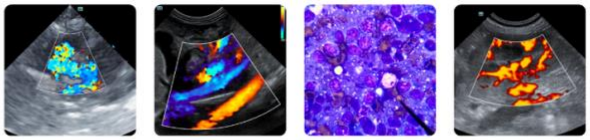


PATIENT

Quincy DeNault

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

6.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Quincy

HOSPITAL NAME

Ramsay Animal Clinic

REFERRING VET

Dr. Gupta

INVOICE

12422

DATE

11/21/25

PRESENTING CLINICAL SIGNS

PU PD, elevated ALP and ALT. LDDS test inconclusive.

Abnormal PE/Chem/CBC/UA Results: attached

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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.9 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland exhibited mildly expansive mixed echogenic cystic potentially cavitated nodule to mass measuring approximately 2.5 cm x 2.1 cm occupying the mid to cranial left adrenal gland with associated asymmetrical adrenal capsule distortion. Enlarged left adrenal caudal pole measuring 0.74 cm in diameter.

The right adrenal gland was asymmetrically to mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.5 cm in length x 0.81 cm width at the caudal pole.

Spleen

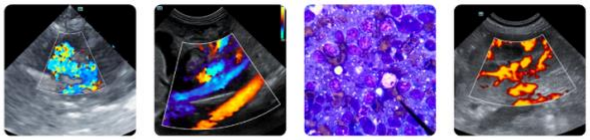
The spleen exhibited intermittent small well demarcated hyperechoic nodules. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. Generalized heterogeneous splenic parenchyma exhibiting multifocal pinpoint hyperechoic parenchyma foci. Foci may indicate pinpoint areas of splenic microinfarction, fibrosis or mineralization.

Liver

The liver revealed generalized hepatomegaly, rounded symmetrical capsule contour and mild heterogeneous increased hepatic parenchyma echogenicity compared to the spleen. Normal vascular volume was maintained. Intermittent small hyperechoic intraparenchymal nodules were visualized.

The gallbladder was non distended in size with mild nondependent nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively shadowing ingesta (most consistent with food echogenicity) without overt evidence of obstruction to pyloric outflow.

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. Mild intestinal mucosal speckling was present which was nonspecific with potential for patient/age variant yet may at times be associated with nonspecific enteritis.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral adrenomegaly with left adrenal mixed echogenic cystic nodular mass.
- Enlarged mild nonhomogenous liver with intermittent small hyperechoic nodules.
- Mild nonorganized gallbladder debris (non-mucocele).
- Remodeled pancreas.
- Benign splenic nodules and hyperechoic parenchyma foci- nodules consistent with myelolipomas.
- Bilateral chronic renal changes.

Secondary Findings

- Mild gastric ingesta with mild nonspecific intestinal mucosal speckling- ingesta suggestive of food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for hyperplasia or adenoma, the left adrenal nodular mass is highly suggestive of neoplastic criteria with potential for emerging bilateral adrenal tumors. Recheck LDDST as well as serial monitoring of systemic BP for evidence of hypertension is recommended. Possible left adrenal or early vascular invasion is not excluded. Chronic benign hepatopathy is probable. Hepatosupportive medications may prove beneficial. Abdominal CT could be considered for further clarification versus clinical serial sonographic monitoring of the adrenals for evidence of progression. Chronic pancreatitis and potential mild enteritis may be suspected if gastrointestinal signs.

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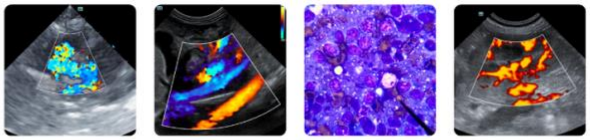

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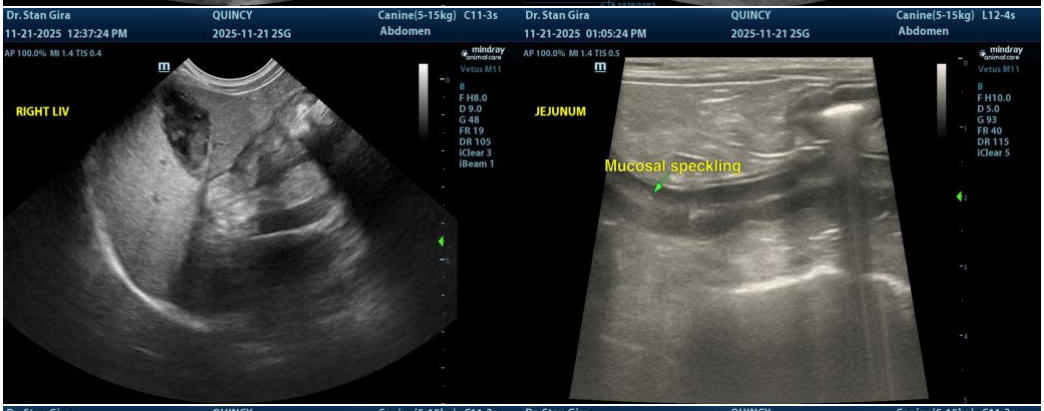

