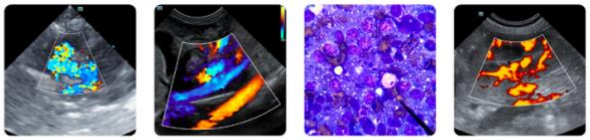

PATIENT

Duchess Jackson

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

70 Pounds

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Katie Kobyra

HOSPITAL NAME

Valley West & Elk VH

REFERRING VET

Dr. Tom Isaac

INVOICE

35716

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Jan 2026, owner noted weight loss, decreased appetite, decreased thirst. Sporadic episodes of vomiting (dietary indiscretion) and some soft stool.
- Based on bloodwork (below) diagnosed with diabetes and started on 15U Novalin N. Since diagnosis owner has had a hard time regulating her appetite due to abrupt dietary change but her thirst and urination have regulated. She is still vomiting sporadically, especially after drinking water
- Abnormal PE/Chem/CBC/UA Results: Jan 2026 - CBC: nsf Chem: hyperglycemia 562, azotemic Creat 2.1, BUN 29, ALP 966 Abdominal Radiographs show decreased serosal detail in mid abdomen near spleen/stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. There was a large number of hyperechoic cells present within the urine. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex, and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 6.89 cm. The right kidney measured 6.67 cm.

Adrenal Glands

The region of the **right adrenal gland** was investigated, but the right adrenal gland was not specifically identified in the images provided.

The **left adrenal gland** was found to be enlarged in size and hyperechoic in echogenicity with loss of normal shape and contour. The left adrenal gland measured 3.83 cm x 3.14 cm in size, and was consistent with a left adrenal gland mass.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** presented with an overall hyperechoic and coarse echogenicity with a single hyperechoic nodule present, measuring 2.7 cm x 2.62 cm in size.

The **gallbladder** presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

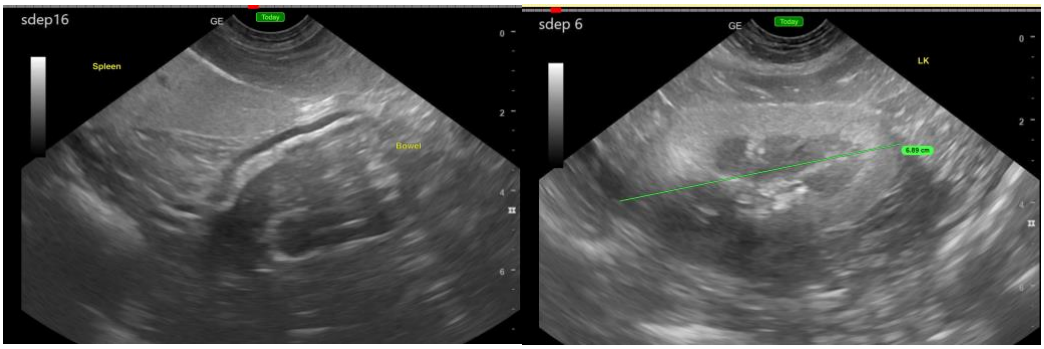
ULTRASONOGRAPHIC FINDINGS

- Increased suspended cells noted within the urine
- Hyperechoic and coarse liver echogenicity
- Left adrenal gland mass without obvious evidence of vascular invasion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is recommended to obtain a cystocentesis urine sample to submit for urinalysis and urine culture in order to screen for underlying urinary tract infection. This is specifically important based upon the fact that this patient is a diabetic and occult urinary tract infections are increased risk. The hypere3choic and coarse echogenicity throughout the liver is likely secondary to vacuolar hepatopathy secondary to being a diabetic, however, a fine needle aspirate for screening cytology can be considered for more specific information.

This patient was found to have a left adrenal gland mass with differentials being adrenal adenocarcinoma, adrenal adenoma, or less likely pheochromocytoma. A systemic blood pressure should be measured in order to screen for systemic hypertension. Referral for an abdominal CT scan should be considered in order to confirm the presence of a left adrenal gland mass and to confirm that there is no evidence of localized vascular invasion. An ACTH stimulation test is important in order to determine if there is cortisol production from this adrenal gland mass, especially since this patient is diabetic, since that can make diabetic control more difficult.



