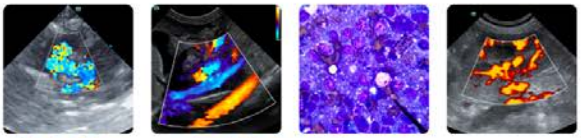

PATIENT

Oscar Walker

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.55 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Friedman

INVOICE

73745

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Inappropriate urination in household for several weeks. PU/PD, excessive panting. Investigate kidneys and adrenal glands.

Abnormal PE/Chem/CBC/UA Results: Microcytic hypochromic nonregenerative anemia, mild inflammatory leukogram characterized by neutrophilia, monocytosis, thrombocytosis. Mildly elevated SDMA, high-normal BUN and CRT, severely high cystatin B, mildly elevated ALT and ALP. Elevated cholesterol and lipase, low-normal T4. BP and first morning UA pending

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. Papillae not seen.

The right kidney presents normal size (4.7 cm) with normal shape and architecture. There is mild to moderate loss of corticomedullary distinction. Mild pinpoint foci are noted within the renal pelvis, consistent with benign nephrocalcinosis.

The left kidney presents normal size (4.5 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. There are multiple small, hypoechoic renal cortical cysts that appear benign. Mild pinpoint hyperechoic foci noted in the renal pelvis, consistent with nephrocalcinosis.

Adrenal Glands

The right adrenal gland is enlarged, measuring 1.0 cm at the cranial pole ad 0.76 cm at the caudal pole. The phrenic vasculature is unremarkable.

The left adrenal gland is enlarged, measuring 1.23 cm in width. The phrenic vasculature is unremarkable.

Spleen

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

Liver

The liver is enlarged and diffusely hyperechoic.

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

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery. No obvious evidence of pancreatitis.

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Free Abdomen

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

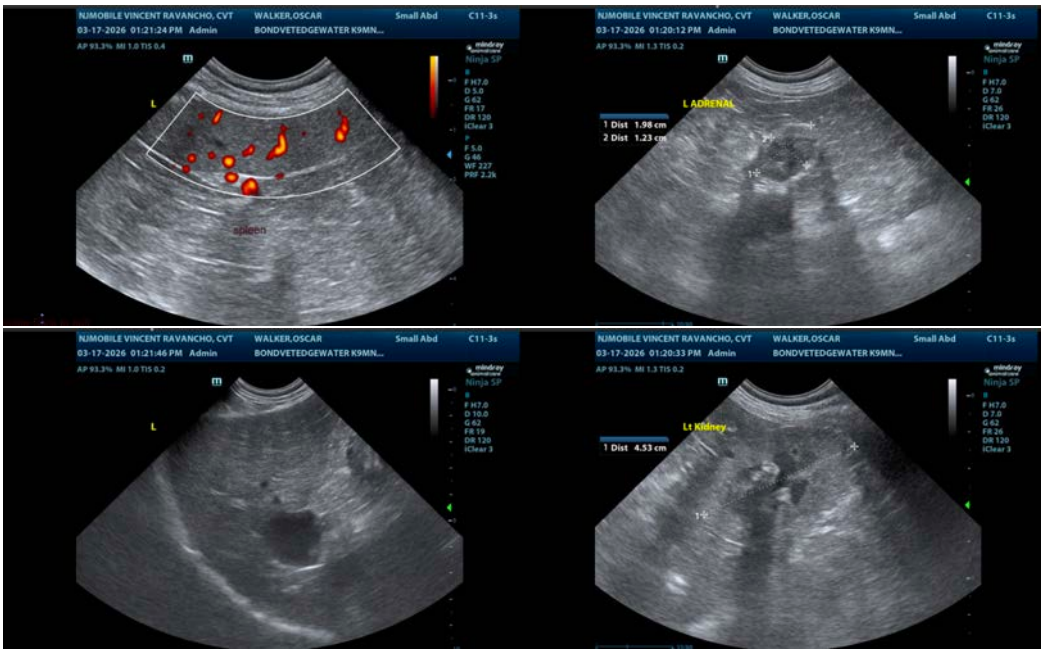
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal gland enlargement.
- Bilateral loss of corticomedullary distinction in both kidneys with cysts present in the cortices of the left kidney – Correlated with patient's lab work changes, findings are consistent with chronic kidney disease.
- Enlarged, hyperechoic liver – Consistent with possible benign vacuolar hepatopathy likely due to patient's suspected hyperadrenocorticism.

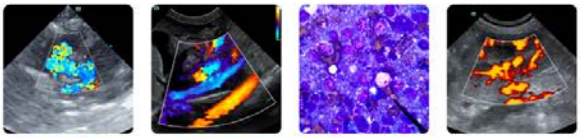
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's clinical signs, lab work changes, and bilateral adrenal gland enlargement, recommend screening the patient for hyperadrenocorticism via a low-dose Dexamethasone suppression test. If hyperadrenocorticism is ruled out, look for other secondary causes for the appearance of the patient's liver such as hypertriglyceridemia, hypothyroidism, or occult GI or occult pancreatic disease.

Recommend full staging, monitoring, and management of the patient's chronic kidney disease per International Renal Interest Society guidelines.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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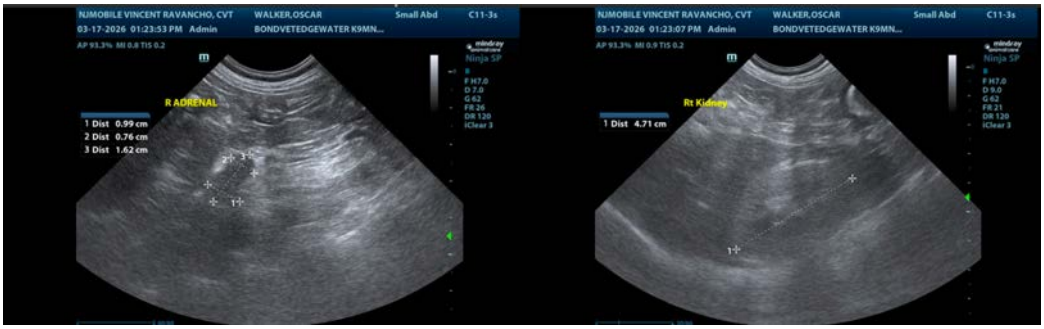

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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