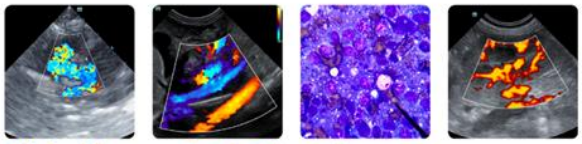


PATIENT

Abigail Schnorr

SPECIES

Canine

BREED

Fox Terrier

SEX

FS

AGE

13yr

WEIGHT

21

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr Sova

INVOICE
23615

DATE
01/19/2026

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed ALT 149, ALKP 141, Calcium 12.7, fasted cholesterol 346, PSL 448, UA protein 2+, urine P/C 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was asymmetrical enlarged with non-homogenous hyperechoic to nodular parenchyma. The left adrenal gland measured 1.45 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively borderline to mildly enlarged. The liver parenchyma was mildly non homogenous and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Indistinct portal vascular borders. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

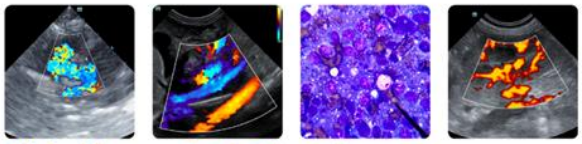
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



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The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous left adrenal gland, non-visualized right adrenal gland- hyperplasia, functional vs non-functional adenoma, tumor, all potentials.
- Bilateral chronic renal changes.
- Chronic hepatopathy pattern-subjective benign.
- Non-organized gallbladder debris
- Mild pancreatic remodeling- patient / age variant, remodeling owing to previous inflammation, mild chronic pancreatitis possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup is recommended if clinical signs consistent with Cushing syndrome as well as serial monitoring of systemic BP for evidence of hypertension which may potentially allude to left pheochromocytoma if hypertension is present. A urine metanephrine level is warranted.

Aside from the left adrenomegaly, no evidence of additional potential abdominal neoplastic criteria. PLN therapy could be considered if progressive proteinuria > 2.0 on UPC without concurrent azotemia. Chronic pancreatitis may be suspected if concurrent gastrointestinal signs or cranial abdominal discomfort on palpation.

Assuming no pathology on three view chest radiographs and normal rectal palpation, sonographic monitoring of the left adrenal gland for evidence of progressive enlargement or pathology with consideration for diagnostic and prophylactic left adrenalectomy is recommended.

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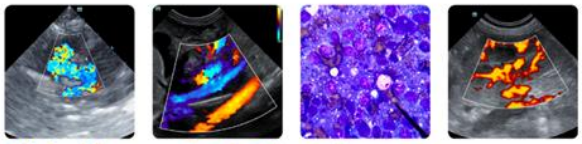

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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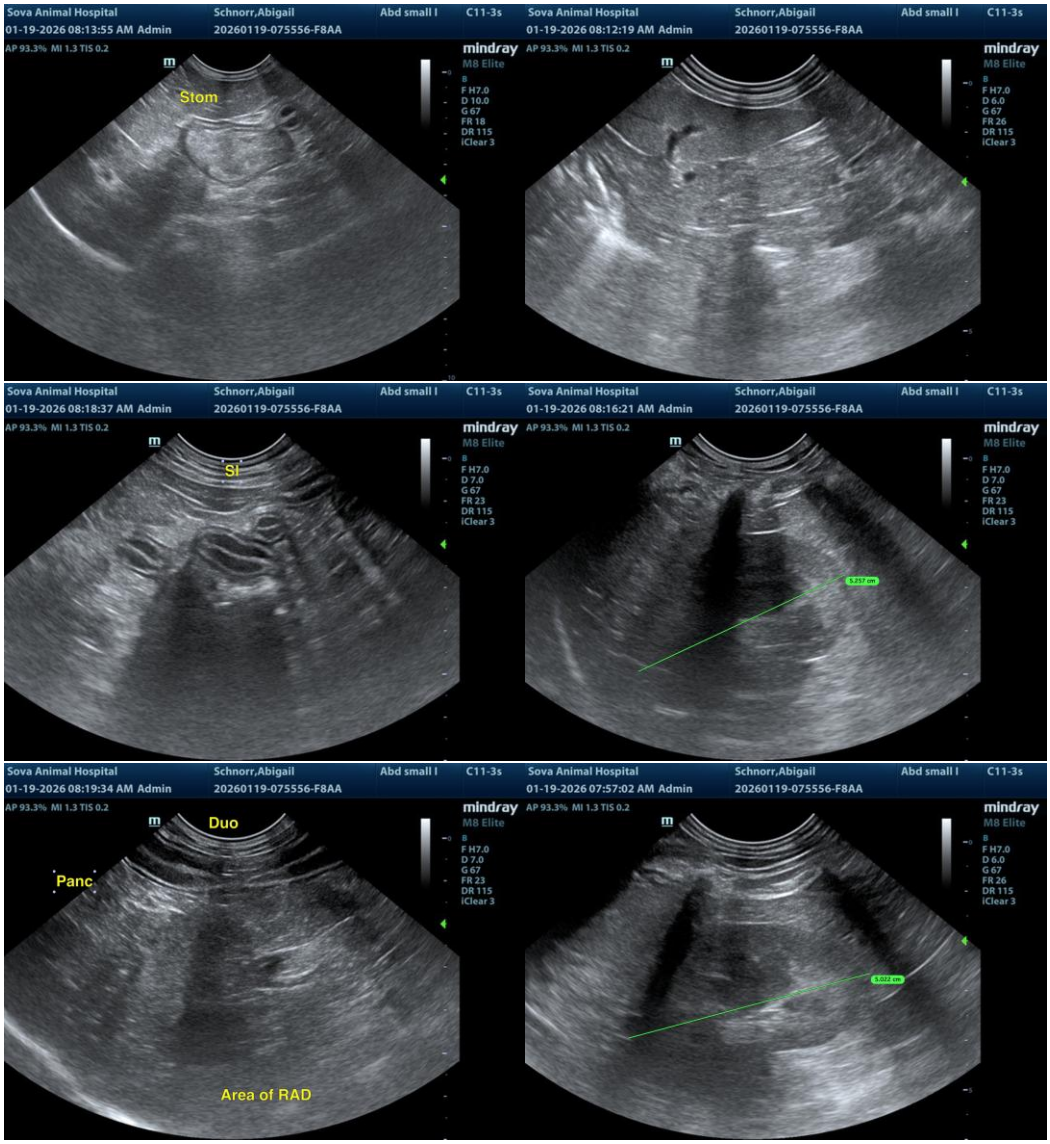

