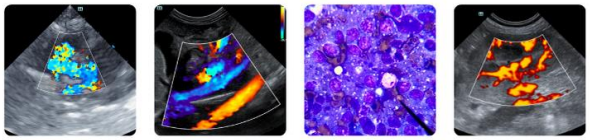


PATIENT

Chewy Smith

SPECIES

Canine

BREED

Chi

SEX

MN

AGE

13

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Salazar

INVOICE

10513

DATE

1/7/26

PRESENTING CLINICAL SIGNS

elevated liver values , Dog doing well eating/drinking Does have a skin infection right now . Current meds Vetoryl 10 mg 1 SID Hx of Cushings

Abnormal PE/Chem/CBC/UA Results: BW 7/25/25 ALB 4.1 ALT 543 ALP >2000 GGT 45 1/7/26 WBC 19.41 Na >180 K6.6 TP 5.1 ALB 4.0 ALT 776 Chol 469 USG 1.016 proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen. Probable dependent lumen accumulated sediment / sand and potential mineral were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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

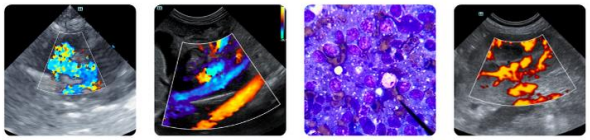
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal areas of medullary mineral were noted. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

Enlarged, mildly asymmetrical, heterogeneous, nonmineralized left adrenal gland was noted. The left adrenal gland measured 1.7 cm length x 1.1 cm width. The right adrenal gland was asymmetrically enlarged with nonhomogeneous, nonmineralized nodular parenchyma. The right adrenal gland measured 2.2 cm length x 1.3 cm width.

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.



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Liver/ Gallbladder

The liver presented moderate enlargement with swollen symmetrical hepatic contour. Normal hepatic vascular volume was present. 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with normal wall without evidence of edema or inflammation. The gallbladder lumen was primarily occupied by congealed, nondependent, nonmineralized, mildly organized gallbladder debris.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. Mild nonshadowing chyme was present.

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

- Mild urinary bladder sediment / mineral / sand
- Chronic renal changes exhibiting mild medullary mineral
- Bilateral nonhomogeneous nodular adrenal glands
- Hepatopathy
- Noninflamed gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with benign criteria with chronic vacuolar cholestatic hepatopathy, and with potential concurrent inflammation probable. The bilateral adrenal glands are likely consistent with PDH criteria or potential functional adenomas. Unilateral or bilateral adrenal tumors are thought less likely. Hepatosupportive medications with clinical and sonographic monitoring of the bilateral adrenal glands and gallbladder mucocele for evidence of progressive adrenomegaly, and if evidence of progressive hepatopathy or cholestasis is recommended.

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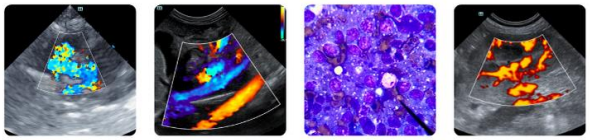

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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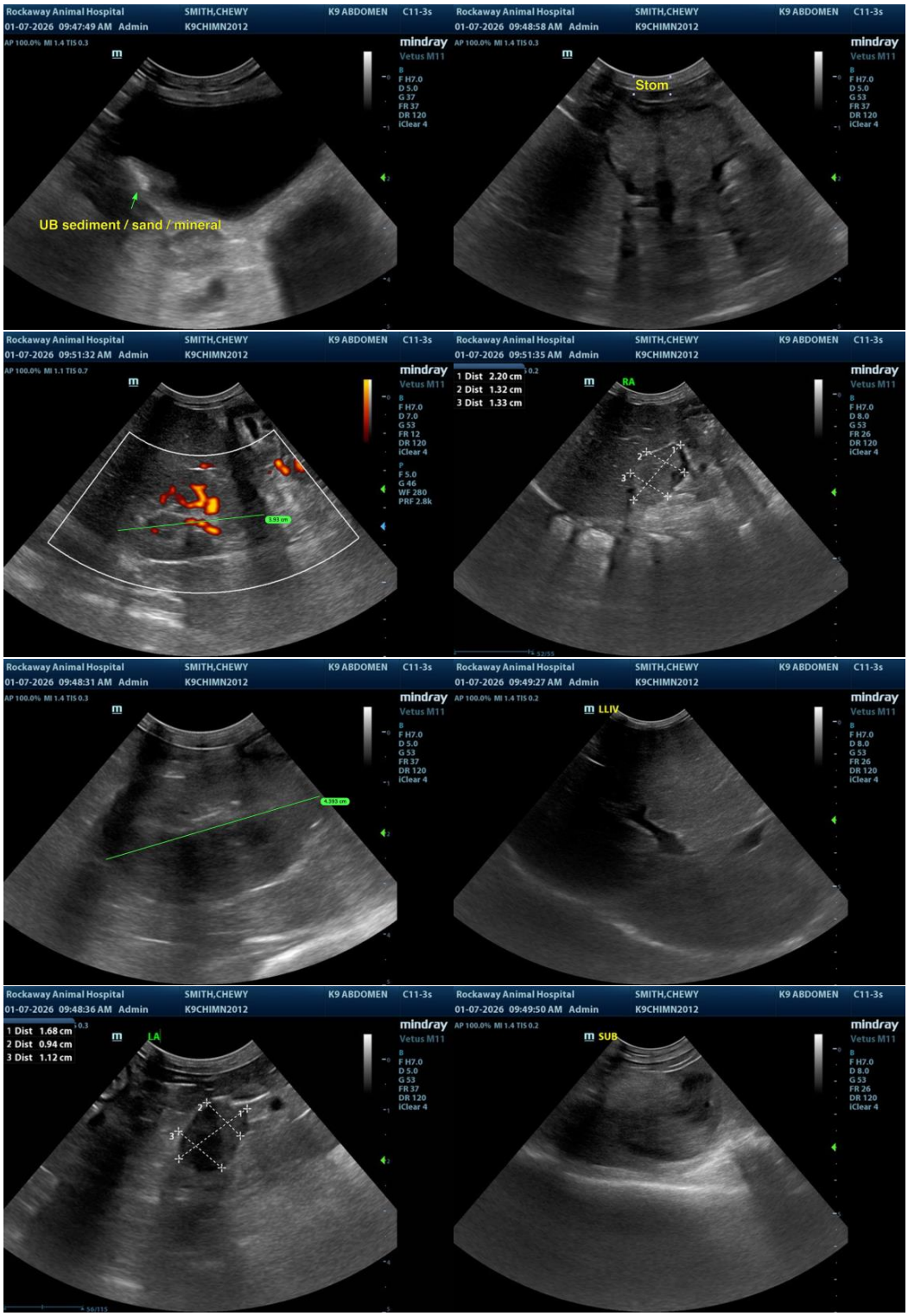

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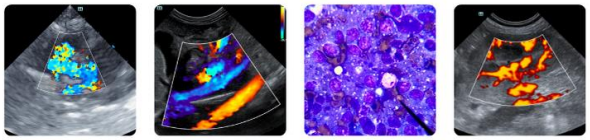

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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