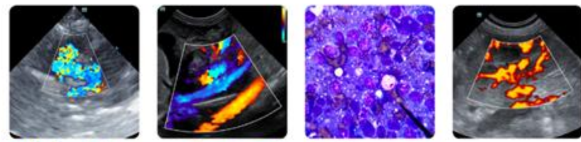


PATIENT
Ripley Chipman

SPECIES
Canine

BREED
Parson Russel Terrier

SEX
MN

AGE
15yr

WEIGHT
6.8kg

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

IMAGING PERFORMED BY
Patti Mayfield DVM

HOSPITAL NAME
Ridgeview Veterinary Clinic

REFERRING VET
Caelli Edmonds, DVM

INVOICE
23639

DATE
01/20/2026

PRESENTING CLINICAL SIGNS

- Recurrent urinary tract infections; E.coli responsive to Minocycline with recurrent episodes
- Elevated liver enzymes
- Abnormal PE/Chem/CBC/UA Results: Geriatric changes on physical exam 11/1/2025: CHEM: - ALT: 124 (H) - ALP: 464 (H) - BUN: 40 mg/dL - SDMA: 8.5 CBC: - WBC: 17.6 (H) - PLT: 438,000 (H) - PMN: 15,488 (H) UA (cysto): USG: 1.013, bacteriuria (rods, >100/hpf), 2+ proteinuria, pyruia (11-20 WBC/HPF)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

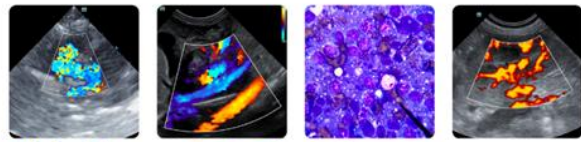
The bilateral adrenal glands were mildly enlarged including swollen caudal left adrenal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.95 cm width in the caudal pole. The right adrenal gland measured 0.79 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma, an example measured 0.51 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. A non-capsule deforming discreet hypoechoic cranial splenic nodule was also present measuring 1.6 cm in diameter.

Liver/Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Intermittent discreet hypoechoic non-capsule deforming nodules were present, an example measured 2.1 cm in diameter. The capsule of the liver was symmetrically



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rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate, gravity dependent to non-dependent variably congealed 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 was empty with no signs of ileus, 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

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

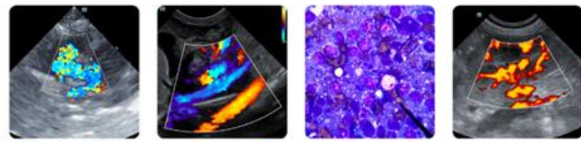
- Normal urinary bladder and visible proximal urethra with urine sediment
- Chronic renal changes exhibiting mild pyelectasia
- Bilateral adrenomegaly with swollen caudal left adrenal pole
- Discreet hypoechoic splenic nodule with concurrent probable myelolipomas
- Hepatopathy exhibiting discreet hypoechoic intraparenchymal nodules
- Non-organized gallbladder debris, not consistent with mature mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract or residual prostate pathology. Bilateral renal scarring secondary to chronic renal changes, potential previous mineral passage possible with unilateral/ bilateral pyelonephritis not definitively excluded. Recheck urine C/S on a sterile urine sample suggested if not recently done +/- UPC level if non-inflammatory proteinuria. A higher dose, shorter frequency antibiotic regimen based on urine C/S results i.e. Enrofloxacin or Clavamox 20 mg/kg SID for 5-7 days may prove effective.

An adrenal workup with LDDST as well as serial monitoring of systemic BP given adrenal presentation and hepatopathy or if clinical signs consistent with Cushing's syndrome is recommended.

Assuming normal clotting status and using a 25ga needle hepatosplenic nodule FNA cytology is warranted for further clarification. Sonographic monitoring of the of the hepatosplenic nodules as well as left adrenal gland for evidence of progression would be more conservative.



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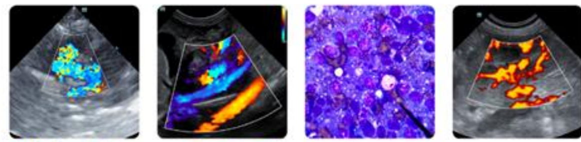

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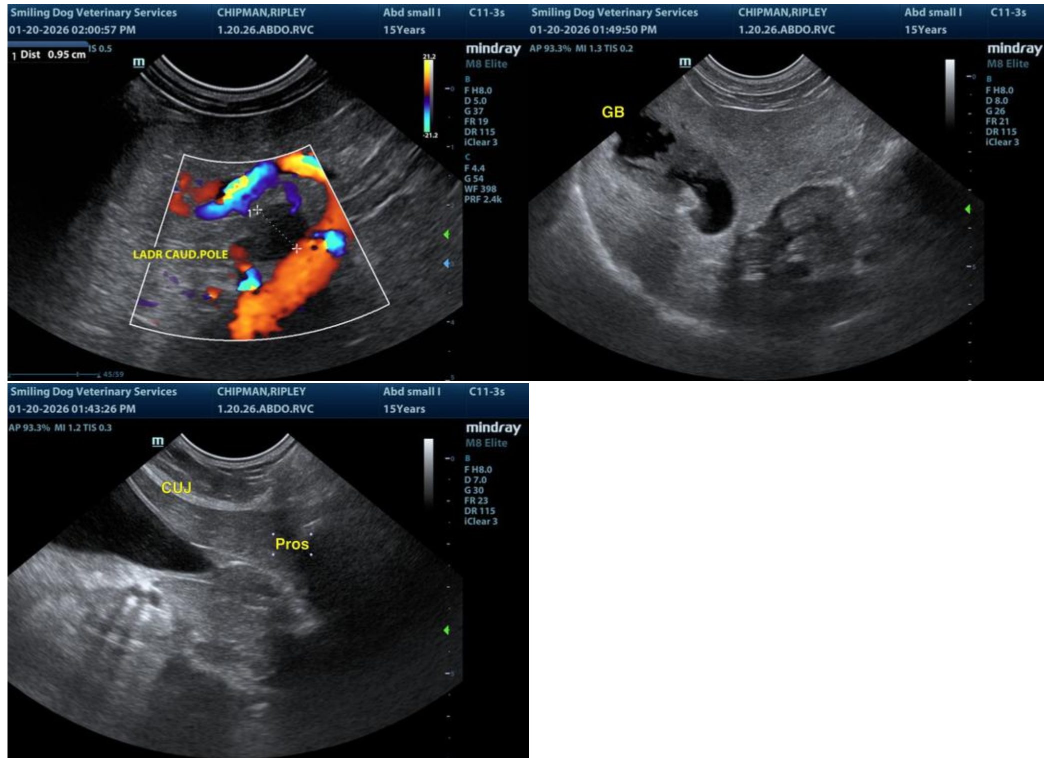

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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