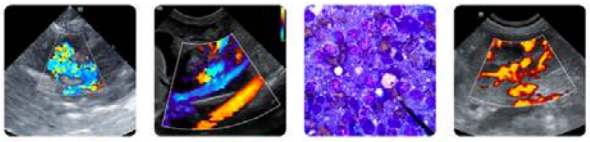


PATIENT

Scotty Prior

SPECIES

Canine

BREED

Briard

SEX

Neutered Male

AGE

9 Years 9 Month

WEIGHT

32.9

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

72482

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Rescan AUs 1) Thyroid function is adequate 2) So far the UPCR are normal so no significant Proteinuria 3) The increased UCCR indicates Cushings is possible 4) Enlarged left adrenal gland with a concurrently flat right adrenal gland is suggestive of possible underlying or emerging adrenal disease, At benign vs neoplasia 5) Increasing ALKP values over the last 8 months (797 to 1208) 6) low USG 5) Mild splenomegaly 6) Mildly heterogenous liver 7) Mild gallbladder debris 8) Panting acute bouts

Abnormal PE/Chem/CBC/UA Results: Stable at thiss time

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 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. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 8.6 cm. Right kidney measures 9.0 cm.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Some likely age related parenchymal heterogenicity is present. Visible surrounding vasculature appears normal. Left measures 0.95 cm at the cranial pole and 1.5 cm at the caudal pole. Right measures 0.97 cm at the cranial pole and 0.89 cm at the caudal pole.

Spleen

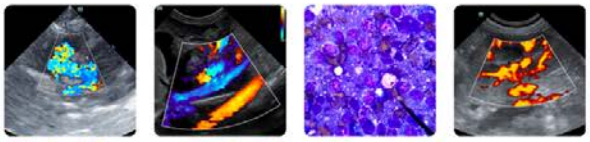
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

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



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The visible stomach wall is normal in thickness and layering, with some very subtle speckling within the muscularis. 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.

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.

- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

- Mild 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.

- Very subtle/mild mucosal speckling within the stomach – Likely a benign incidental finding, although underlying inflammatory gastritis versus other can't be definitively ruled out. Infiltrative neoplasia is considered unlikely.

SECONDARY FINDINGS

- Age related kidney changes.

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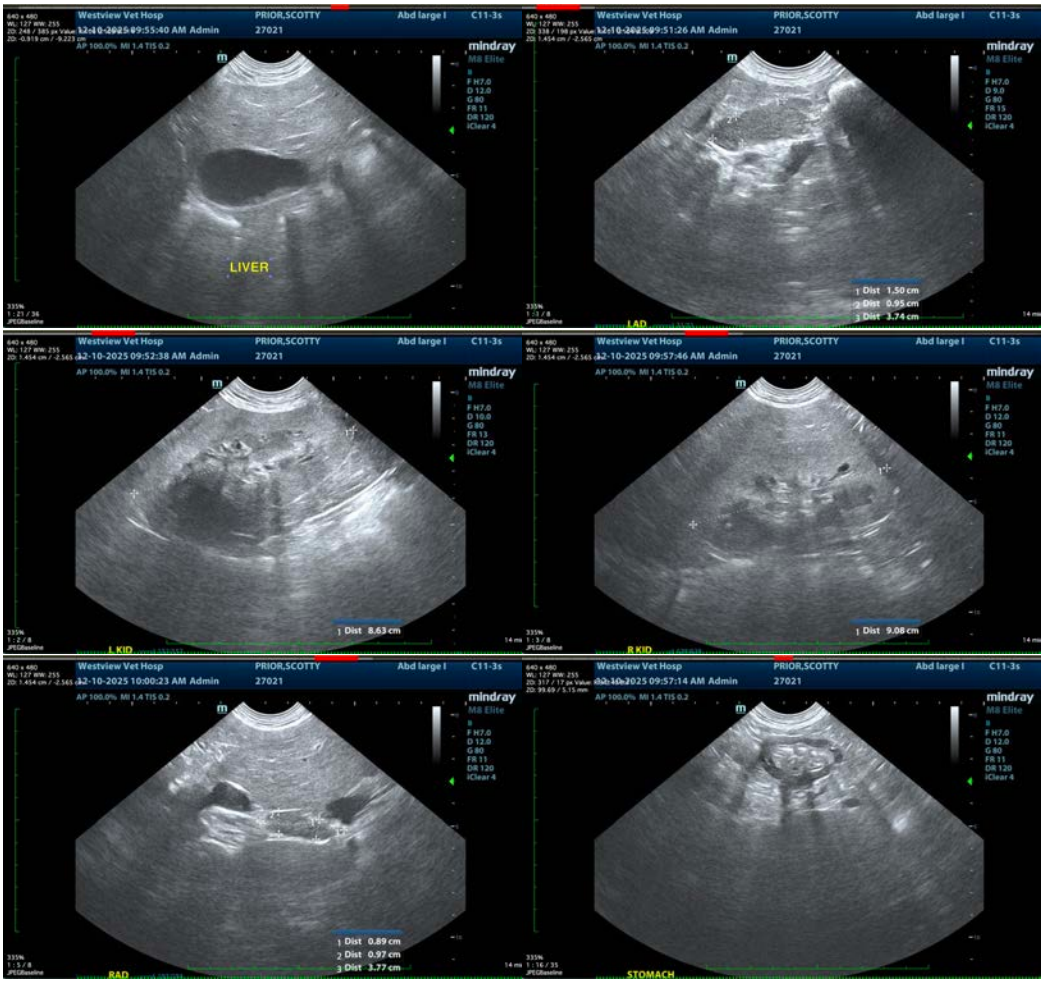
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are largely static to potentially mildly progressive in some areas, with the largest difference being if the patient were to be diagnosed with hyperadrenocorticism, the appearance of the adrenals is slightly more consistent with pituitary dependent than previously thought.

Having said that, given that the presenting complaint is primarily panting, recommendations are largely unchanged from the previous study and dependent on previous diagnostic results, etc.

Since a urine cortisol to creatinine ratio is sensitive but not specific, if hyperadrenocorticism is suspected clinically, a low-dose Dexamethasone suppression test is recommended.



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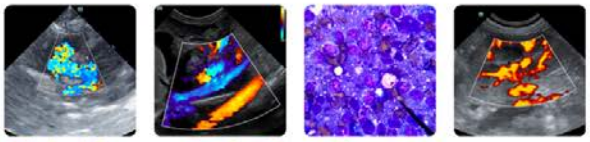

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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