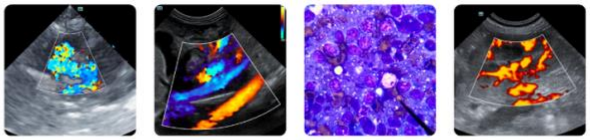


PATIENT

Bentley Carson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14 Years 8 Months

WEIGHT

10.36

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village Animal Hospital

REFERRING VET

Dr. Leia Lindley

INVOICE

12792

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Weight loss and PUPD. Vomiting almost daily, not keeping much food down. History of Cushing's disease, diagnosed >1 year ago, had been well controlled

Current Medications: Fluoxetine, Theophyline, Gabapentin, Carprofen, Trilostane

Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 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 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was enlarged with subjective primarily symmetrical capsule contour and primarily hypoechoic to mild nonhomogenous nonmineralized left adrenal parenchyma. The left adrenal gland measured 2.7 cm length x 1.2 cm width at the caudal pole.

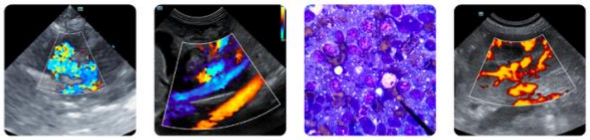
The right adrenal gland was indistinctly visualized with mild enlargement, mild subjective asymmetrical yet intact capsule contour and nonhomogenous nonmineralized parenchyma. The right adrenal gland measured 0.79 cm width at the caudal pole.

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 presented subjective mildly 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.



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The gallbladder lumen was primarily occupied by nonorganized hyperechoic nonmineralized debris. A mild amount of suspect hypoechoic peripheral gallbladder lumen mucus was present. No evidence of pericholecystic inflammation. The common bile duct was not visualized.

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. Gastric body wall measured 0.44 cm width.

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. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.38 cm width.

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

- Sonographically normal empty gastrointestinal tract.
- Pancreatic remodeling.
- Mild benign hepatomegaly.
- Immature to early mature gallbladder mucocele.
- Bilateral adrenomegaly- more prominent in the left adrenal gland.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology or obstructive/metabolic ileus. Assessment for cranial abdomen/subxiphoid discomfort on palpation which may allude to chronic pancreatitis, is suggested. The bilateral adrenomegaly may indicate PDH criteria although given larger left adrenal gland, possible emerging left adrenal tumor or mixed adrenal pathologies are not excluded. Recheck ACTH stimulation test and serial monitoring of systemic BP is suggested. A GI panel to include PLI, TLI, cobalamin and folate and three view chest radiographs to rule out occult disease as a contributing factor to the gastrointestinal signs and weight loss is warranted. Gastrointestinal support with clinical and sonographic monitoring of the left adrenal gland and gallbladder for evidence of progression and if evidence of cholestasis is recommended.

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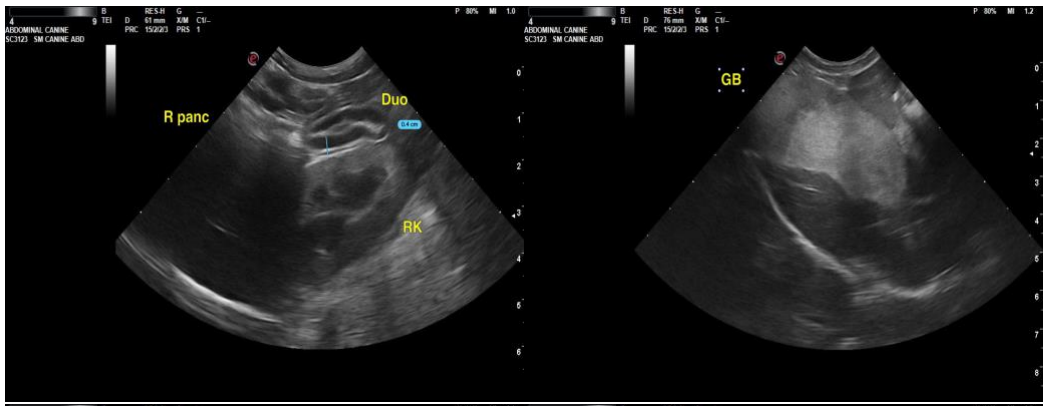