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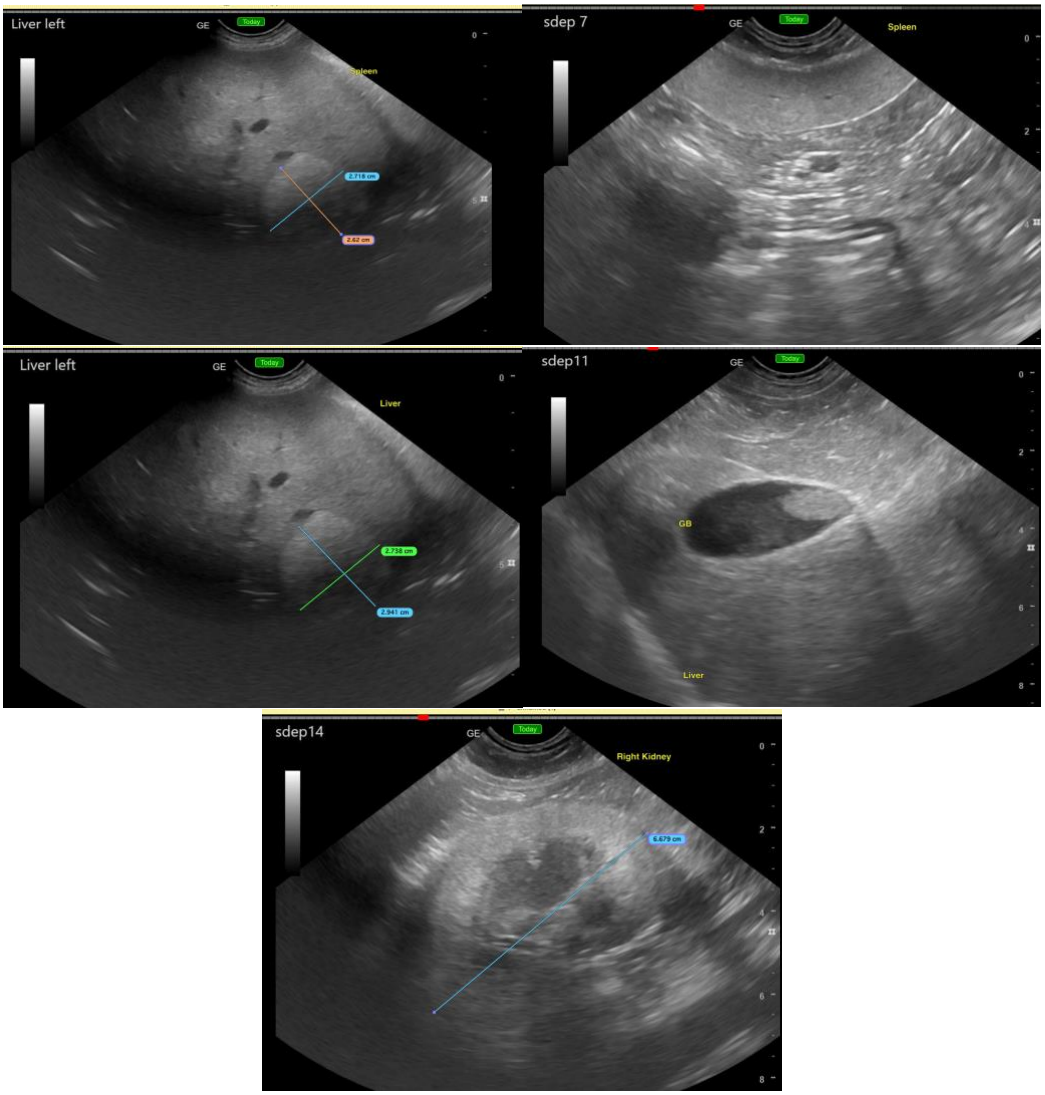

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com