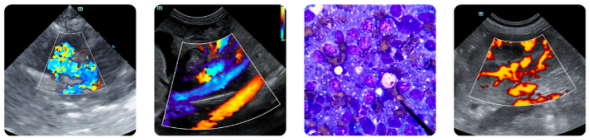


PATIENT

Benny Bonikowsky

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

12 years

WEIGHT

37.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr. Costa

INVOICE

11902

DATE

5/7/2026

PRESENTING CLINICAL SIGNS

Preputial mass (external) - planning for surgical removal. Hematuria on free catch sample. AUS to assess for potential other pathology.

Abnormal PE/Chem/CBC/UA Results: Mild ALP elevation BP - 195 mmHg systolic (very anxious however.)

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 (1.4 cm in width), echotexture, and symmetrical, uniform 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 pyelectasiamor infarcts observed. Left kidney measures 6.3 cm in length and contains mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing noted. Right kidney measures 6.8 cm in length and contains mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing noted.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 7.3 mm. In the caudal pole there is a 5.9 mm hyperechoic nodule present, this is most likely an incidental finding.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.2 mm. There is a hyperechoic mass present within the cranial pole measuring 13.9 mm.

Spleen

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

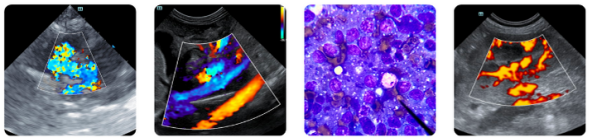
Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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

Gastrointestinal

The stomach has normal wall layering and thickness, measuring 3.8 mm in width. Duodenum is moderately distended with ingesta and has normal layering and thickness. Jejunum appears normal



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with normal layering and thickness, measures 3.6 mm in width. Colon contains normal contents with normal wall thickness, and measures 1.4 mm in width.

Pancreas

The visible pancreas is diffusely mildly hypoechoic with hyperechoic striations throughout the pancreas. There is no surrounding steatitis at this time.

Free Abdomen

Mild medial iliac lymphadenopathy is noted. A representative medial iliac node measures 6.1 mm x 26.2 mm. Mild mesenteric lymphadenopathy is noted. A representative mesenteric node measures 4.8 mm in width.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Medial iliac and mesenteric lymphadenopathy – Likely reactive and less likely neoplastic.
- Hyperechoic nodule in the caudal pole of the left adrenal gland, as well as a hyperechoic mass in the cranial pole of the right adrenal gland – Most likely an incidental finding, and less likely to represent adrenal neoplasia or less likely to be a function adrenal lesion.
- Age related kidney changes with left sided non-obstructive dystrophic mineralization noted bilaterally.
- Diffusely, mildly hypoechoic pancreas with hyperechoic striations throughout – Given these hyperechoic striations, the appearance of the pancreas is consistent with possible chronic pancreatitis causing mild pancreatic fibrosis.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of the nodule in the caudal pole of the left adrenal gland, I recommend screening patient for functional adrenal disease. Recommend a low dose dexamethasone suppression test to rule out hyperadrenocorticism as a cause of the elevated alkaline phosphatase. Given the elevated blood pressure, I recommend submission of urine metanephrine to rule out the possibility of pheochromocytoma.

Consider submission of cPLI to screen patient further for clinically significant pancreatic disease.

Portosystemic shunt is not suspected.

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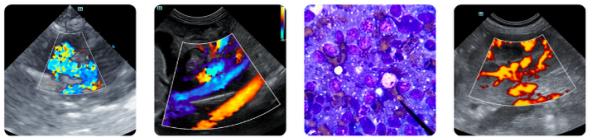

