



## PATIENT

Punch Gifford

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male Neutered

## AGE

10 yrs 11 mos

## WEIGHT

34.5 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Blue Pearl Wyomissing  
ER

## INVOICE

12790

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

History: AUS to further evaluate progressively elevating liver enzymes and vomiting x 1. Initially presented to the ER for weakness in the hind end and intermittent shifting leg lameness, in particular on the right hind limb. Ultimately, worsening arthritis was suspected. PMH- orthopedic pin in RHL, Cancer removed 7 years ago (unknown type)

Meds: Pregabalin, Denamarin

Abnormal PE/Chem/CBC/UA Results: ER Diagnostics: - Chem: ALP 764 H (prev 407 H), ALT 123 H (prev 108-n), GGT 44 H (Prev 52 H), tбили <0.1 (prev 1.6 H)

## 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 with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology.

Normal size and margination was 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 7.0 cm in length. The right kidney measured 7.7 cm in length.

### Adrenal Glands

The left and right adrenal glands were enlarged in size with intact primarily asymmetrical capsule contour and homogeneous parenchyma maintained in the right adrenal gland. Mild, hyperechoic, non-mineralized left adrenal gland. The left adrenal gland measured 5.4 cm length x 2.5 cm width at the cranial pole and 1.7 cm width at the caudal pole. The right adrenal gland measured 3.7 cm length x 1.18 cm width at 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

The liver exhibited subjective mid to right mild hepatomegaly with symmetrical to mildly rounded contour and homogeneous parenchyma. Mild parenchyma remodeling was noted. The gallbladder was non distended in size with minor, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**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 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**

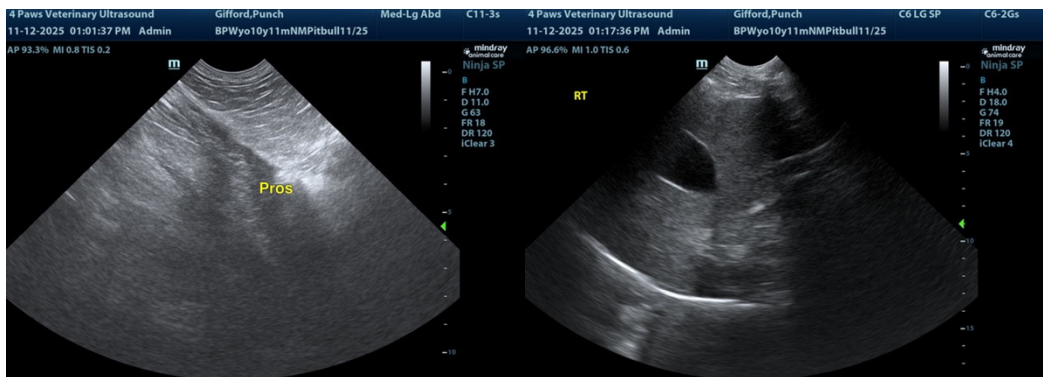
No overt lymphadenopathy or peritoneal effusion was present.

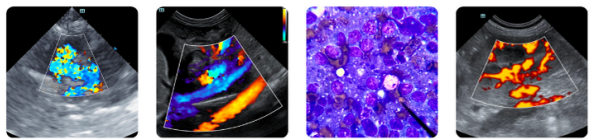
**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy – subjective benign
- Minor gallbladder debris
- Bilateral adrenomegaly with variable non-mineralized adrenal parenchyma echogenicity
- Sonographically normal visualized gastrointestinal tract
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral adrenomegaly may indicated favored benign hyperplasia or functional vs non-functional adenomatous change with unilateral or bilateral adrenal or emerging adrenal tumors thought less likely. Adrenal workup warranted if clinical signs consistent with Cushing's Syndrome and concurrent decreased urine specific gravity. Monitoring of systemic BP for evidence of hypertension and +/- urine metanephrine level if hypertension is recommended. Continued hepatic support with monitoring of hepatic parameters in conjunction with sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement is indicated.





