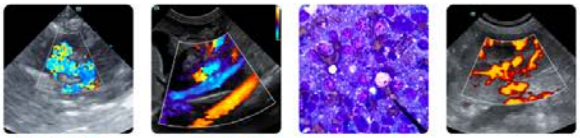

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Oliver Komar

SPECIES

Canine

BREED

Wheaton x

SEX

Neutered Male

AGE

8 Years

WEIGHT

42.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. E. Stevenson

INVOICE

73514

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Dripping urine while standing. Urine is clear. No urine while sleeping/resting. Totally normal otherwise: not PUPD, no energy changes or appetite changes.

Abnormal PE/Chem/CBC/UA Results: RBC 5.7 (5.8 - 8.9 x10^12/L) Hemoglobin 138 (146 - 217 g/L) WBC 20.2 (5.8 - 16.2 x10^9/L) Neutrophils 14.14 (3.00 - 9.74 x10^9/L) Monocytes 0.81 (0.14 - 0.74 x10^9/L) Platelets 444 (120 - 412 x10^9/L) Na: K Ratio 27 (28 - 37) Albumin 26 (27 - 39 g/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains no urine. The bladder wall is mildly thickened but uniform in thickness, measuring 8.1 mm in width. No bladder stones or masses are seen.

The prostate is not clearly visualized.

The right kidney presents normal size (5.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is small but presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.6 mm and the caudal pole measures 2.2 mm.

The left adrenal gland is small but presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.4 mm and the caudal pole measures 2.2 mm.

Spleen

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

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

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

Gastrointestinal

The stomach is empty. The stomach wall is diffusely normal in thickness and layering. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is normal in size 4.3 mm in width. No surrounding hyperechoic fat. No evidence of pancreatitis seen.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

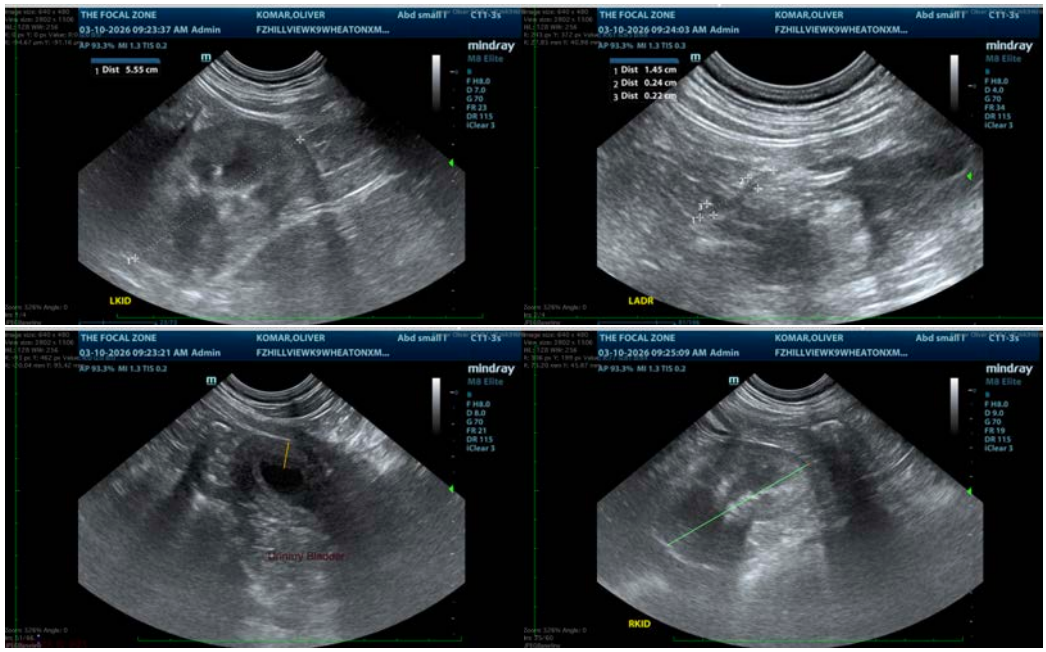
- Bilaterally both adrenal glands are small in size, potentially consistent with hypoadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full evaluation of the urinary bladder cannot be made on this ultrasound given the fact that there is no urine in the bladder at this time. Given the patient is having lower urinary tract signs, recommend rechecking urinary bladder when it is fuller of urine so the urinary bladder wall can be more thoroughly evaluated.

It would also be ideal to reevaluate images of the prostate to rule out prostatic disease as cause of the patient's urinary incontinence. No obvious cause of urinary incontinence seen on this exam.

Regarding the adrenal gland presentation, recommend screening the patient for hypoadrenocorticism via resting cortisol, and if resting cortisol is >2.0, hypoadrenocorticism would be ruled out. If it is <2.0, then perform ACTH stimulation test to rule out hypoadrenocorticism. Of, if owners prefer, there is enough clinical suspicion for hypoadrenocorticism given the appearance of the patient's adrenal glands to proceed directly with an ACTH stimulation test.



