PATIENT

Ripley Miller

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

12 years

WEIGHT

28.64 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Lindsay Sjolin

INVOICE

11070

DATE

1/7/2026

PRESENTING CLINICAL SIGNS

Patient presented to evaluate a few subcutaneous masses. One of the masses was suspicious for a soft tissue sarcoma on in house cytology from a fine needle aspirate. Patient has muscle wasting over the spine and pelvis, pendulous abdomen, and thinning coat. Concerning for an endocrinopathy Pre-anesthetic labwork abnormal leading to an abdominal ultrasound Chest radiographs are normal Working diagnosis r/o cushings vs neoplasia.

Abnormal PE/Chem/CBC/UA Results: CBC: Platelet Count 525 (170 - 400). Monocytes 1200 (0 - 840) Chem: ALT (SGPT) 709 IU/L (12 - 118) ALK PHOS 1214 IU/L (5 - 131) GGT 147 IU/L (1 - 12) BUN 34 mg/dL (6 - 31) - Cre 1.0 SDMA 16.2 UG/dL (<14.0) PrecisionPSL 159 U/L (24 - 140) T4: 0.6mg/dL (0.8 - 3.5) UA: Specific Gravity 1.028 (1.015 - 1.050) Protein 2+ Glucose-Strip 1+ Ketones TRACE UPC: 1.4 (<0.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is subjectively mildly overdistended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. This change should be interpreted in combination with clinical history as its likely a normal patient variant based on when patient last urinated.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Small cortical cysts are noted bilaterally. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 6.93 cm, and the right kidney measures 7.2 cm.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left adrenal measures 1.0 cm at the cranial pole and 0.89 cm at the caudal pole. Right adrenal measures 1.0 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

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). A multifocal well-demarcated hyperechoic homogenous nodule are noted. 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, except for a subtle approximately 1.3 cm anechoic/cystic density mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

Assessment of heart base images is included when/if a splenic nodule/mass is present (as a complimentary add on). They are also assessed when a specific request is made for assessment of a limited second cavity (heart base and/or thorax) for an additional charge. Images of the heart (and/or) thorax were not assessed for this study. Please contact us if you would like a second cavity.

PRIMARY FINDINGS

- 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.

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

SECONDARY FINDINGS

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- Mild amount of echogenic urinary bladder debris.
- Age related kidney changes.
- Hyperechoic splenic nodule – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- Suspect incidental hepatic cyst.

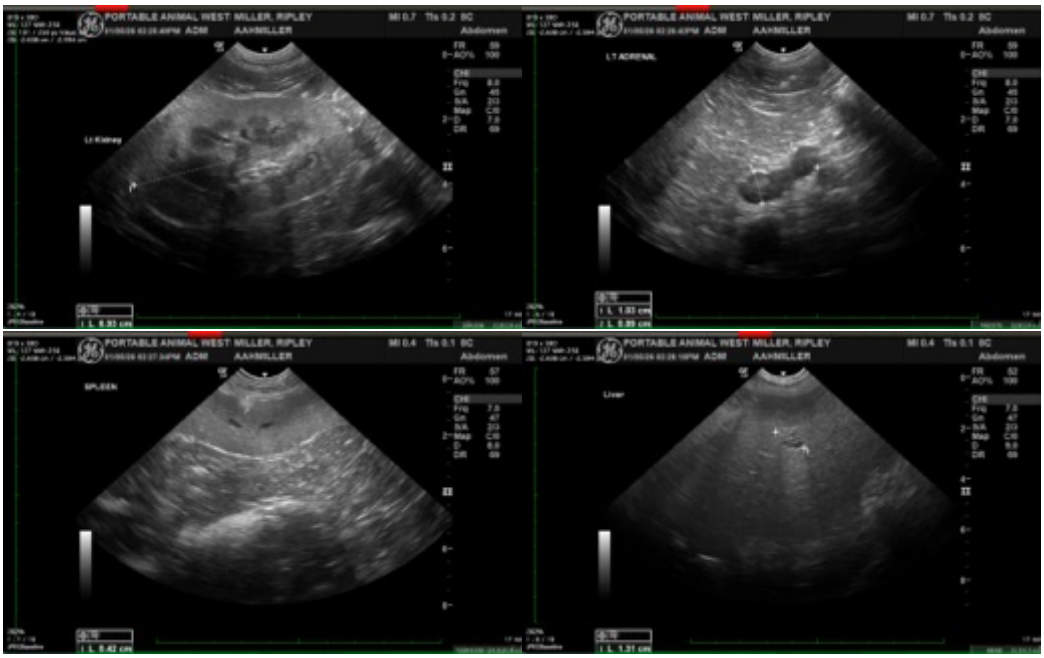
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a blood pressure is recommended. Given patient's reported liver enzyme changes, bile acids could be considered if patient's total bilirubin is not increased.

