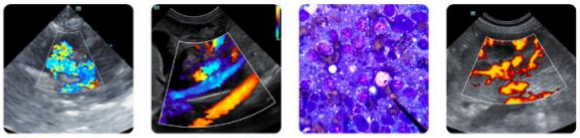


PATIENT

Nola Smith

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Years

WEIGHT

67.2 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Allendale Vet Hospital

REFERRING VET

Dr. Raum

INVOICE

13664

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- lethargy, muscle tremors, Pu/Pd
- elevated liver enzymes
- meds: Proin
- went to VEG er 2/8/26

Abnormal PE/Chem/CBC/UA Results: Lepto PCR pending ALT 502/ ALP 1270, Amylase 265, Hx of urinary tract infection (enterococcus) urine: PH 7.5, RBC 2-3, USG 1.003 Cortisol WNL, 4DX neg x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 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 7.2 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

A hyperechoic nodule was present in the caudal left adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.0 cm x 0.90 cm. The caudal left adrenal gland was mildly enlarged secondary to the nodule with maintained symmetrical capsule contour and capsule integrity. The left adrenal gland measured 1.0 cm width at the caudal pole.

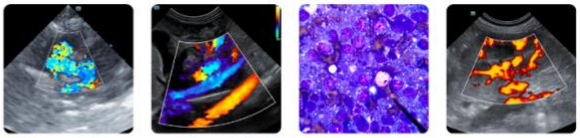
The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.73 cm width at the caudal pole.

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 & Gallbladder

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



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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 was empty with no signs of ileus, 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

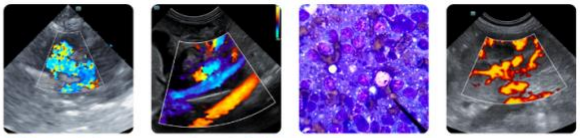
- nonspecific hepatopathy exhibiting subjective adequate vascular volume.
- Mild gallbladder debris (non-mucocele).
- Age-related renal changes.
- Caudal left adrenal nodule- hyperplasia, functional versus nonfunctional adenoma, lipogranuloma, emerging adrenal tumor less likely yet not excluded.
- Normal urinary bladder and visible proximal urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e. copper), other with neoplasia thought less likely. No overt intrahepatic or extrahepatic macroscopic shunt. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Correlation with pending leptospirosis testing is recommended. Core or surgical biopsy likely required for definitive diagnosis.

Although normal cortisol level, adrenal workup with LDDST is warranted. If suspicion of Cushing's syndrome, serial monitoring of systemic BP for evidence of hypertension, which may potentially allude to emerging left pheochromocytoma is suggested along with sonographic monitoring of the left adrenal nodule for evidence of progression.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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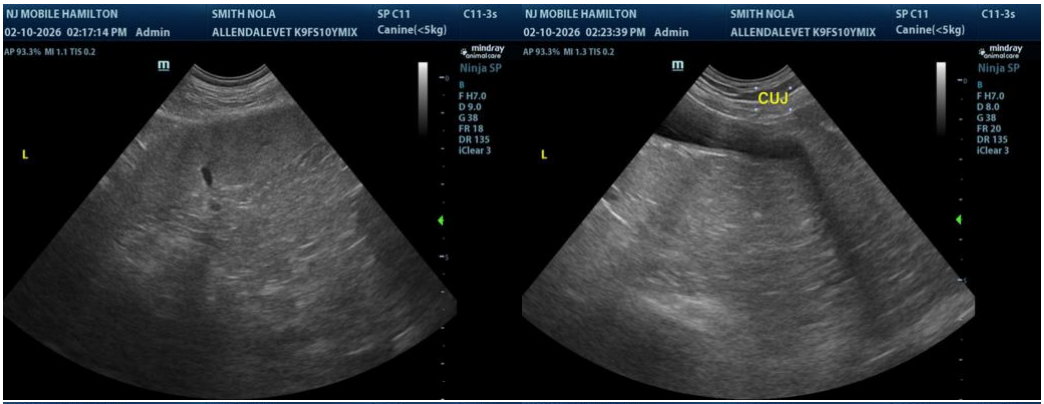

