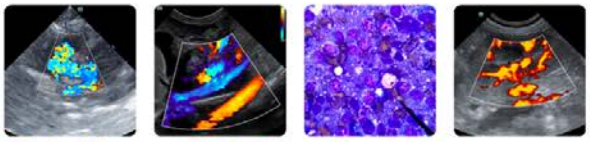

PATIENT

Devlin Kingsbury

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

9.3 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

Dr. Becci Farrell

INVOICE

73444

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Off and on abdominal discomfort and PU/PD since the fall. Episodes of restlessness, repetitive stretching, flatulence, and very occasional D. BW, UA, and survey rads in Oct WNL. Seemed to improve with bland diet, probiotics, and Omeprazole. Started Gabapentin for pain PRN as well. Seen 1/26/26 for behavior changes, restlessness, whining, clingy, not playing with toys, and occasional aggression towards owner when trying to pick up or examine, progressive over previous 4-6 weeks. Ravenous appetite and weight loss as well. PE QAR very subdued for him, slightly potbellied but no obvious pain, masses, or fluid, exam fairly unremarkable otherwise. Discussed concern for CNS lesion at appointment but recommended repeat bloodwork and urine, both were WNL. Discussed neurology consult and higher imaging, owner declined, wanted to focus on palliative care. Had first seizure 1/28/26, started Keppra 250mg PO TID, non since. Over last month episodes of abdominal discomfort and D more frequent, Fecal NOS/neg. Managing with bland diet. Owner would like abdominal US to rule out 2nd issue, is still focused on palliative care, but may effect decision for humane euthanasia pending findings.

Abnormal PE/Chem/CBC/UA Results: 1/6/26: CBC: Plts - 478 (H), Lymphocytes - 0.945k (L), Eos - 0.12k (L), all else WNL Chem: Na - 153 (H), all else WNL T4: 0.9 (L) Follow-up Free T4 WNL UA: USG - 1.029, 1+ protein, otherwise unremarkable.

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.

Diffusely, the prostate measures 7.0 mm in width. It has uniform echogenicity and symmetrical shape. It appears normal.

The right kidney presents normal size (4.7 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.03 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. There is mild renal pelvic dilation at 1.8 mm x 6.0 mm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole is diffusely mildly to moderately dilated and appears hypertrophied at 10.3 mm, and the caudal pole measures 4.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole has a mild hypertrophied appearance at 6.5 mm, and the caudal pole measures 4.9 mm.

Spleen

The spleen appears overall normal. There are multifocal hyperechoic lesions throughout the spleen consistent with benign myelolipomas.

Liver

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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 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

- Diffusely mildly to moderately dilated/hypertrophied cranial pole right adrenal gland, and mildly hypertrophied cranial pole let adrenal gland – It is possible the patient has pituitary dependent hyperadrenocorticism.
- Hyperechoic lesions within the spleen – Most likely benign myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend screening for hyperadrenocorticism via a low-dose Dexamethasone suppression test. If patient is diagnosed with hyperadrenocorticism, a pituitary macroadenoma may explain the patient's clinical signs. If hyperadrenocorticism is ruled out, then there is no obvious cause for patient's clinical signs seen on this abdominal ultrasound, and neurology consult would be recommended.

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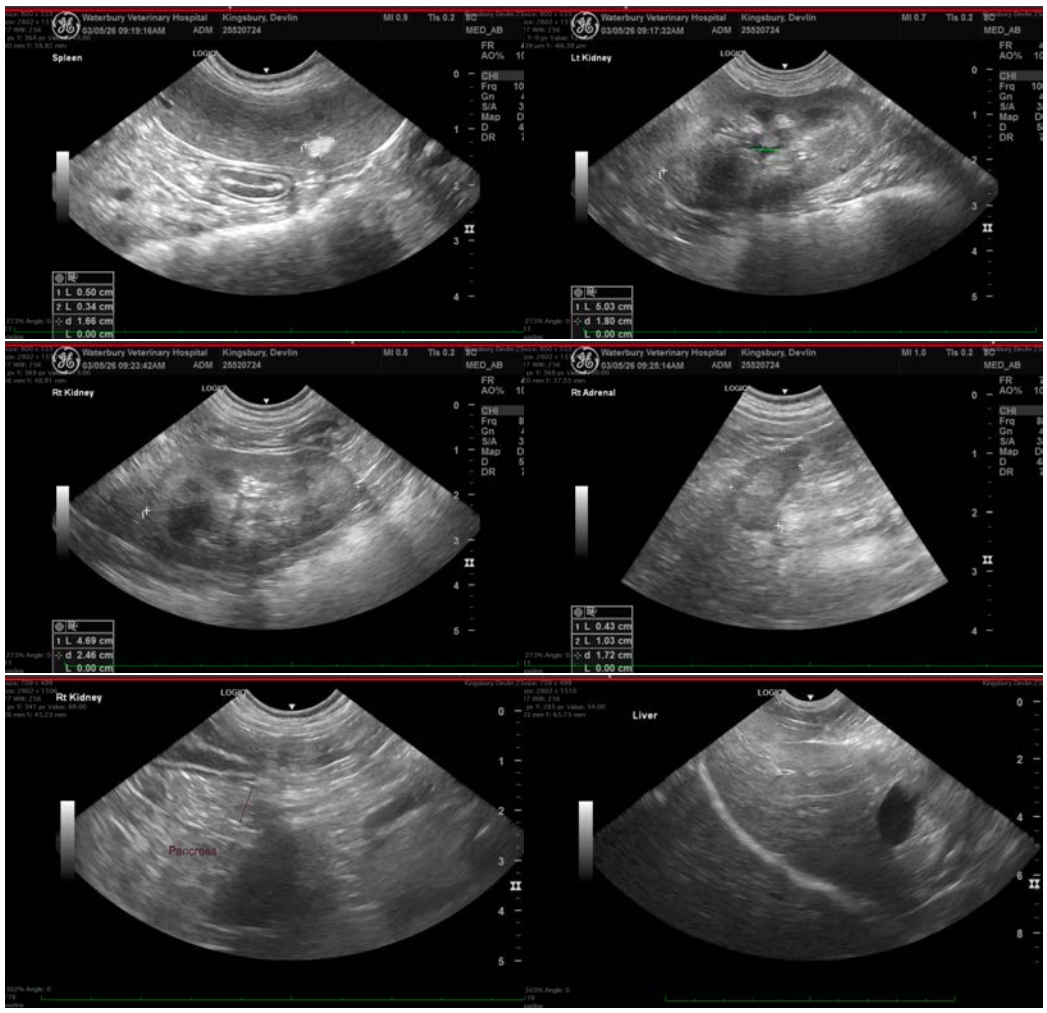

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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