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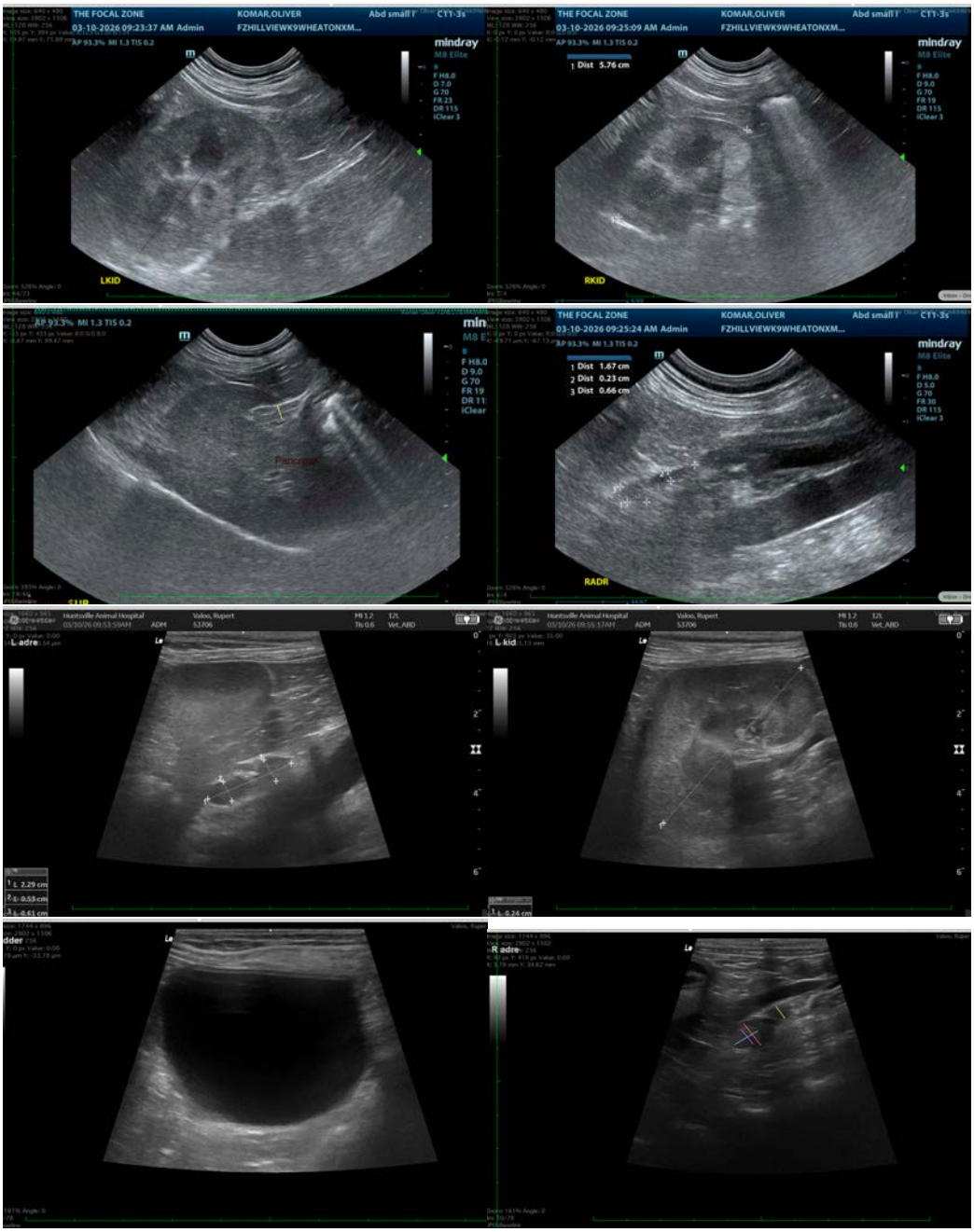

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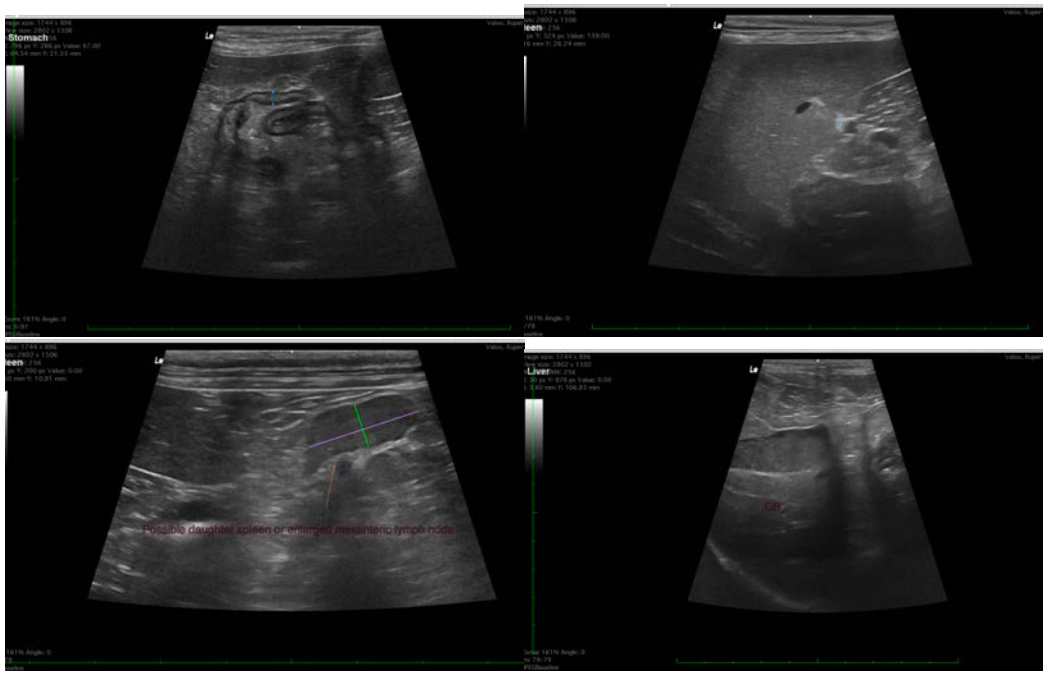

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com