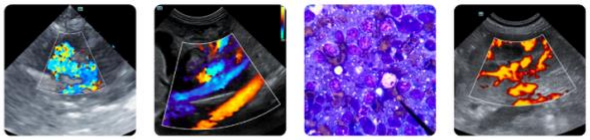


PATIENT

Nova Grimps

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

8 Years 3 Months

WEIGHT

72 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Lantz

HOSPITAL NAME

Eastgate Veterinary Clinic

REFERRING VET

Dr. Lantz

INVOICE

12252

DATE

11/13/25

PRESENTING CLINICAL SIGNS

8/12/25 Presenting for urinary issues that began 2.5 years ago following spay surgery. Excessive water consumption, drinking frequently from a 5-gallon bucket multiple times daily when given the opportunity. Urinary accidents occur primarily during sleep. Urine appears "almost like water." Previously tried Incurin with 50% improvement initially, but efficacy decreased after dose reduction and did not return with dose increase. Proin was also tried with good results but was discontinued due to blood pressure concerns. Discussed vasopressin trial or further diagnostics after USG tests (see below). 10/30/25 Lethargic for 2 weeks. Appetite has decreased over the last few days; she did not finish her breakfast this morning. While the patient has gained weight, she appears to have muscle wasting and looks "sunken in." There is also possible edema in the "brisket area". Urinary incontinence is an ongoing issue. Owner has also observed a significant increase in thirst. Gums are tacky. Mild dental tartar (1.5/4) present, primarily on the canines. Abdomen is tense and uncomfortable on palpation, mild distension

Abnormal PE/Chem/CBC/UA Results: 8/14/25 USG 1.020 8/22/25 USG-1.015 8/22/25 USG- 1.025 10/30/25 ALK PHOS 739 IU/L BUN/CREAT RATIO 37 POTASSIUM 2.6 mEq/L NA/K RATIO 57 CHLORIDE 105 mEq/L CHOLESTEROL 407 mg/dL AMYLASE 234 IU/L WBC 15.6 10^3/uL Neutrophils 13,416 /uL 86% Monocytes 1,092/uL 7% Specific Gravity 1.005 pH 7.5 Occult Blood TRACE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in overall size and tone. Primarily normal urinary bladder wall with anechoic urine and minor urine sediment. No mineral or calculi was present. Subjective small indistinctly visualized mass lesion at the level of the cystourethral junction measuring approximately 1.0 cm in diameter although visualized extent of the subjective mass lesion into the urethra was not obvious.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adequate size and symmetrical 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 indistinct corticomedullary border demarcation. Mild pyelectasia was visualized within the left kidney. The left kidney measured 8.2 cm in length. The right kidney measured 8.9 cm in length.

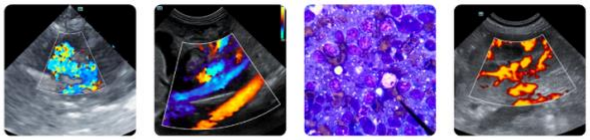
Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting potential mild caudal enlargement. The left adrenal gland subjectively measured 1.5 cm width at the caudal pole.

Enlarged nonhomogenous potentially mineralized right adrenal gland. The right adrenal gland measured 6.5 cm x 5.3 cm.

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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented 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. The capsule of the liver was symmetrically 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder with suspect small nonobstructive urinary bladder neck mass lesion.
- Mild chronic renal changes with mild left kidney pyelectasia.
- Nonhomogenous possibly mineralized right adrenal mass with concurrent possible mild left adrenomegaly.
- Subjective vacuolar hepatopathy pattern.
- Mild gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is almost certainly consistent with neoplastic criteria with potential for bilateral adrenal pathology. Adrenal work up with LDDST is indicated if clinical signs are consistent with Cushing's syndrome. Serial monitoring of systemic BP for hypertension +/- urine metanephrine level if concern for pheochromocytoma is recommended. The subjective small mass lesion in the area of the urinary bladder neck may indicate inflammatory or neoplastic etiologies with potential for artifacts secondary to overlaying pericystic tissue. Correlation with screening BRAF assay is recommended with sonographic monitoring or reassessment. Alternatively, assuming no pathology on three view chest

