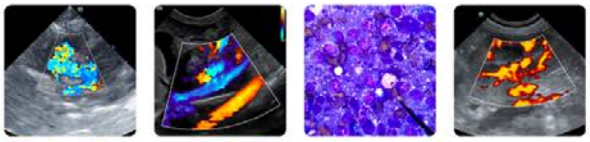


PATIENT

Murphy McIver

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

14 Years 2 Months

WEIGHT

47.9

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

73358

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History of Cushing's diagnosed 6/2021. Well managed with Trilostane until 3/2025 when low cortisol was noticed on a routine blood panel. Dose of Trilostane was reduced and eventually discontinued as cortisol remained low. History of significant progressive weight loss (10 lbs. since 4/2025) with generalized muscle atrophy and paresis. Recent history of pu/pd, recurrent bacterial cystitis, and hyporexia. Currently on Prednisolone 2.5 mg qd

Abnormal PE/Chem/CBC/UA Results: Generalized muscle atrophy as noted above. CBC: mild neutrophilic leukocytosis noted 2/27/26, mostly resolved on CBC today (3/3/26) following treatment with Cefpodoxime for recent UTI Chemistry: WNL, UA: usg=1.006, trace proteinuria, UP:C <0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Patient's name on images is "Bill" McIver.

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate was not visualized.

The left kidney has a normal shape and size (3.42 cm) with mild pyelectasia at 0.32 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is some abnormal tissue visualized towards the caudal pole of the kidney (*see description under "other"). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.53 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large, measuring 0.77 cm at the cranial pole and 0.85 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

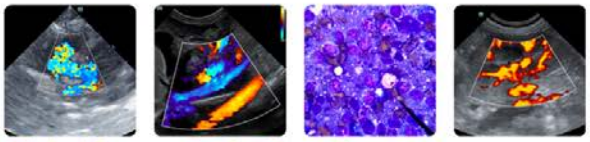
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The visualized areas of spleen appear subjectively normal in size and echotexture. The splenic capsule appears smooth with no irregularities visualized. The spleen measures 2.4 cm in width.

Liver

The area of visualized liver appears large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The



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visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder was not clearly visualized.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.41 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

There is some hyperechoic mixed echogenicity poorly defined tissue visualized caudal to the left kidney. This appears most consistent with focal inflammation +/- a poorly defined focal lesion, mass effect, etc. The nature of this lesion is not clear based on presentation. Based on location this could involve structures such as the left kidney, left pancreas, left adrenal, spleen, etc., but a definitive association with those structures is not clearly identified.

ULTRASONOGRAPHIC FINDINGS

- Large left adrenal gland – Findings are most consistent with a current diagnosis of pituitary dependent hyperadrenocorticism.
- Large, heterogeneous liver – Findings are most consistent with a vacuolar/steroid hepatopathy. Other hepatopathies are possible.
- Mild left-sided renal pyelectasia – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Poorly defined mixed echogenicity inflamed appearing tissue visualized caudal to the left kidney.

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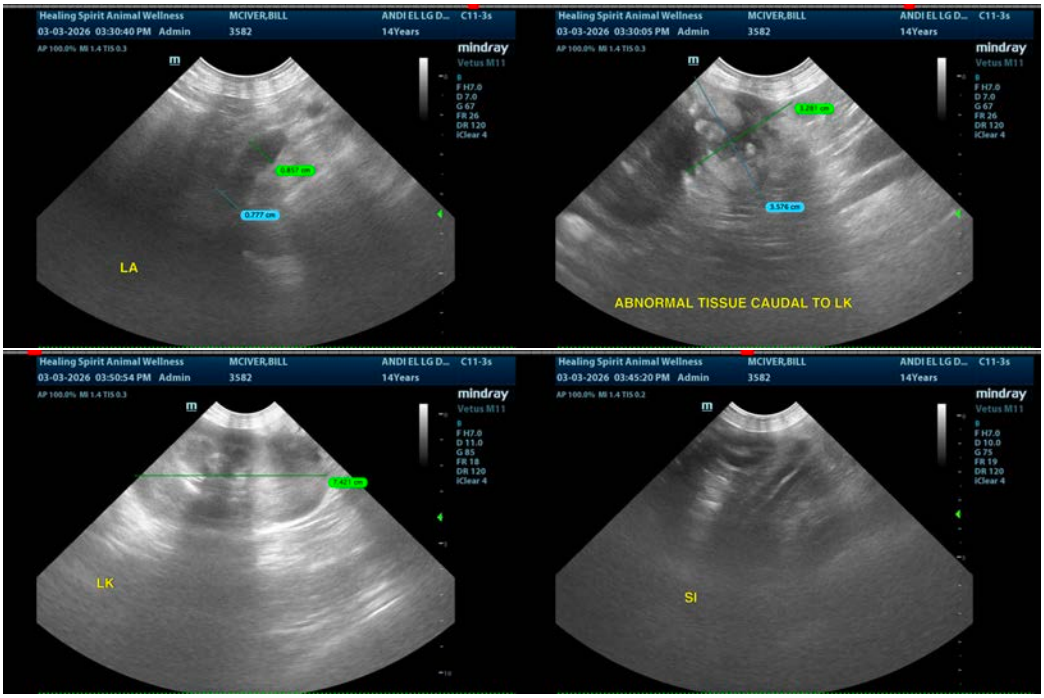
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some poorly defined mixed echogenicity tissue visualized just caudal to the level kidney. The tissue appears somewhat inflammatory, but the exact nature is not clear. This could represent a poorly defined inflamed mass lesion or inflammatory lesion. An association with the left kidney or other structures in that region (left pancreas, adrenal, spleen, etc.) cannot be ruled out but is not clearly visualized.

Options moving forward could include a contrast CT scan to better delineate this structure and to assess for possible sampling, surgical evaluation, etc. If this is not an option, you could consider a fine needle aspirate (with a 25-gauge needle and assuming coagulation parameters are normal).

There is mild pyelectasia visualized associated with the left kidney. Given the history of recurrent urinary tract infections, current or previous pyelonephritis could be an issue. Correlate with urine culture.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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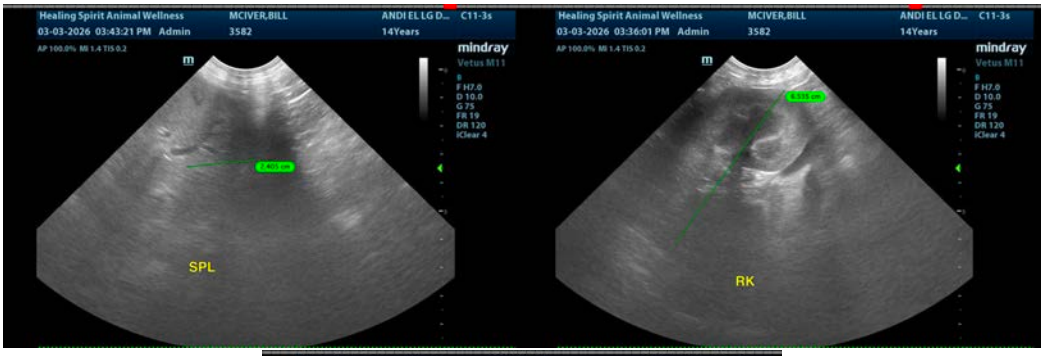

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com