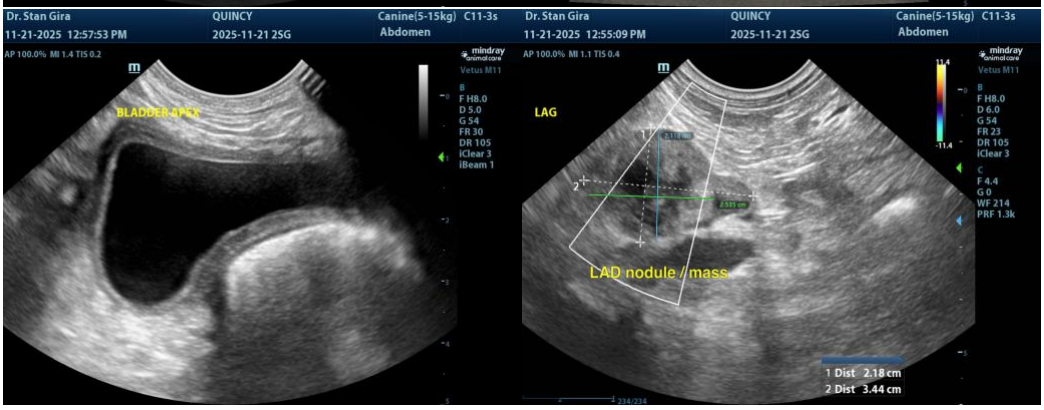

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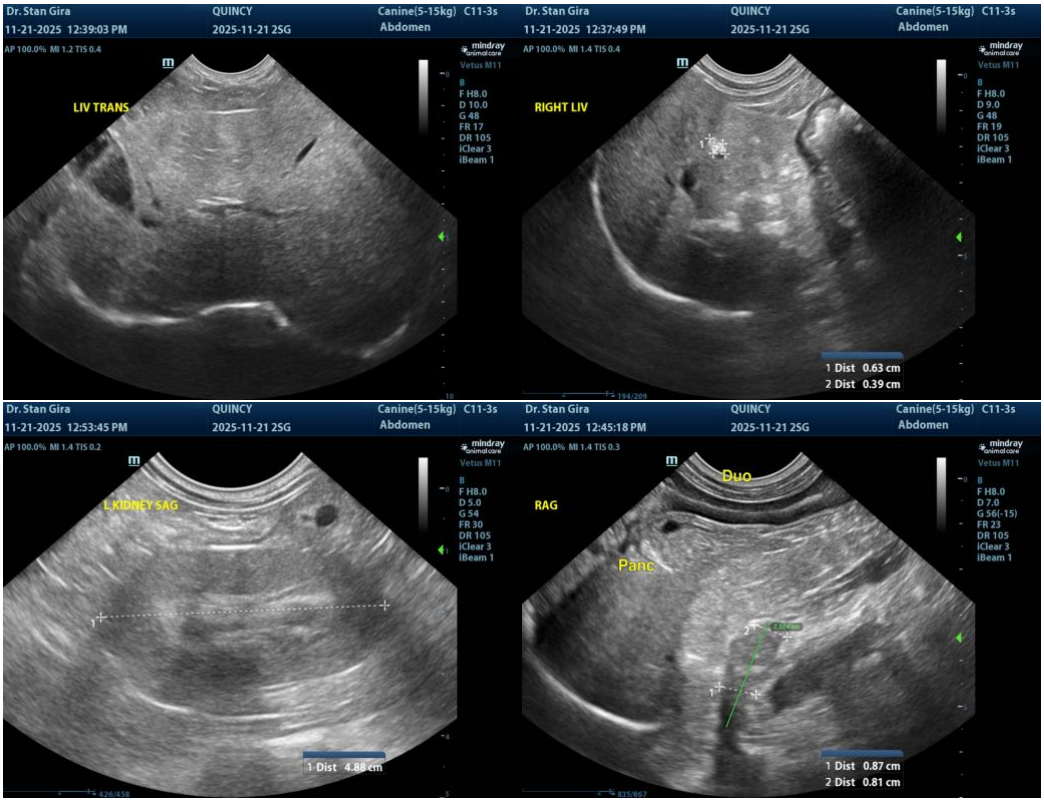

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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