



PATIENT

Simon Calabrese

SPECIES

Canine

BREED

Havanese

SEX

Neutered male

AGE

13 year

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

71595

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Hx of cardiac murmur, recent
- Meds: Vetoryl 10 mg SID (just reduced) Vetmedin 2.5 mg BID
- ALT 201, ALP 560, Triglyc 600, PSL 2245, CPL 2000, TB 0.5, USG 1.022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.33 cm. The left kidney measured 5.25 cm.

The iliac trifurcation was unremarkable.

The residual prostate measured 0.99 cm.

Adrenal Glands

The left **adrenal gland** was persistently enlarged and mildly heterogenous measuring 2.28 x 0.72 cm at the cranial pole and 0.94 cm at the caudal pole. The right adrenal gland was persistently enlarged and mildly increased from the prior sonogram measuring 2.26 x 1.12 cm at the cranial pole and 1.06 cm at the caudal pole. Enhanced pericapsular fat was noted.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Occasional parenchymal cyst was noted in the liver, yet not pathological. Parenchymal echogenicity was naturally



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coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder polyp was persistent. There was no progression from the prior sonogram. The polyp measured 1.1 cm.

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The **pylorus** revealed a hypoechoic 1.4 cm luminal structure. This does not appear to be attached to the gastric wall. This is likely medications or ingesta such as vegetables or similar. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

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Persistent swelling in the adrenal glands. The right adrenal gland has increased in size.
Luminal structure in the pylorus, suspected to be medication or ingesta such as vegetables.
Chronic cystitis bladder changes.
Hepatic cyst.
Persistent gallbladder polyp.
Remainder of the abdomen appears to be stable with age related changes in the kidneys and pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Serial blood pressure measurements are recommended to ensure that hypertension is not an issue in this patient. If hypertension is evident then urine metanephrine level is indicated. There is a minor potential for unilateral neoplasia developing in the right adrenal, yet hypertrophy post Vetoryl in PDH cases can also occur and is likely the case in this patient.

