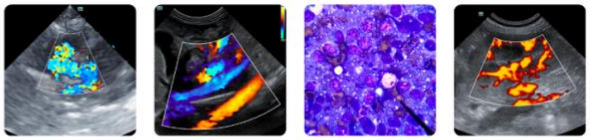

PATIENT

Sydney Gregory

SPECIES

Canine

BREED

Not Provided

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.62

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Annette Anleu

HOSPITAL NAME

Ellwood Animal Hospital

REFERRING VET

Dr. Cynthia Maro

INVOICE

13928

DATE

02/23/26

PRESENTING CLINICAL SIGNS

- Hx of Pancreatitis, Last Spec CPL (1/16/26) was normal @ 119.
- Last bloodwork done (1/30/26) Chloride low @ 104, TCO2 High @ 30, Total Protein High @ 7.9, Globulin High @ 4.4, Cholesterol High @ 387.
- Monitor adrenal and liver abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture and smooth peripheral margins. Normal corticomedullary distinction. No pyelectasia, infarcts, hydroureters or nephrolithiasis. Renal vasculature appears normal. The left kidney measured 3.1 cm in length.

The right kidney presents normal size with normal shape and architecture and smooth peripheral margins. Normal corticomedullary distinction. No pyelectasia, infarcts, hydroureters or nephrolithiasis. Renal vasculature appears normal. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 3.6 mm. Within the mid-adrenal gland, there is a hyperechoic 4.9 mm x 4.0 mm hyperechoic nodule present.

The right adrenal gland is not clearly seen on this exam.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver is slightly enlarged in size with rounded margins. The hepatic parenchyma is isoechoic relative to the spleen and does exhibit mild heterogeneity and is mildly heterogeneous. No visible focal lesions are observed. Hepatic vasculature and biliary tracts appear normal with no evidence of congestion.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a small amount of gas. The stomach wall measures 2.5 mm. The remaining glandular echogenicity and detail are unremarkable. The surrounding vasculature appears normal. The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with normal layering pattern and appropriate mural detail. No GI masses are identified. The colon wall appears normal. There is no evidence of a mechanical obstruction.

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

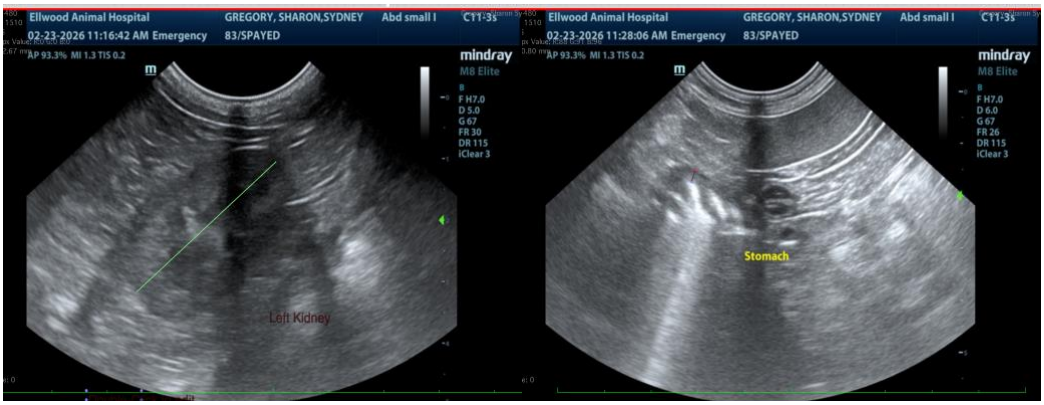
ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic changes.
- Gastric gas/ingesta.
- Left adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hepatic changes seen on this ultrasound are similar to those that were seen on January 5, 2026. These changes are still considered non-specific and are most likely consistent with vacuolar hepatopathy or age-related remodeling. Inflammatory disease, infiltrative neoplasia, and other hepatopathies are considered less likely.

The left adrenal nodule that was seen January 5, 2026, remains present. It appears to be stable in size. It is still mostly consistent with focal nodular hyperplasia and adenoma. Less likely, this nodule is emerging adenocarcinoma or pheochromocytoma. Further recommendations should be based on the patient's clinical history or clinical signs.



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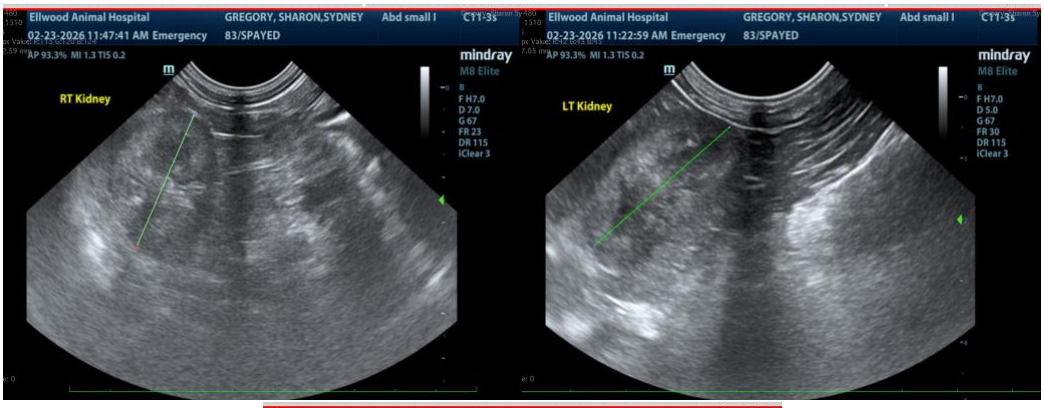

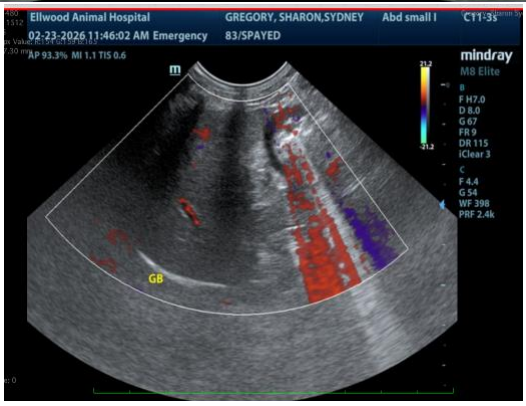

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com