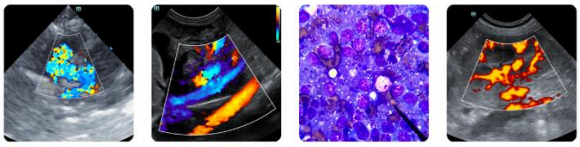


PATIENT

Molly Guzie

SPECIES

Canine

BREED

West Highland White

SEX

FS

AGE

2011

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH

REFERRING VET

Meyer

INVOICE
23276

DATE
12/17/2025

PRESENTING CLINICAL SIGNS

Presurgical for dental, not clinical for Cushing's disease

ALP 941, ALT 232, platelets 677, USG 1.045, post-ACTH 38.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral and intermittent small cortical cysts were present. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were enlarged with non-homogenous nodular to cystic non-mineralized parenchyma. No overt vascular invasion. The left adrenal gland measured 2.7 cm x 2.2 cm. The right adrenal gland measured 2.7 cm x 1.9 cm.

Spleen

Intermittent, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.43 cm in diameter. The remainder of the spleen exhibited mild heterogeneous parenchyma and mild asymmetrical medial capsule contour. No splenic masses. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

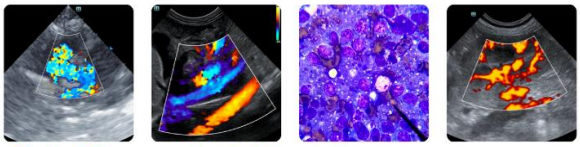
Liver/Gallbladder

The liver was subjectively borderline to mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained segmental non-shadowing ingesta with no signs of obstruction or foreign material.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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. This finding is considered incidental age related change and is not consistent with inflammatory or neoplastic criteria.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present consistent with benign criteria. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Immature gallbladder mucocele
- Bilateral chronic renal changes
- Bilateral enlarged non-homogenous nodular adrenal glands- hyperplasia, functional vs non-functional adenomas, tumors or mixed pathology possible
- Benign splenic nodules- consistent with myelolipomas, hyperplasia or mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with recent ACTH stimulation test with concurrent LDDST could be considered. Hepatic FNA cytology, assuming normal clotting status is warranted for further clarification. Hepatosupportive medications may prove beneficial. Serial monitoring of systemic BP for evidence of hypertension which may allude to pheochromocytoma is recommended.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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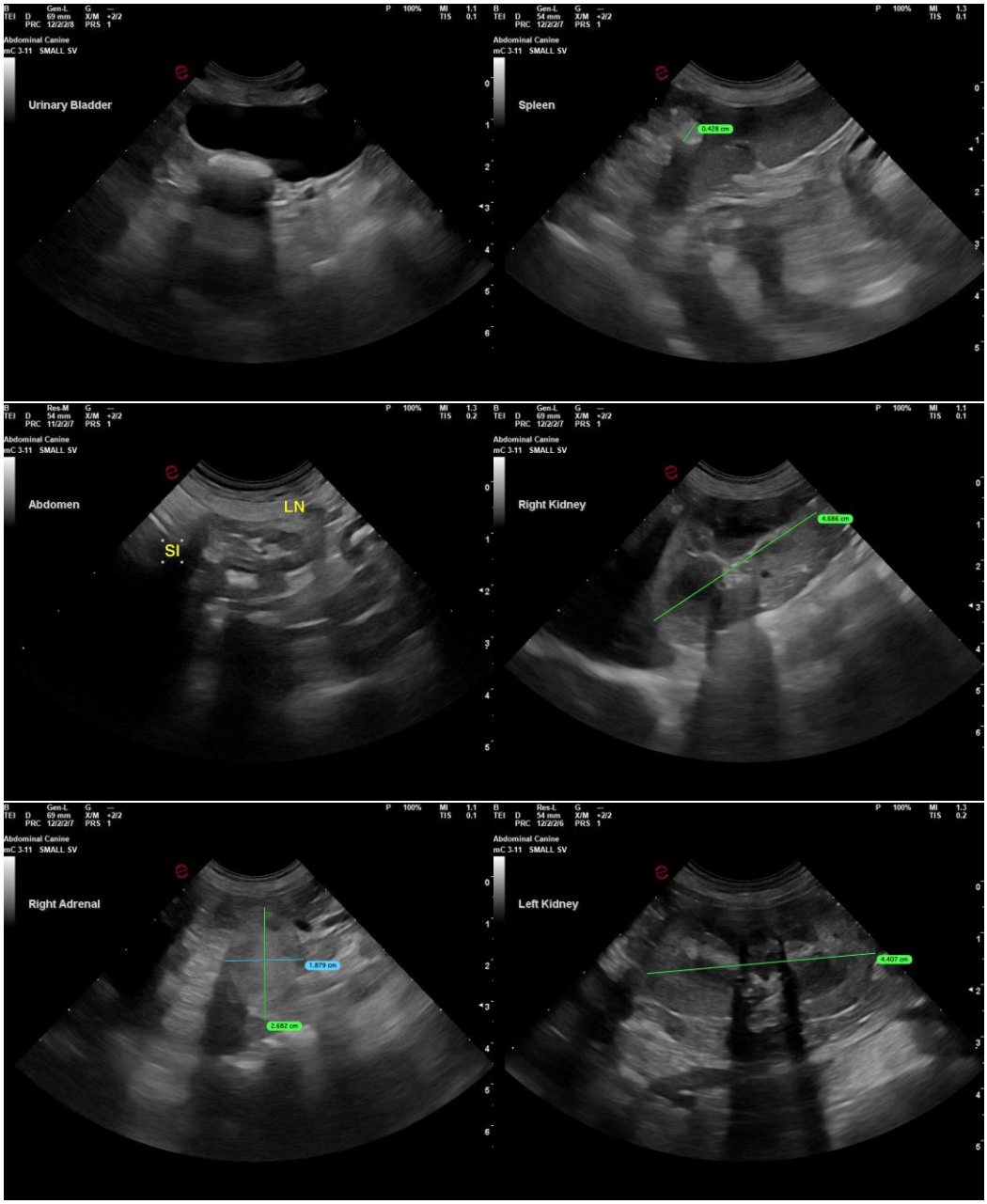

