



PATIENT

Henry VanDeWater

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

11 Years

WEIGHT

82.7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Orchard Grove Animal
Hospital

REFERRING VET

Dr. Cassano

INVOICE

72471

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Wt loss, muscle loss Current meds: Carprofen, Gabapentin, was on Galliprant (just started carprofen)
Abnormal PE/Chem/CBC/UA Results: CBC: retic hgb 28.4 Chem: ALT 506, AST 277, CK 10378

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is small at 6.55 cm. The right kidney is normal in size at 8.3 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 measures 1.0 cm at the cranial pole and 0.97 cm at the caudal pole. Right measures 1.9 cm at the cranial pole and 1.0 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). Multifocal well-demarcated hyperechoic homogenous nodules 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. 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.

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



PATIENT

Henry VanDeWater

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

11 Years

WEIGHT

82.7 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Orchard Grove Animal
 Hospital

REFERRING VET

Dr. Cassano

INVOICE

72471

DATE

12/10/25

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.

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.
- Mild to moderate chronic kidney disease changes affecting primarily the left kidney more than the right.

SECONDARY FINDINGS

- Hyperechoic splenic nodules – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal changes described above should be interpreted in combination with clinical signs of adrenal disease, as normal patient variant is a possibility, and hyperadrenocorticism typically does not result in the clinical signs and/or laboratory changes reported.

Given patient's reported laboratory changes, further investigation for possible myopathy +/- concurrent hepatopathy is recommended. For hepatopathy, this could include testing for Leptospirosis, as well as bile acids if patient's total bilirubin is not increased. Other differential include infectious disease, inflammatory disease, autoimmune disease, paraneoplastic, other.

If patient's weight loss is in the face of normal or even increased appetite and a diagnosis is not obtained, then further evaluation of digestion and absorption is also recommended, beginning with:

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Otherwise, if a diagnosis is not obtained, further evaluation for possible pain (dental, orthopedic, other), upper respiratory disease or oropharyngeal disease, cardiac disease and/or neurologic disease vs other as possible causes for decreased appetite and/or unintentional weight loss is also recommended.



PATIENT

Henry VanDeWater

SPECIES

Canine

BREED

Greyhound

SEX

Neutered Male

AGE

11 Years

WEIGHT

82.7 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Orchard Grove Animal
 Hospital

REFERRING VET

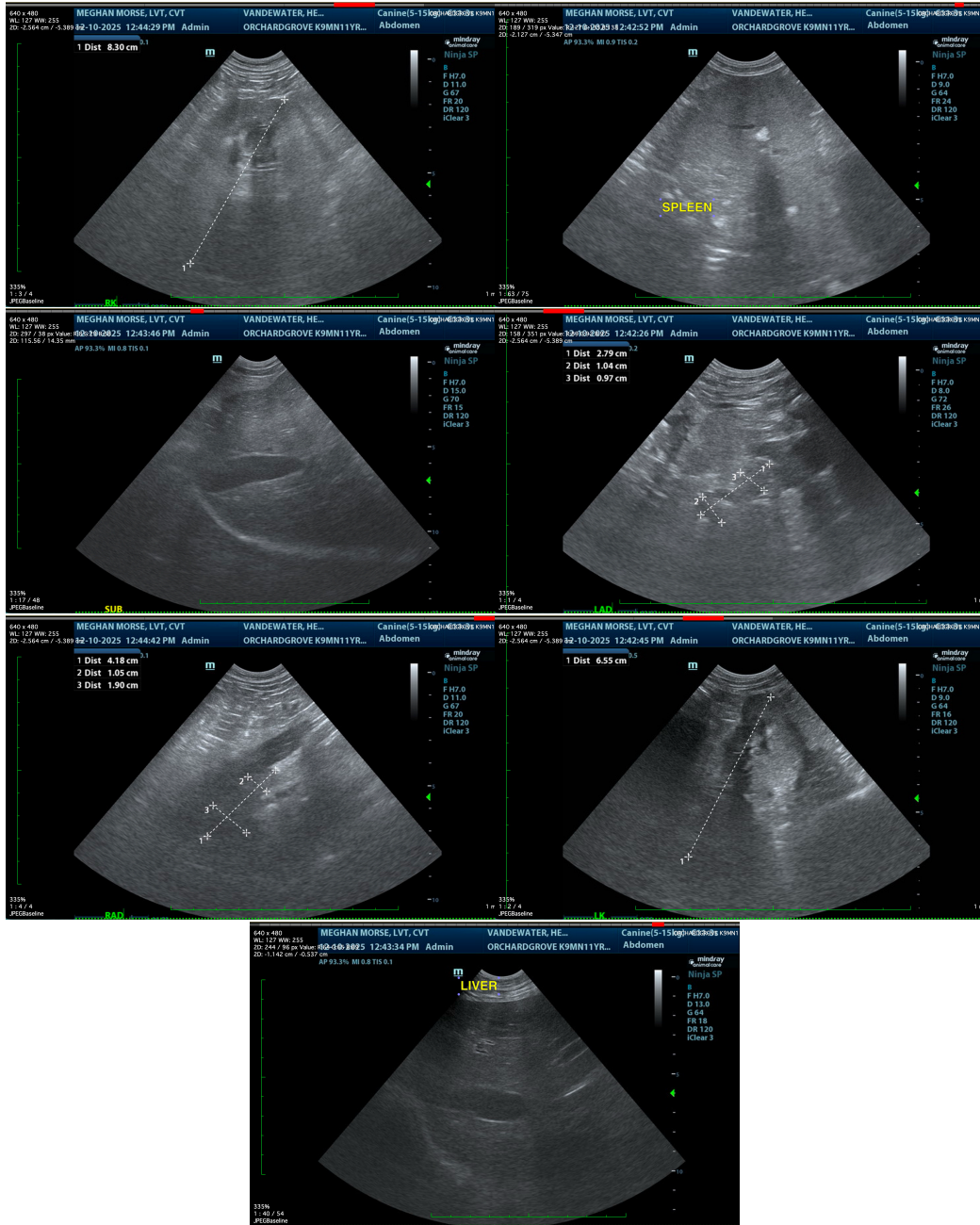
Dr. Cassano

INVOICE

72471

DATE

12/10/25



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