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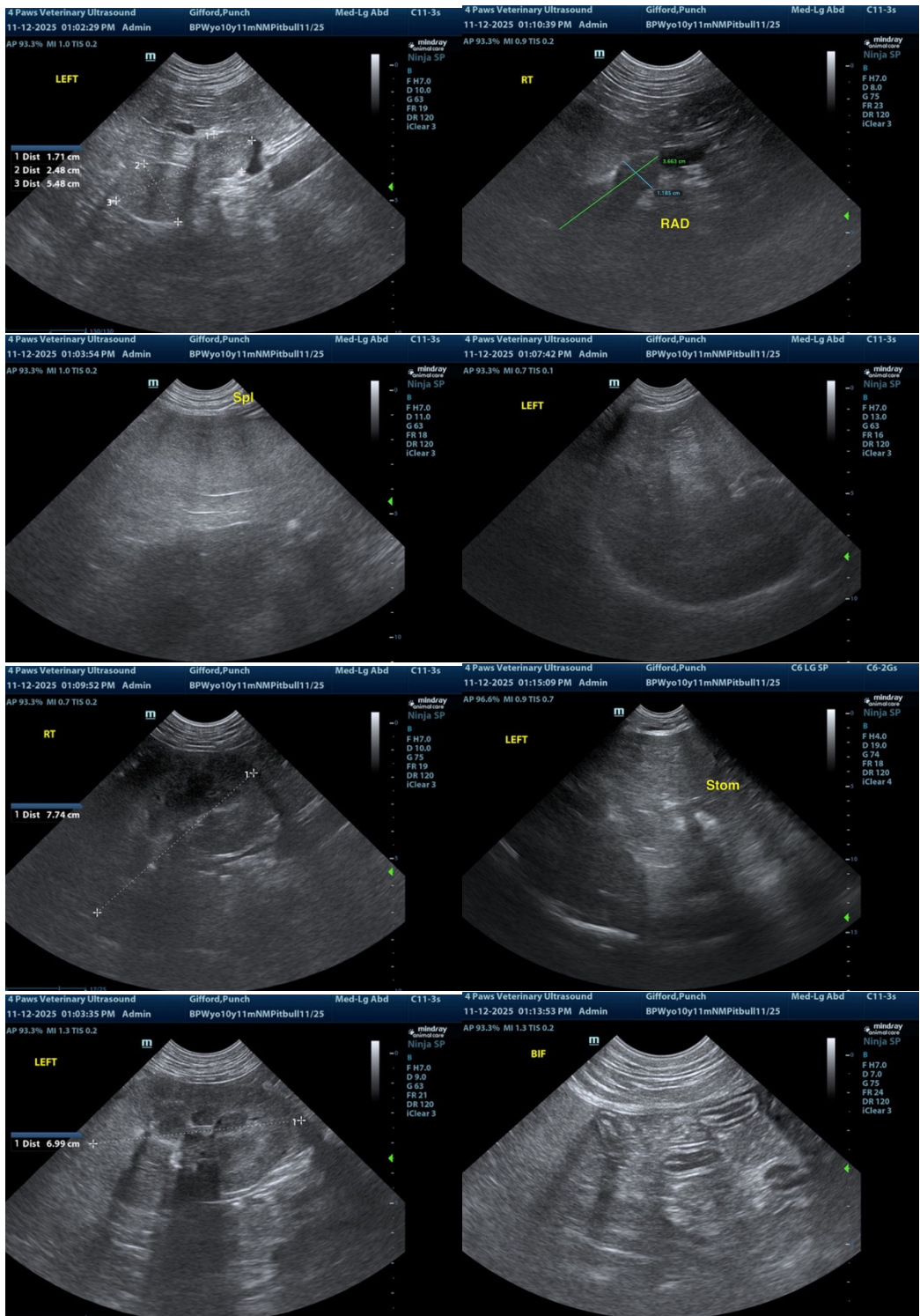
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)