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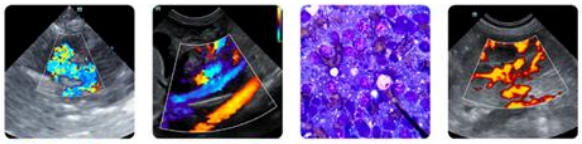

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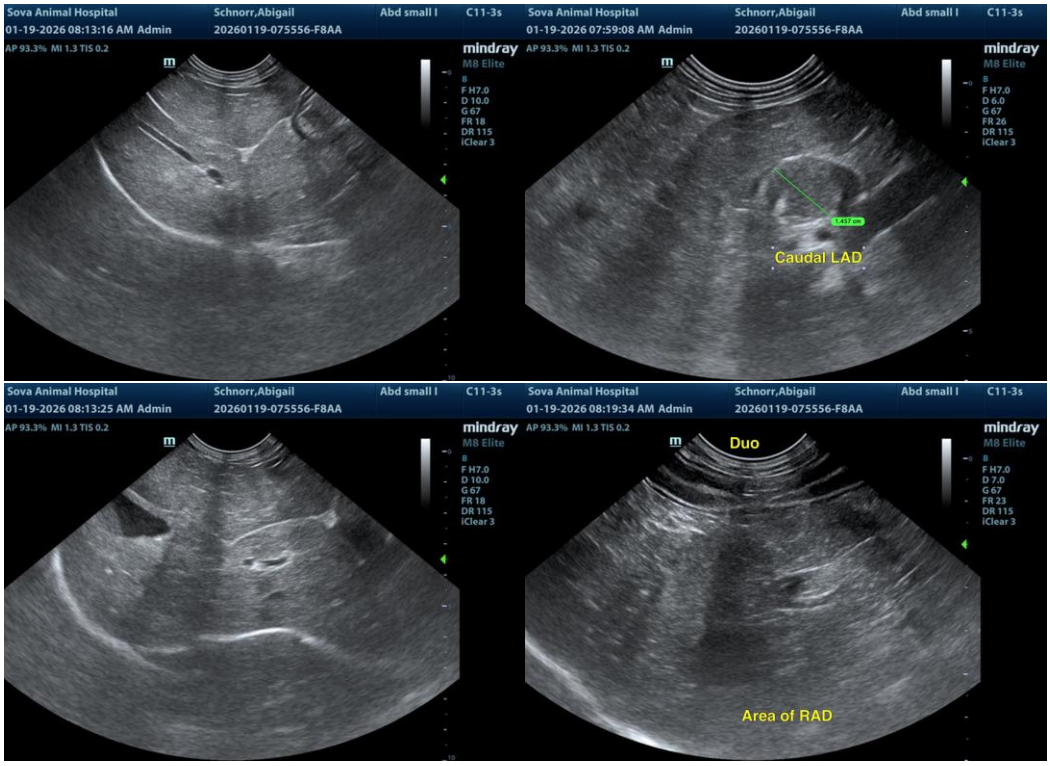

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com