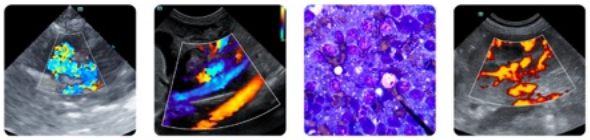


PATIENT

Mia Barber

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

6 years

WEIGHT

12.6 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Rebecca Barnard

HOSPITAL NAME

Southkent VH

REFERRING VET

Dr. Burns

INVOICE

72142

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Hepatomegaly
- Pollakiuria
- Vomiting/ Diarrhea
- U/A: proteinuria, hyaline casts CBC/Chem: unremarkable Urine Protein: Creatinine Ratio > 1.70

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. The ureters were not visible and considered normal.

The **kidneys** presented with overall decreased corticomedullary definition and blunting of the renal pelvic diverticuli. There was a trace amount of renal pelvic dilation present bilaterally. The left kidney was 3.89 cm and the right kidney was 4.6 cm in length.

Adrenal Glands

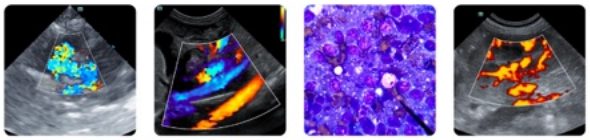
The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The **right adrenal gland** had an overall enlarged size while maintaining normal shape. The left adrenal gland was 1.46 cm by 0.52 cm by 0.51 cm and the right adrenal gland was 1.99 cm by 1.04 cm by 0.92 cm in size.

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** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. 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 were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Bilateral decreased corticomedullary definition and blunting of the renal pelvic diverticuli with trace amount of renal pelvic dilation.
Enlarged right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal gland was found to have an enlarged, overall size which can be secondary to adrenal hyperplasia, adrenal adenoma, unilateral adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism or emerging adrenal tumor. It is recommended to consider cortisol resting in order to determine if there is a functional component to the enlarged right adrenal gland. A low dose Dexamethasone suppression test may be helpful in differentiating pituitary dependent versus primary adrenal tumor as a cause of the enlarged adrenal gland. An ACTH stimulation test can help to determine if there is elevated cortisol production. This patient was also found to have overall decreased corticomedullary definition in both kidneys bringing concern for either preexisting renal dysplasia or emerging chronic degenerative renal disease. Despite having no evidence of azotemia on blood work there is concern for the future development of renal insufficiency. It is recommended to closely monitor this patient over time for renal function with an SDMA, BUN, creatinine and recheck urinalysis. A 4DX may be of benefit in order to ensure that there is no underlying infectious disease component. Measuring a systemic blood pressure is important to ensure that there is no systemic hypertension present. This patient can be managed with a renal diet and if there is persistent proteinuria the potential addition of Benazapril. The current vomiting and diarrhea symptoms should be treated symptomatically.

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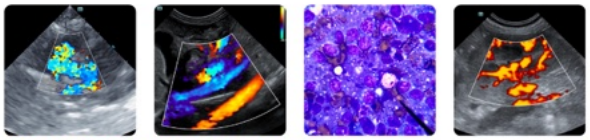

