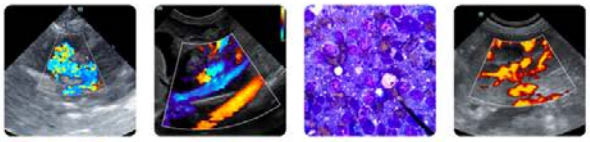

PATIENT

Piper Wyckoff

SPECIES

Canine

BREED

Coonhound x

SEX

Neutered Male

AGE

8 Years

WEIGHT

89 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Erin Swartz, DVM

INVOICE

74094

DATE

3/31/26

PRESENTING CLINICAL SIGNS

ALP increased again, significantly elevated lipase/amylase. Spec cPL: severely elevated at 2000 (even higher than before going on low fat rx diet). Urinalysis: 1.007, 1+ proteinuria, rest unremarkable (hyposthenuric). P is already PU/PD and suspected cushings. Recommend abdominal ultrasound for the ongoing pancreatitis despite being on low fat diet, and work up for Cushing's once he's been off his ear meds/any steroids for a month. Diet Z/D low fat

Abnormal PE/Chem/CBC/UA Results: Labwork attached (see page 3)

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. No papillae seen.

The right kidney presents normal size (7.2 cm) with normal shape and architecture. Normal corticomedullary distinction. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

The left kidney presents normal size (7.4 cm) with normal shape and architecture. Normal corticomedullary distinction. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

Adrenal Glands

The right adrenal gland is mildly enlarged, measuring 5.2 mm at the caudal pole and 9.0 mm at the cranial pole.

The left adrenal gland is mildly enlarged at the caudal pole, measuring 8.4 mm at the caudal pole and 7.0 mm at the cranial pole.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous 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

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

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Pancreas

The right limb of the pancreas appears normal. No obvious evidence of pancreatitis seen on this ultrasound.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral adrenal enlargement.
- Hyperechoic hepatomegaly – consistent with possible endocrine disease such as hyperadrenocorticism or other secondary causes for a benign vacuolar hepatopathy such as hypertriglyceridemia, chronic pancreatitis (which suspected in this case), possible occult gastrointestinal disease, or possible chronic hypothyroidism.
- Gallbladder debris possibly due to chronic endocrine disease such as hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend testing for hyperadrenocorticism via low-dose Dexamethasone suppression test. If hyperadrenocorticism is confirmed, suspect pituitary dependent hyperadrenocorticism.

If hyperadrenocorticism is ruled out, consider further workup for secondary cause for a vacuolar hepatopathy.

No specific cause seen for the patient's recent episode of pancreatitis. Recommend continuing supportive care treatment with ultra low-fat diet. Verify with owner that strict ultra low-fat diet is being fed and that no other sources of dietary fat are present in the patient's diet.

The patient's PU/PD may be due to hyperadrenocorticism. If hyperadrenocorticism is ruled out, and given the appearance of both kidneys with the mild dystrophic mineralization, consider possible but not likely early renal disease, in which case you could consider workup per IRIS guidelines to determine if there is evidence of renal disease present that would explain the PU/PD.

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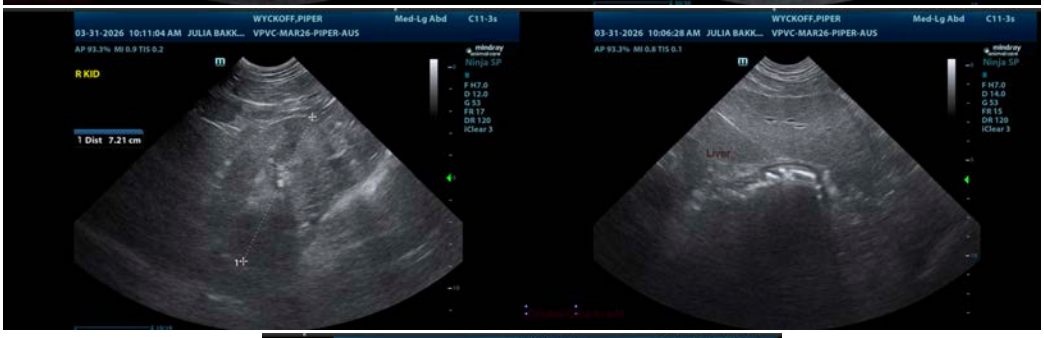

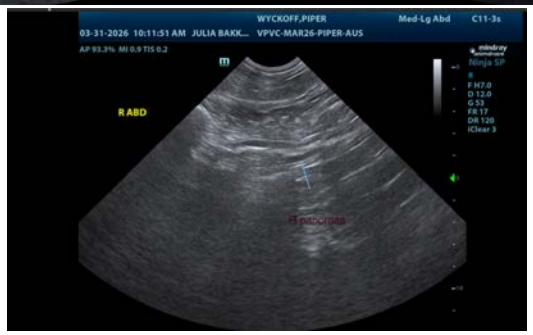

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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