



## PATIENT

Bode Ritchie

## SPECIES

Canine

## BREED

Labrador

## SEX

Male Neutered

## AGE

14 y

## WEIGHT

77 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Haley Harasimowicz

## HOSPITAL NAME

Waterbury VH

## REFERRING VET

Emily Crawford

## INVOICE

12970

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History: Chronic ALP elevation and high normal/mild elevation in SDMA. Dog has recent marked polyphagia and progressive anxiety, restlessness, barking at owner. Dog has had 2 bouts of severe gastroenteritis in last 10 months. US done—2/25 when dog was hospitalized with HGE. Sonopath review—all essentially wnl except The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment.

Meds: Multifocal DJD on multiple meds (Galliprant, gabapentin, Librela). Also, on Denamarin.

Abnormal PE/Chem/CBC/UA Results: Recent lab results: SDMA 17 Creat high normal 1.5 ALP 4430! ALT 165 K has been elevated between 5.8-6.2, recommend recheck today. USG 1.018, no protein and inactive sediment.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 sonographically normal.

The area of the aortic trifurcation 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 moderate to significant loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited moderate pyelectasia. The left kidney measured 6.4 cm in length. The right kidney exhibited mild pyelectasia. The right kidney measured 6.1 cm in length.

### Adrenal Glands

The right adrenal gland was borderline enlarged while the left adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.85 cm width in the caudal pole. The left adrenal gland measured 1.0 cm width in the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, well-defined, symmetrical, hyperechoic nodules were present throughout the medial parenchyma to perihilar. Possible concurrent focal areas of medial capsule fibrosis with no mass or nodules visualized. Normal vascularity present. 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.



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## Liver

The liver exhibited mild to moderate hepatomegaly. 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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

## Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild, shadowing ingesta 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.

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.

## PRIMARY FINDINGS

- Enlarged non-homogeneous liver – subjective benign, chronic vacuolar hepatopathy, inflammatory disease, hyperplasia, fibrosis, cholestasis, hepatic neoplasia thought less likely
- Non-organized gallbladder debris (non-mucocele)
- Borderline to mildly enlarged mild heterogeneous adrenal glands – hyperplasia, function vs non-functional adenomatous change, adrenal tumors considered less likely
- Age-related spleen with small probable benign hyperechoic nodules – nodules suggestive of small myelolipomas
- Chronic renal changes exhibiting pyelectasia

## SECONDARY FINDINGS

- Normal gastrointestinal tract with mild, shadowing gastric ingesta

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST warranted as strong clinical signs consistent with Cushing's Syndrome noted. Although no evidence of urinary sediment or proteinuria, baseline renal staging to include screening C/S and UPC level is suggested. Hepato-supportive medications may prove beneficial. Sonographic reassessment of the gallbladder if evidence of progressive cholestasis.



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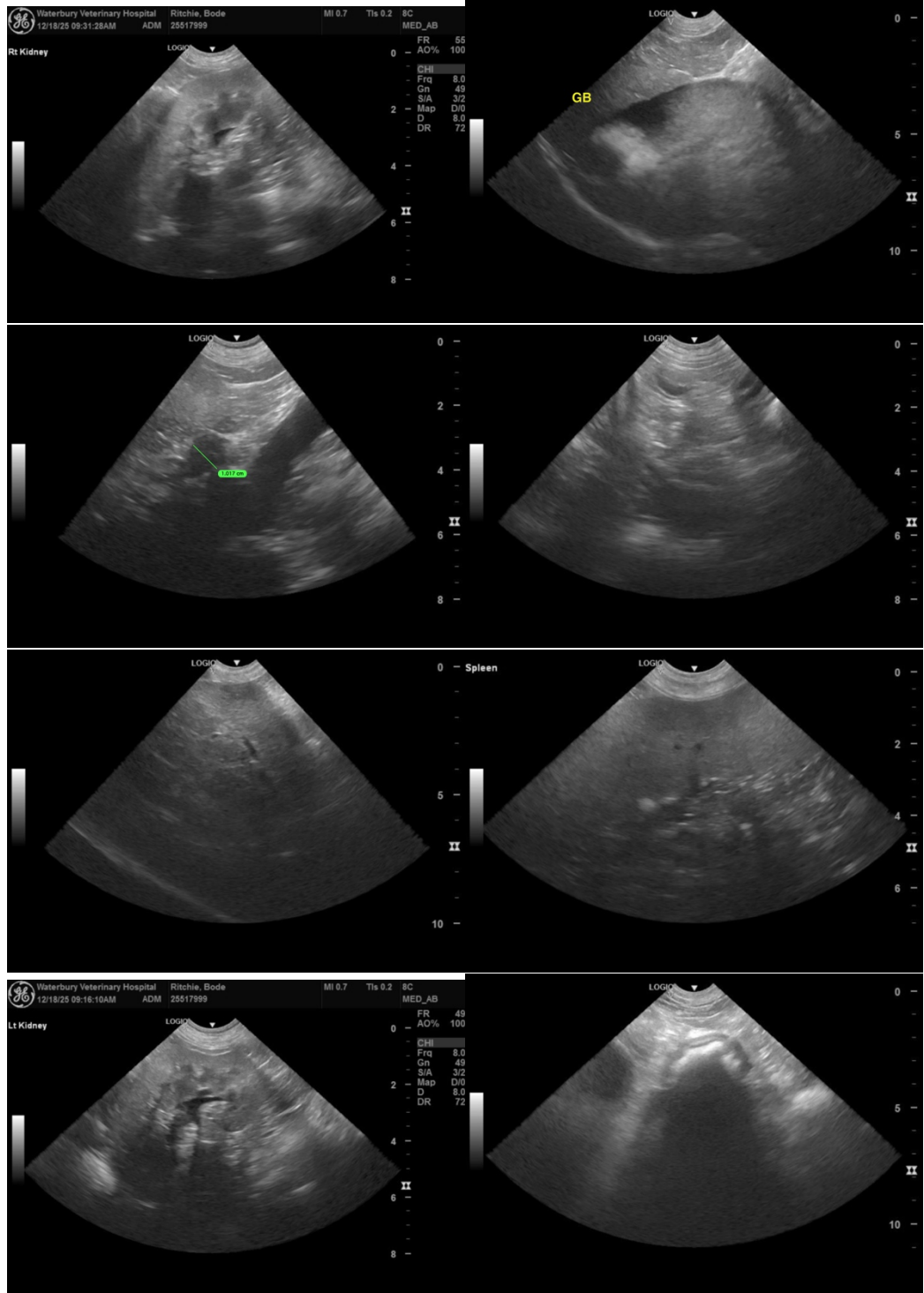
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)