

**INVOICE**

72566

**DATE**

1/29/26

**PRESENTING CLINICAL SIGNS**

Shaking, anorexia, PU/PD.

Abnormal PE/Chem/CBC/UA Results: CL 146 TP 9.3 Alb 4.1 Glob 5.2 ALP 346 Chol 360

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (5.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

Adrenal glands are mildly plump. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.97 cm at the cranial pole and 0.81 cm at the caudal pole. Right measures 0.96 cm at the cranial pole and 0.79 cm at the caudal pole.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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**Pancreas**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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**Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

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There is no apparent pathologic lymphadenopathy noted in these images.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Subjectively mild bilateral adrenomegaly – In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Given patient's reported PU/PD and adrenomegaly, underlying adrenal disease such as hyperadrenocorticism is a differential. Having said that, hyperadrenocorticism typically does not result in clinical illness, and certainly not anorexia, except for occasionally with a rare pituitary macroadenoma. Therefore, advanced pituitary imaging such as a CT scan or MRI could be considered if another cause of the anorexia and PU/PD is not diagnosed. In the meantime, if not recently evaluated, a blood pressure is recommended.

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Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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Ultimately, pending this workup, adrenal hormone testing could be considered in the form of a low-dose Dexamethasone suppression test.

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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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com