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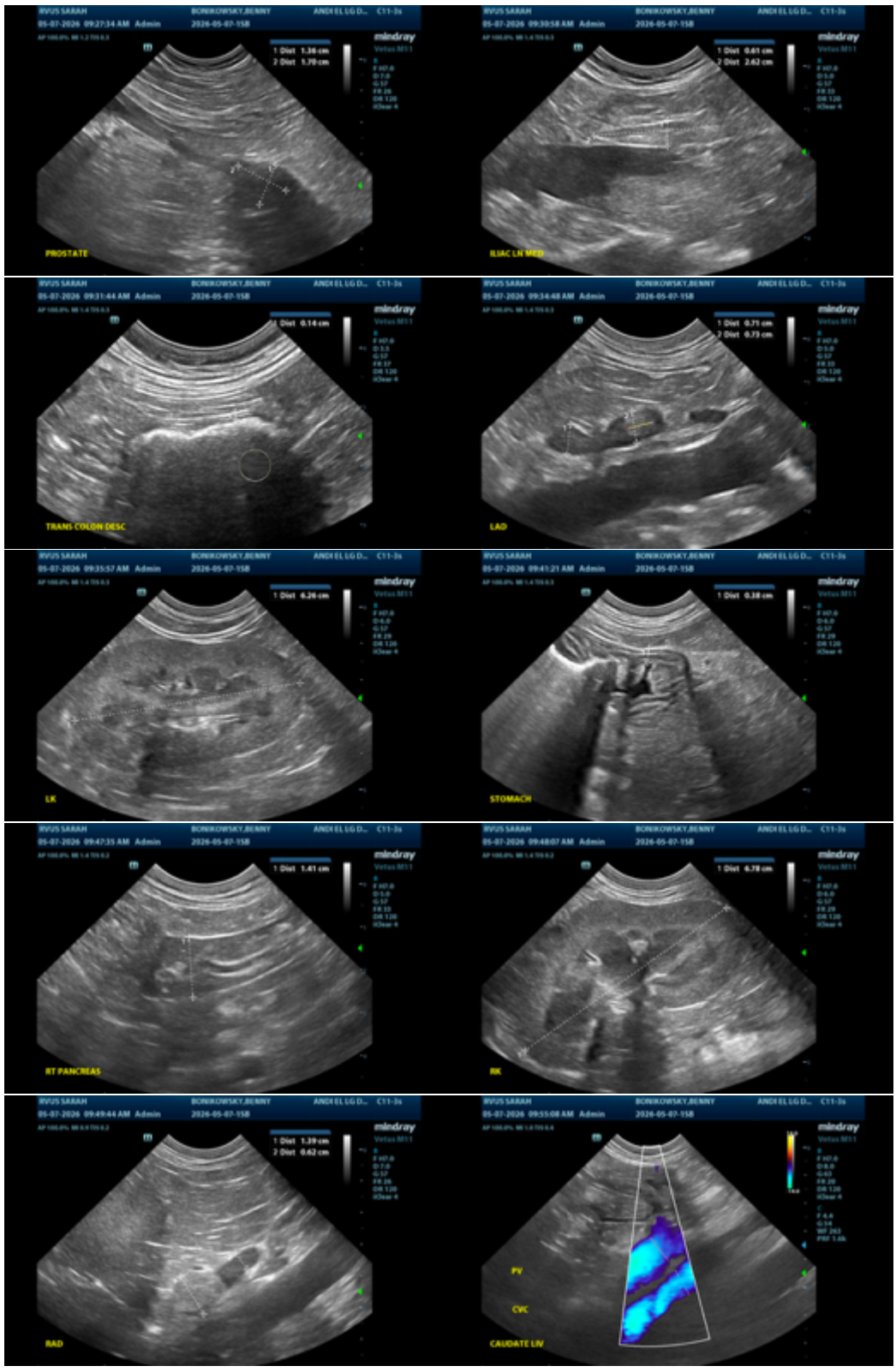

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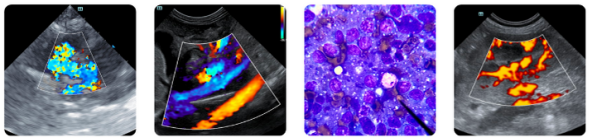

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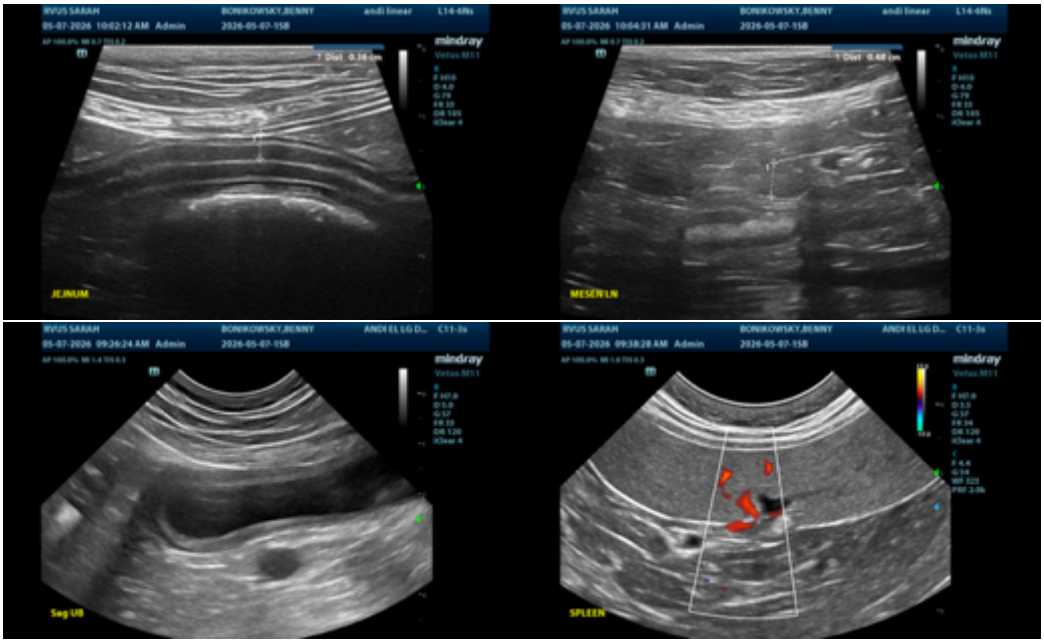

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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