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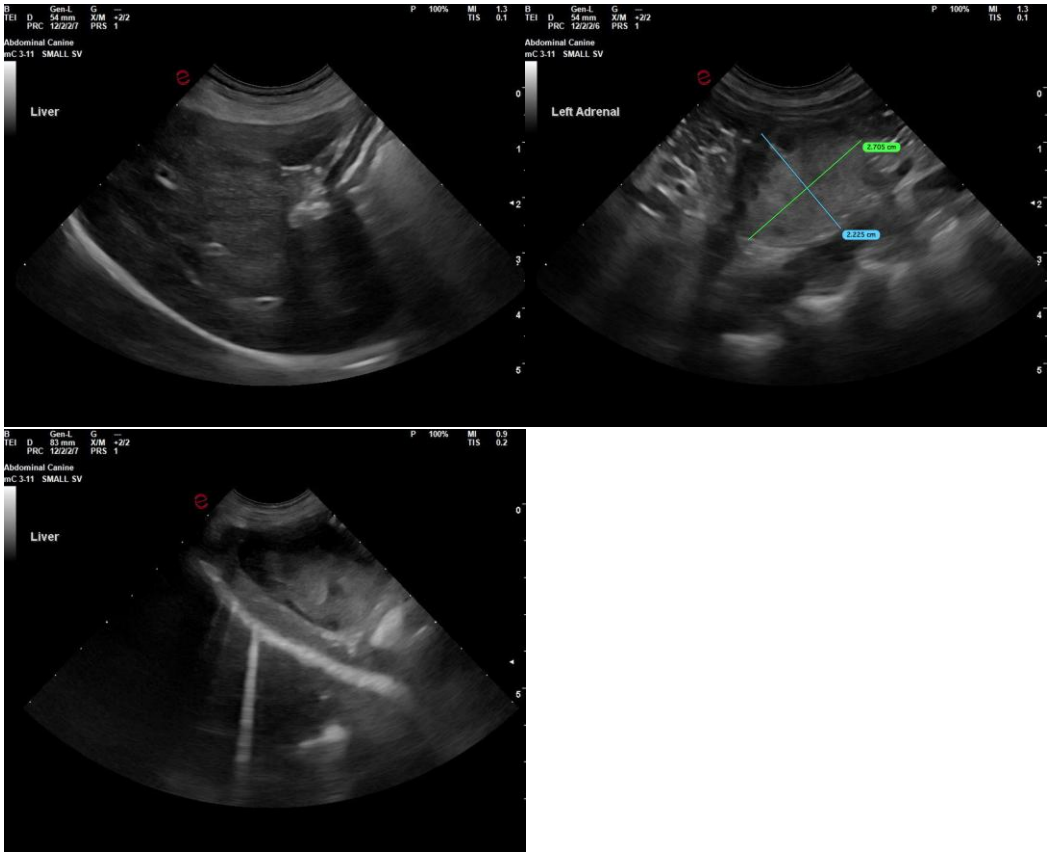

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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