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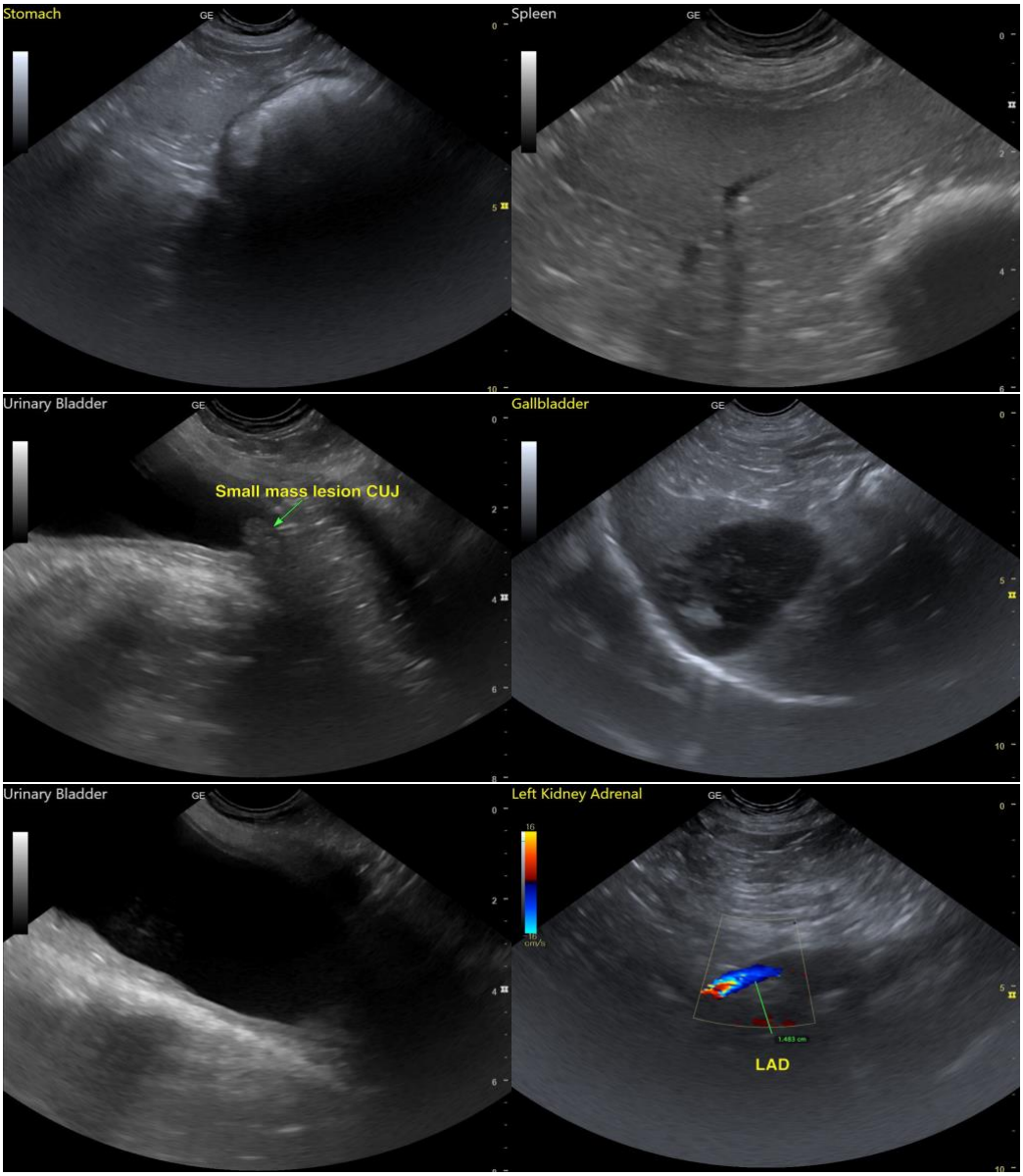
radiographs, abdominal CT would be ideal for further clarification of the bilateral adrenal glands and urinary bladder.



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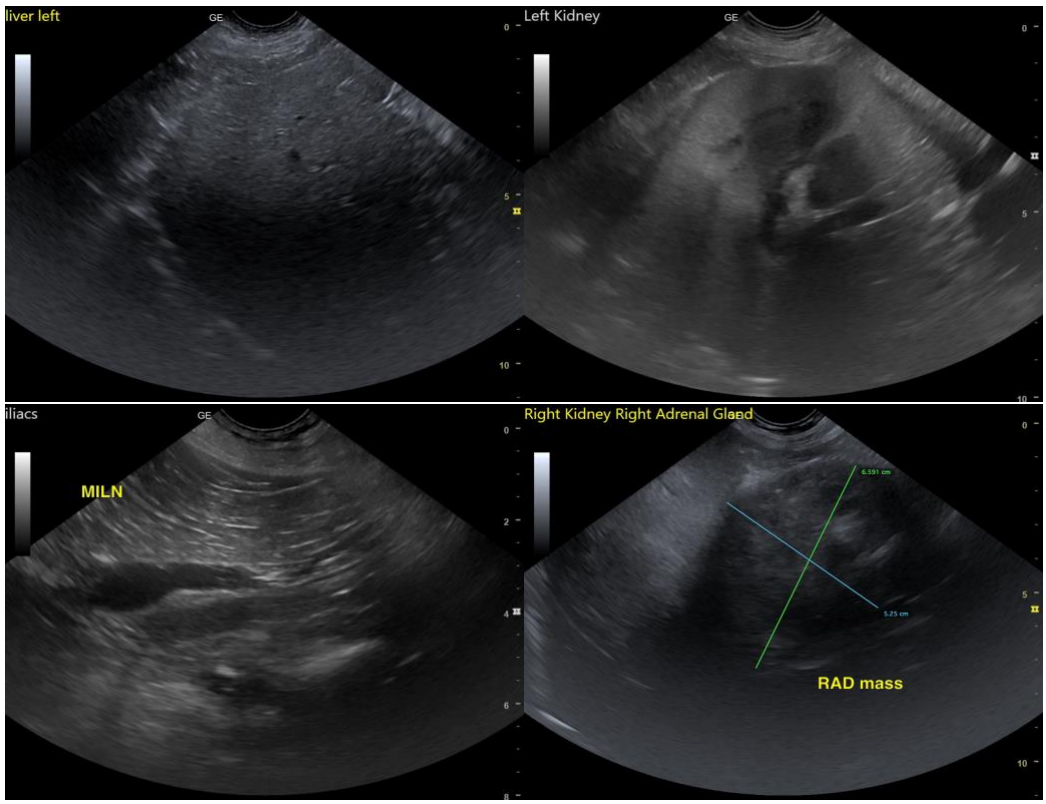

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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