



PATIENT

Oliver Graham

SPECIES

Canine

BREED

Pointer X

SEX

FS

AGE

9 yrs

WEIGHT

51 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

10567

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Reduced mobility, moving slower. Cardiac disease - elevated cardiopet.
- ABNORMAL Labwork Values- CBC: mild lymphopenia, Chem: Ca 12.6, Phosp 2.3, Cardiopet 951 - mildly elevated, T4 = 2, HWT is negative, Elevated Ca and lower Phosp
- Current Medications-Librella
- Radiographic Findings-none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate to significant, nondependent, particulate to mobile urine sediment with mild nondependent sand was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 5.9 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

An indistinctly marginated, mild nonhomogeneous, hyperechoic, nonmineralized nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured ~1.0 cm in diameter. The left adrenal gland measured 0.78 cm width at the caudal pole.

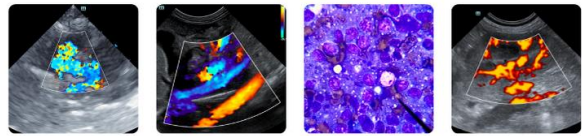
The right adrenal gland normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.63 cm width in the caudal pole.

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 normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder 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 echogenic, nonshadowing ingesta, consistent with food echogenicity without 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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder sediment / sand
- Mild age-related renal changes
- Cranial left adrenal nodule - hyperplasia or adenoma suspected, emerging left adrenal tumor not definitively excluded
- Mild gallbladder debris (non mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis and C/S, if evidence of inflammatory sediment, or UPC level if noninflammatory proteinuria is recommended. Screening blood pressure to assess for hypertension, given left adrenal nodule, is suggested. Sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 6-8 weeks would be ideal. There is no evidence of hepatosplenic, gastrointestinal, lymphatic, or peritoneal neoplastic criteria. Correlation with three-view chest radiographs, rectal palpation, and a hypercalcemia panel may be considered.



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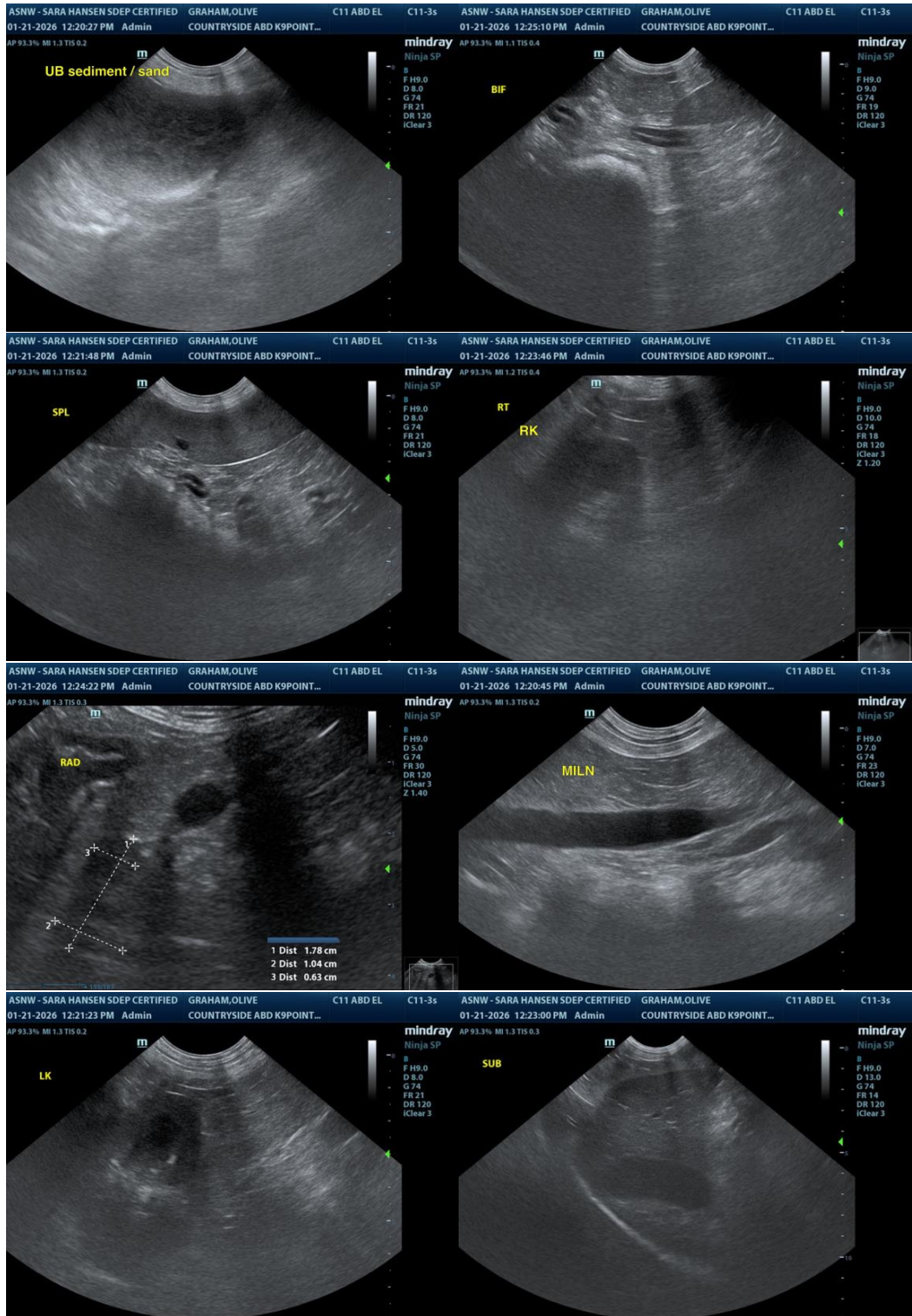
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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