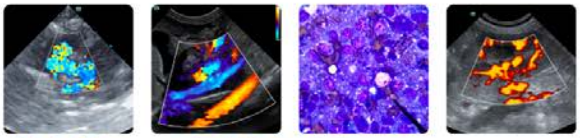

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Katie Menich

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

20 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Tomlin

INVOICE

72880

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes. Current Medications: Clavaseptin 250mg (1.5 tab BID), Metacam 18kg dose SID

Abnormal PE/Chem/CBC/UA Results: Elevated ALT (242) range: 10-125 Elevated ALKP (1003) range: 23-212

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Spherical anechoic fluid accumulations consistent with cortical cysts are noted. Pinpoint areas of cortical mineralization are also noted. Left kidney measures 6.13 cm. Right kidney measures 5.49 cm. Full visualization of the right kidney was limited by overlying GI tract.

Adrenal Glands

The caudal pole of the right adrenal gland is visualized and appears of normal in size, shape and position. Visualization of the cranial pole is limited by poor resolution and overlying gas-filled GI tract. Measurements reported on still image cannot be confirmed. Right adrenal measures 2.42 cm in length x 0.76 cm at the caudal pole and 1.1 cm at the cranial pole.

The left adrenal gland is subjectively prominent, and measures slightly enlarged with rounding of the caudal pole with heterogeneous echotexture and slightly irregular capsule. Left adrenal measures 1.91 cm in length x 0.79 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with multifocal variably sized hyperechoic nodules visualized most consistent with benign myelolipomas. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

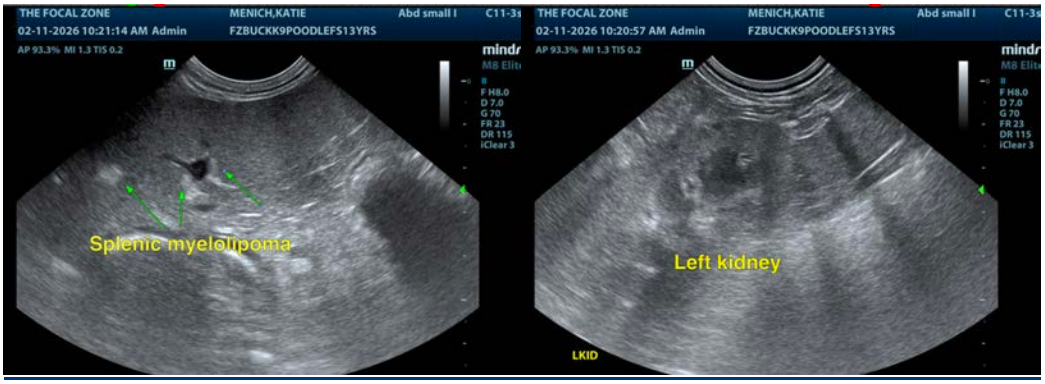
- Left adrenomegaly.
- Splenic myelolipomas.
- Degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenomegaly together with elevated ALP is consistent with hyperadrenocorticism. While the right adrenal gland appeared of normal size on images provided, the cranial pole did measure somewhat enlarged on still image, and bilateral adrenomegaly may be present. Low-dose Dexamethasone suppression test is recommended to further evaluate for the possibility of hyperadrenocorticism.

There is no other cause of elevated ALP identified on the ultrasound. Liver FNA could be considered to further investigate for hepatic causes. Ultimately, liver biopsy may be required pending results of other tests.

Splenic changes are a common age related change and hyperechoic areas are most consistent with benign myelolipoma, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.



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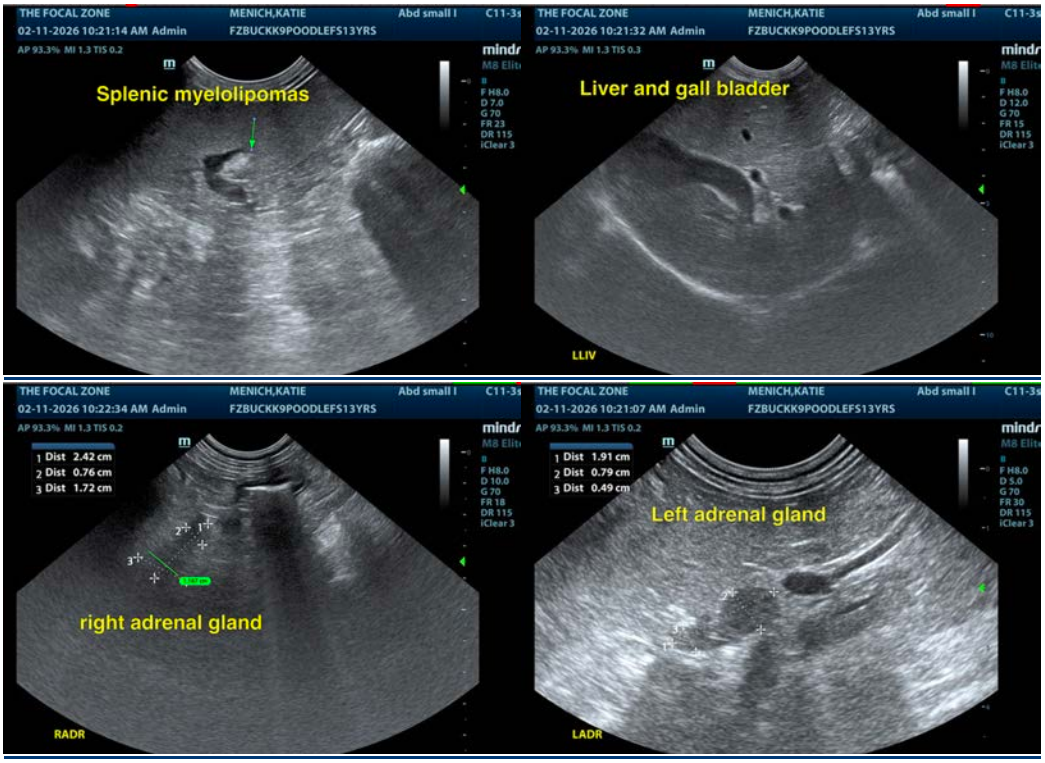

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com