Infectious disease testing such as leptospirosis could also be considered.

Interpretation of the adrenomegaly in reference to the liver enzymes is largely dependent on patient's clinical history. If clinical signs are consistent with hyperadrenocorticism, testing in the form of a low dose dexamethasone suppression test is recommended.

Otherwise, further workup of possible underlying hepatopathy, and especially given the significantly increased ALT, up to and including possible liver sampling may be warranted.



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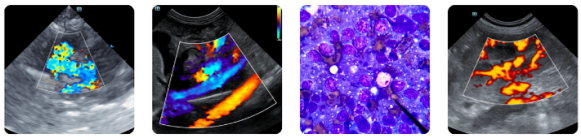
530-786-8340



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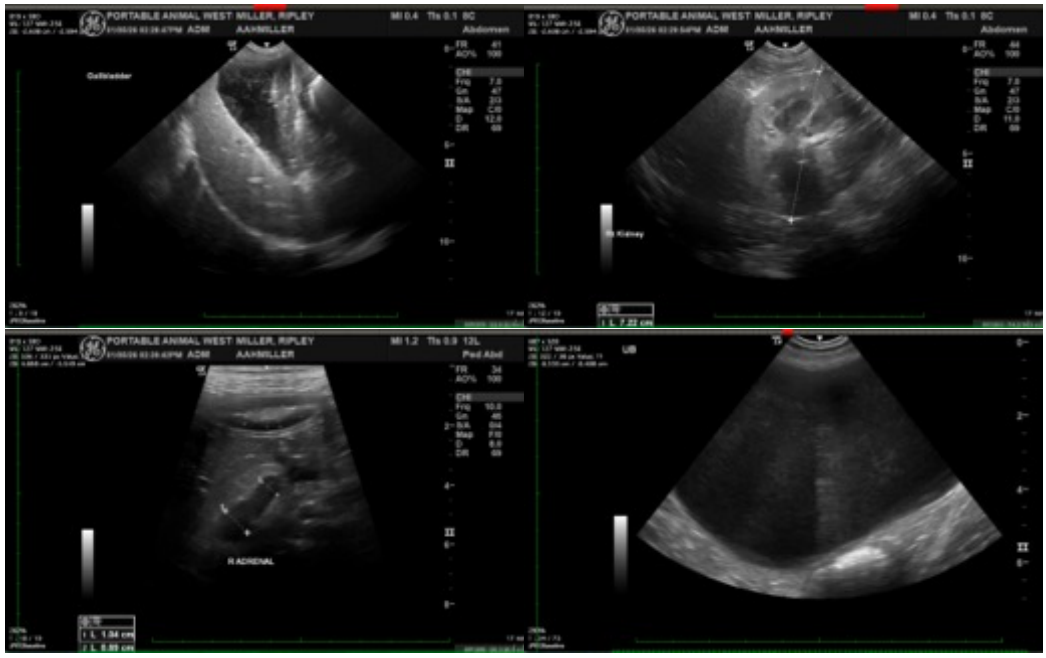

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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