

PATIENT

Alfie Yorey Accetta

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

13 years 2 months

WEIGHT

9.1 lbs

INTERPRETED BY

**Greg Kuhlman, DVM,
DACVIM (SAIM)**

IMAGING PERFORMED BY

Vencent Ravancho,
CVT

HOSPITAL NAME

Englewood Cliffs
Veterinary, PA

REFERRING VET

Dr. Attanasi

INVOICE

11577

DATE

3/27/2026

PRESENTING CLINICAL SIGNS

- Assess possible Cushings, liver disease, neoplasia.

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.

Prostate is normal in size. (7.0 mm in width), echotexture, and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed.

Left kidney measures 3.8 cm in length and contains non-obstructive areas of mineralization/nephroliths.

Right kidney measures XX and contains non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The left adrenal gland is diffusely markedly enlarged and normal in shape, with a homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 0.97 cm and the caudal pole measures 1.0 cm. No mass lesions or other abnormalities are observed.

The right adrenal gland is enlarged and normal in shape, with a homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 1.01 cm and the caudal pole measures 0.91 cm.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a mildly mottled echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



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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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Enlarged, hyperechoic liver – Consistent with possible pituitary dependent hyperadrenocorticism.
- Bilateral chronic kidney disease – Non-obstructive nephroliths noted in the left kidney, and non-obstructive dystrophic mineralization noted in the right kidney.
- Mild gallbladder debris – Incidental finding.

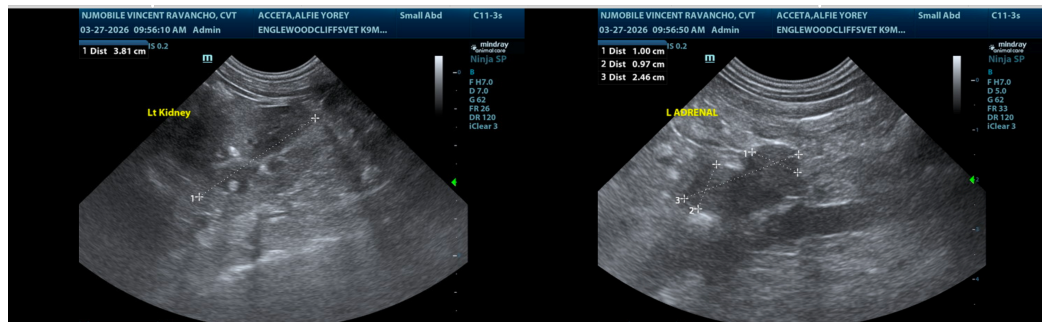
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based off of this ultrasound, I recommend full staging, monitoring, and managing per International Renal Interest Society (IRIS) guidelines.

Given the bilateral adrenomegaly, it is suspected that this patient has pituitary dependent hyperadrenocorticism. I recommend confirming this with a low dose dexamethasone suppression test.

The appearance of the liver is consistent with a possible pituitary dependent hyperadrenocorticism, or other secondary causes for a benign hepatopathy.

No evidence of neoplasia is observed or suspected based on this ultrasound.





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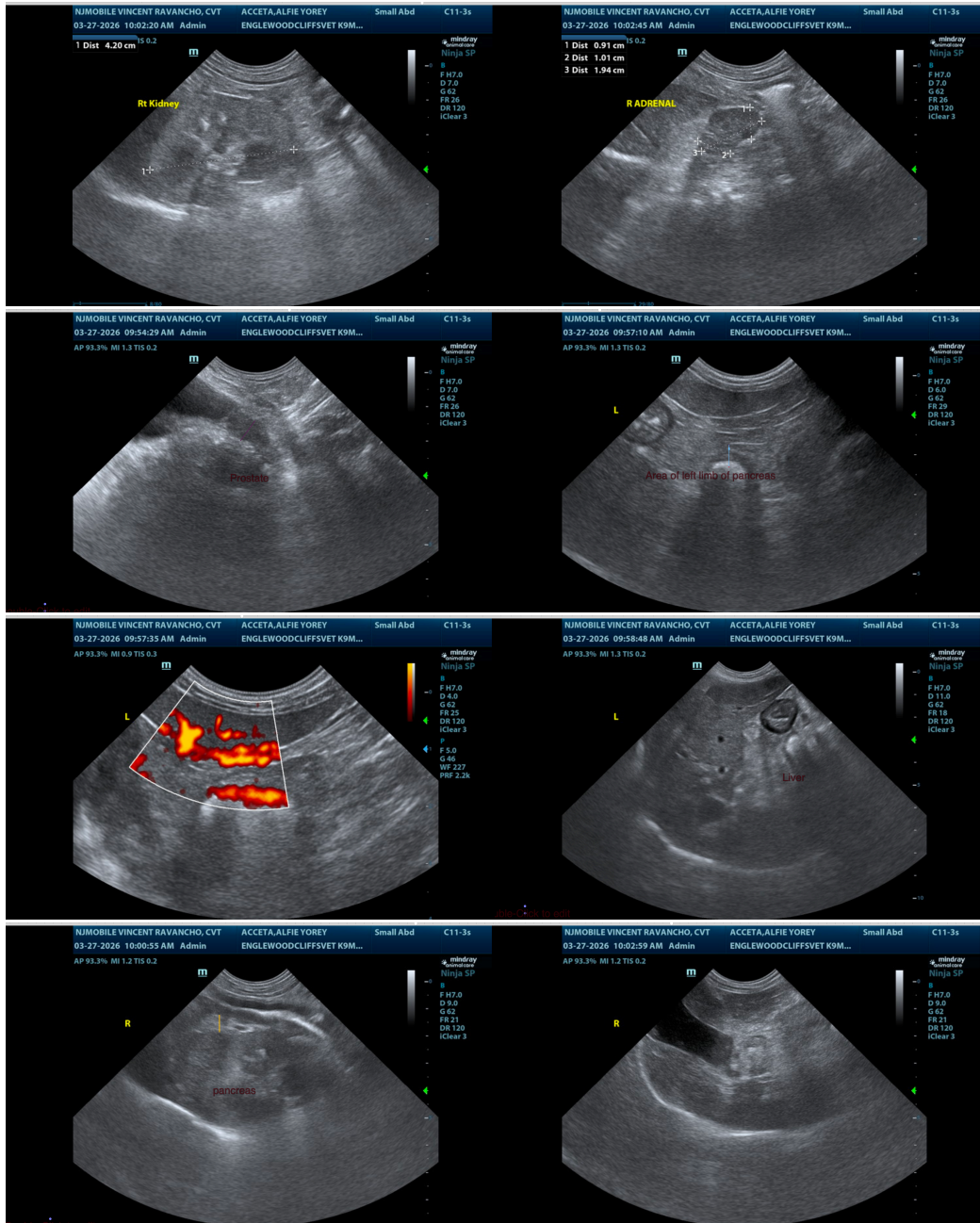
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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