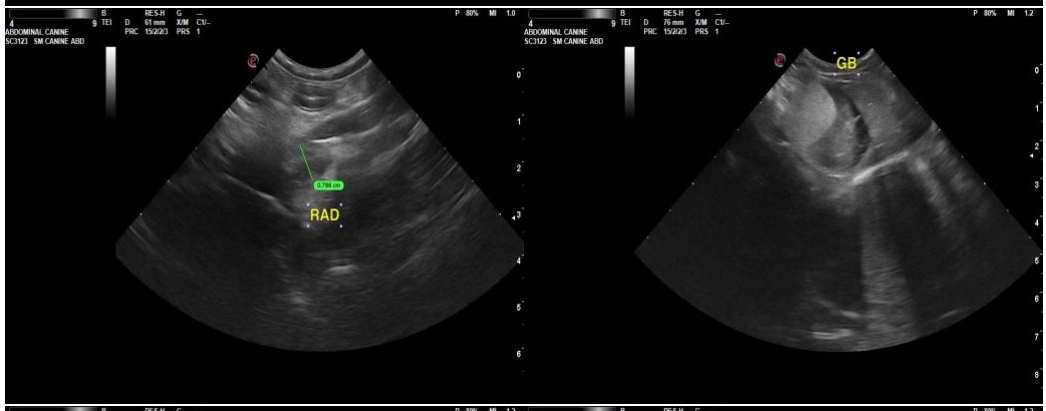

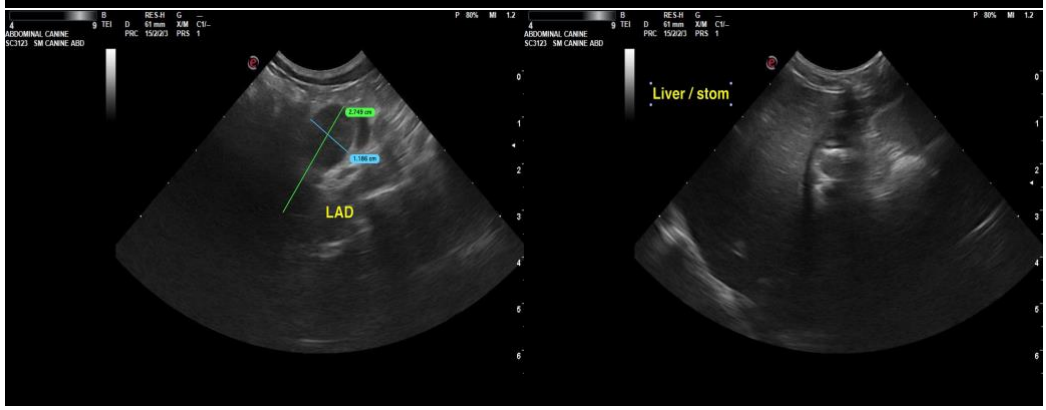

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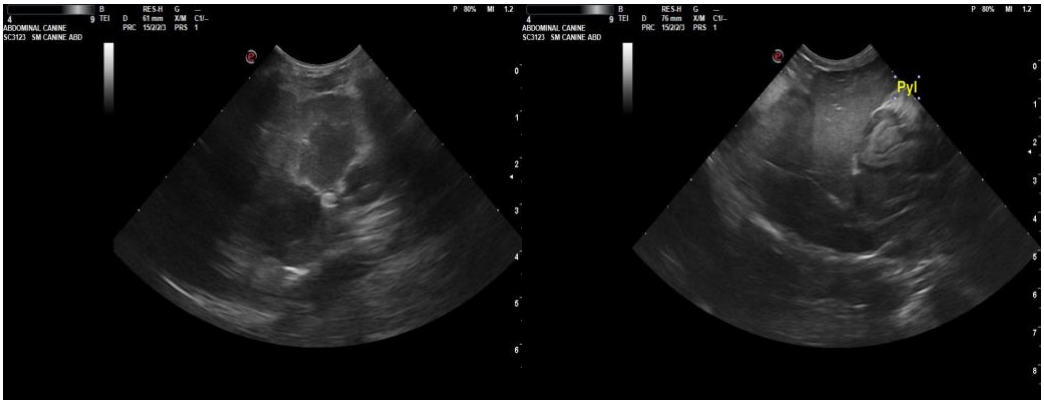

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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