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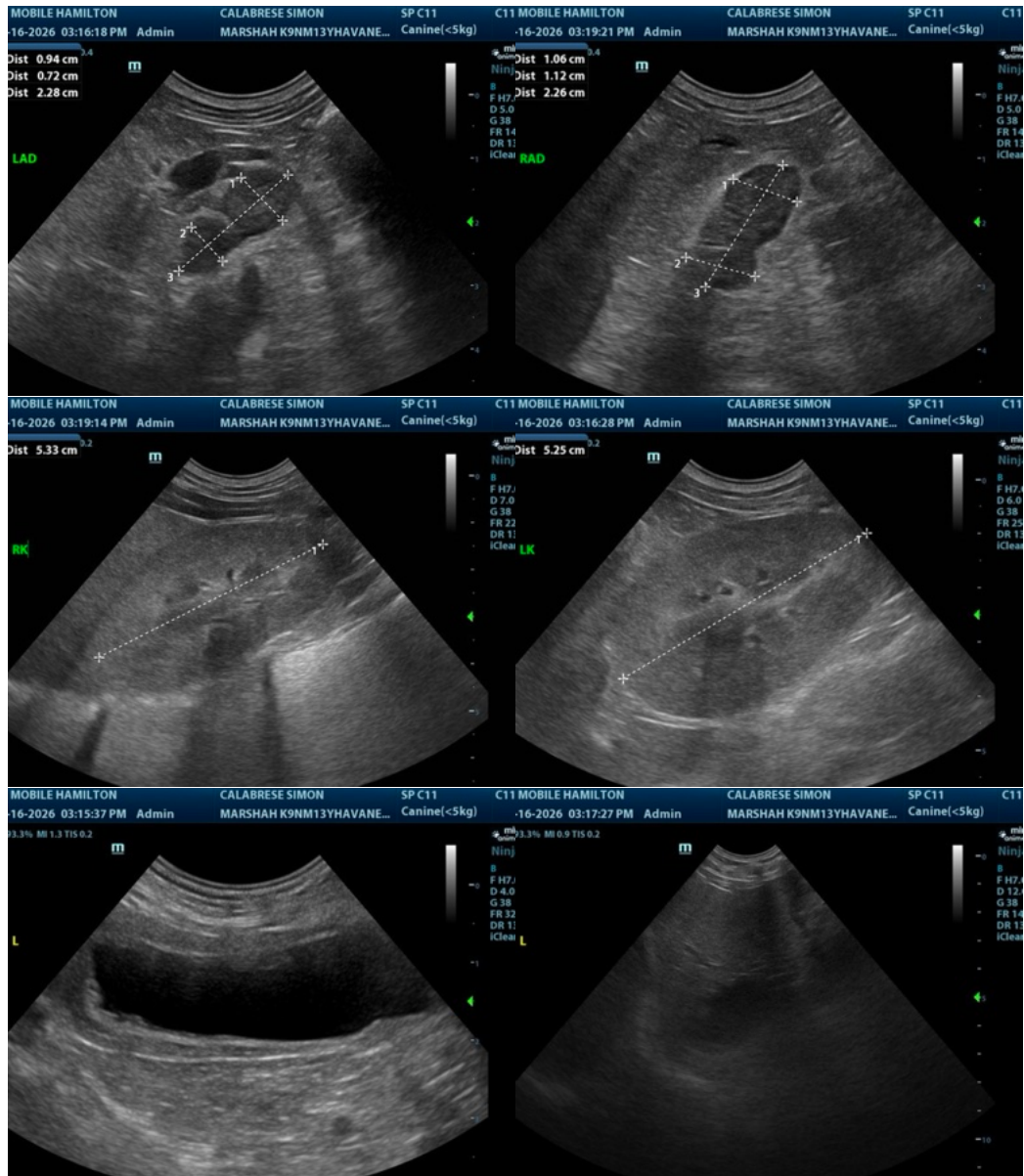
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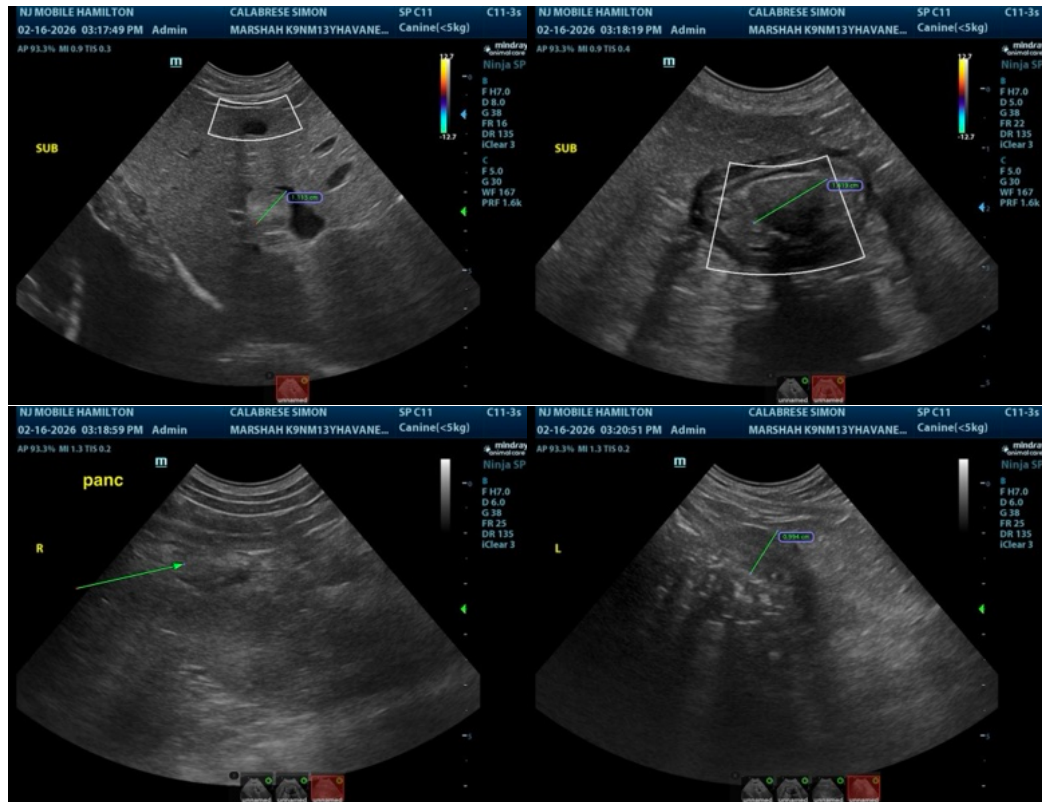
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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