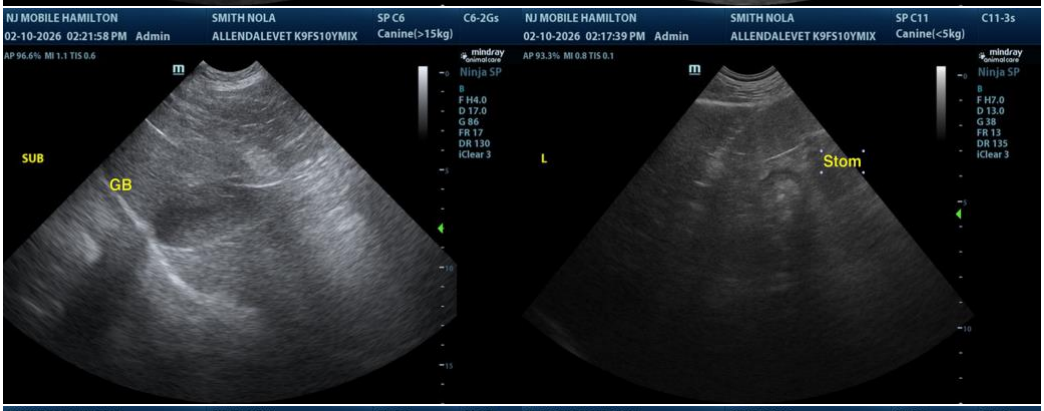

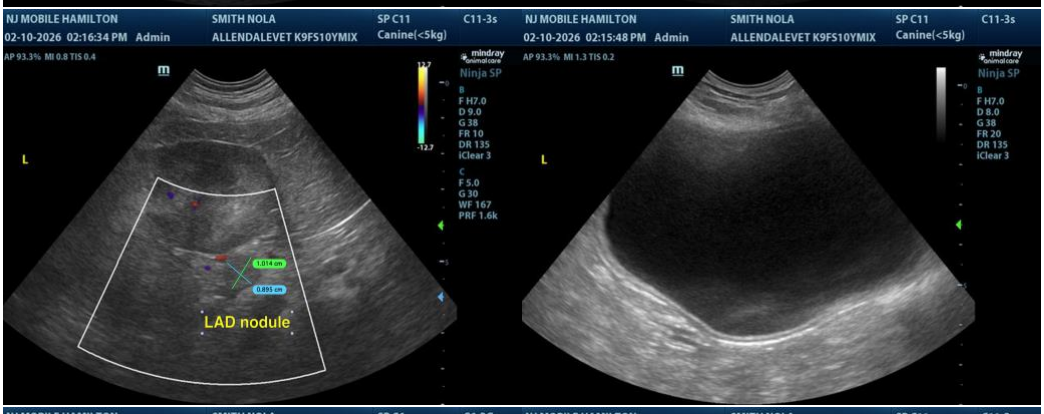

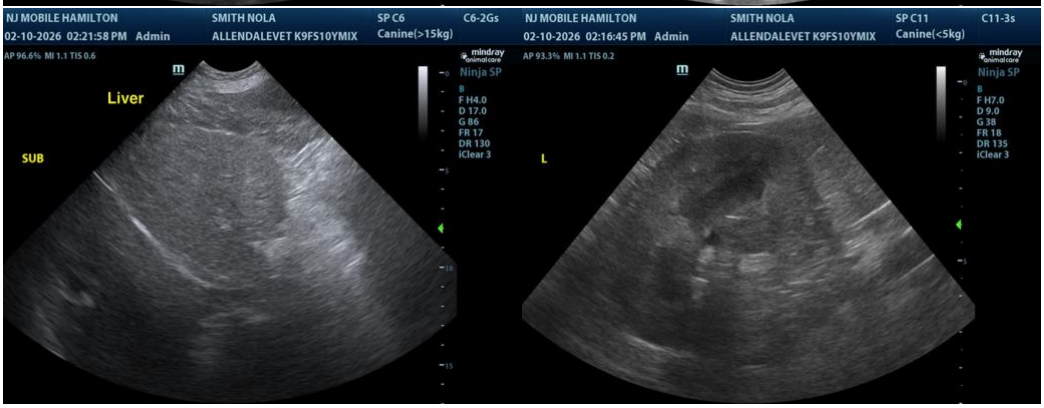

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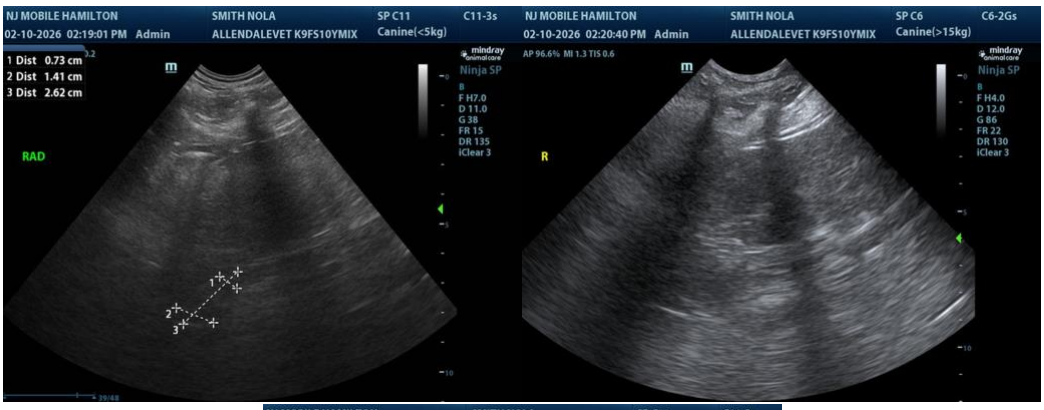

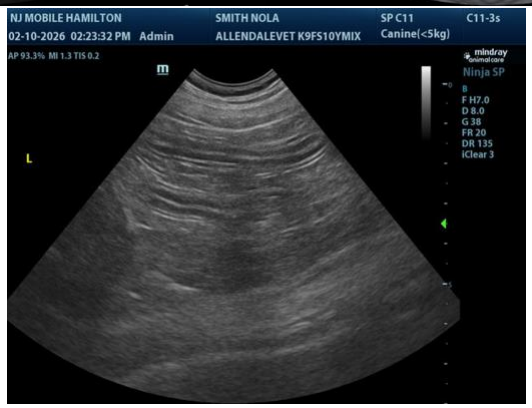

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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