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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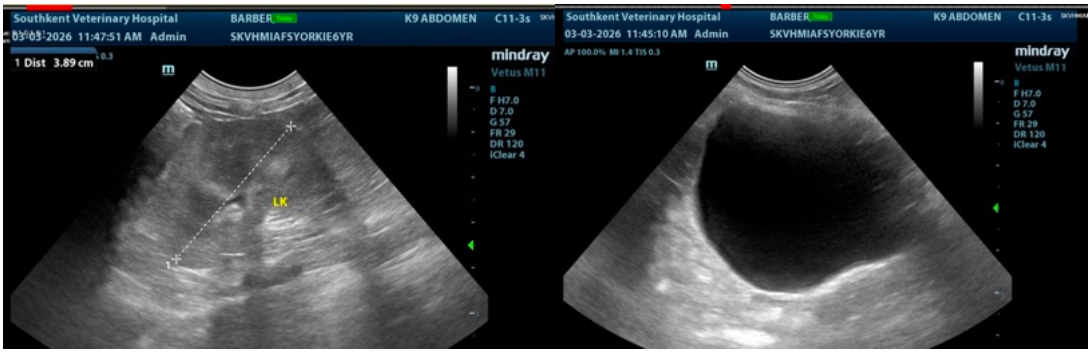
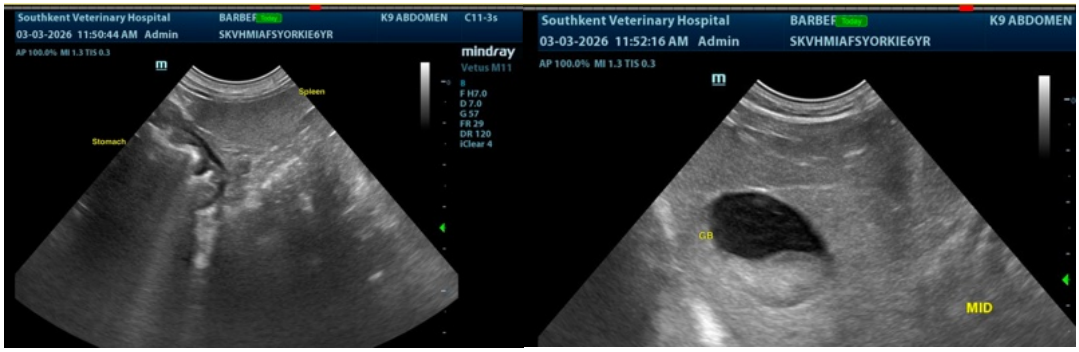
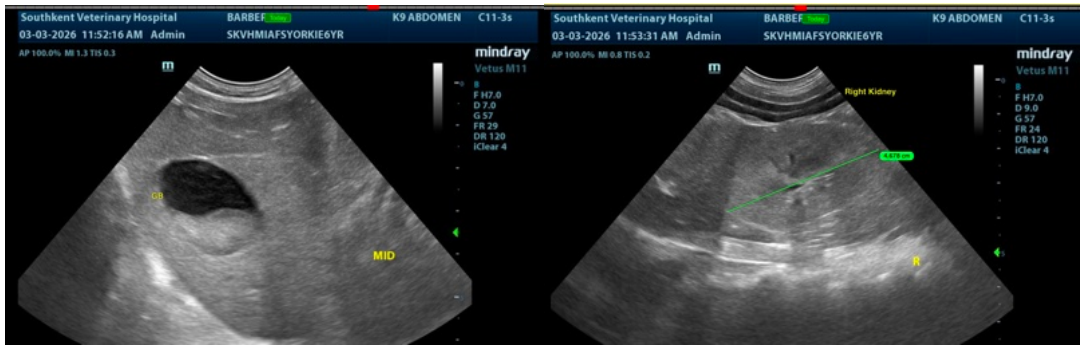
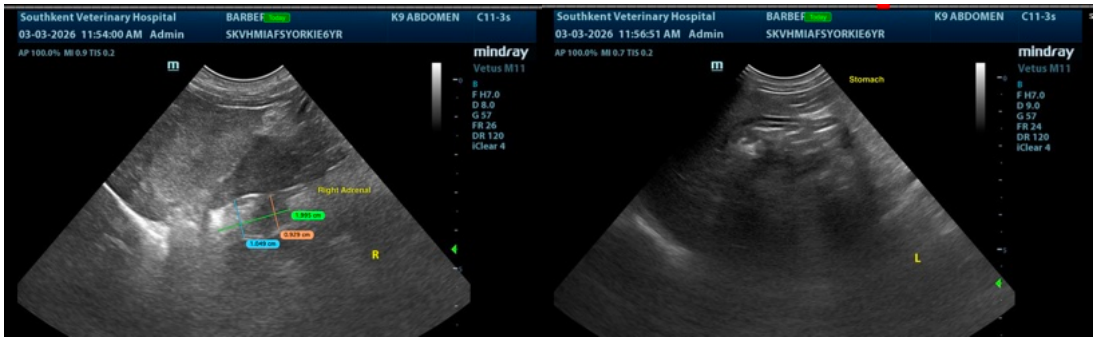
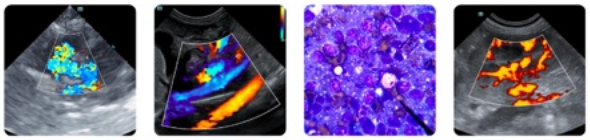








The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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