PATIENT

Jameson Zeller

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

32 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Armani

INVOICE

13836

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Murmur grade 3
- Needs ACL repair
- Meds: Pimobendan 4.5 mg BID, Gabapentin 100 mg BID, Meloxidyl, Enalapril 5mg BID, Hydrocodone 2.5 mg BID, Visbiome, Dermaquin, Dasaquin, Zenrelia

Abnormal PE/Chem/CBC/UA Results: BPM 167/102, 158/99, 161/99, ALP 251, PSL 257, USG 1.013

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

The visualized medial iliac lymph nodes were sonographically normal.

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 6.0 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged with asymmetrical capsule contour and nonhomogenous indistinctly nodular nonmineralized left adrenal parenchyma. The left adrenal gland measured 3.2 cm length x 1.6 cm width at the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.41 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver & Gallbladder

The liver presented 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

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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. Lobar biliary tree mineralization was present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. Minor nonobstructive gallbladder mineral was present.

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with lobar biliary tree mineralization.
- Mild nonobstructive gallbladder lumen mineral.
- Previously noted asymmetrically enlarged indistinctly nodular left adrenal gland- hyperplasia, functional versus nonfunctional adenoma, neoplasia i.e. pheochromocytoma or carcinoma are all potentials.
- Age-related spleen- subjective benign.
- Static age-related renal changes.
- Heterogeneous remodeled pancreas- benign remodeling owing to age or previous inflammation, possible mild chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation would be ideal for surgical planning.

Definitive left adrenal vascular invasion was not obvious yet not definitively excluded. Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. Assessment for non-obvious inflammatory criteria given lobar biliary tree mineralization and mild gallbladder mineral.

Hepatosupportive medications with monitoring of the liver and left adrenal gland for evidence of progression would be more conservative.

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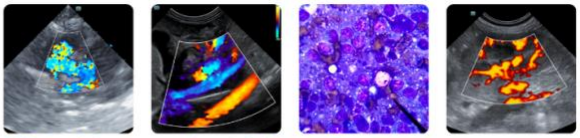

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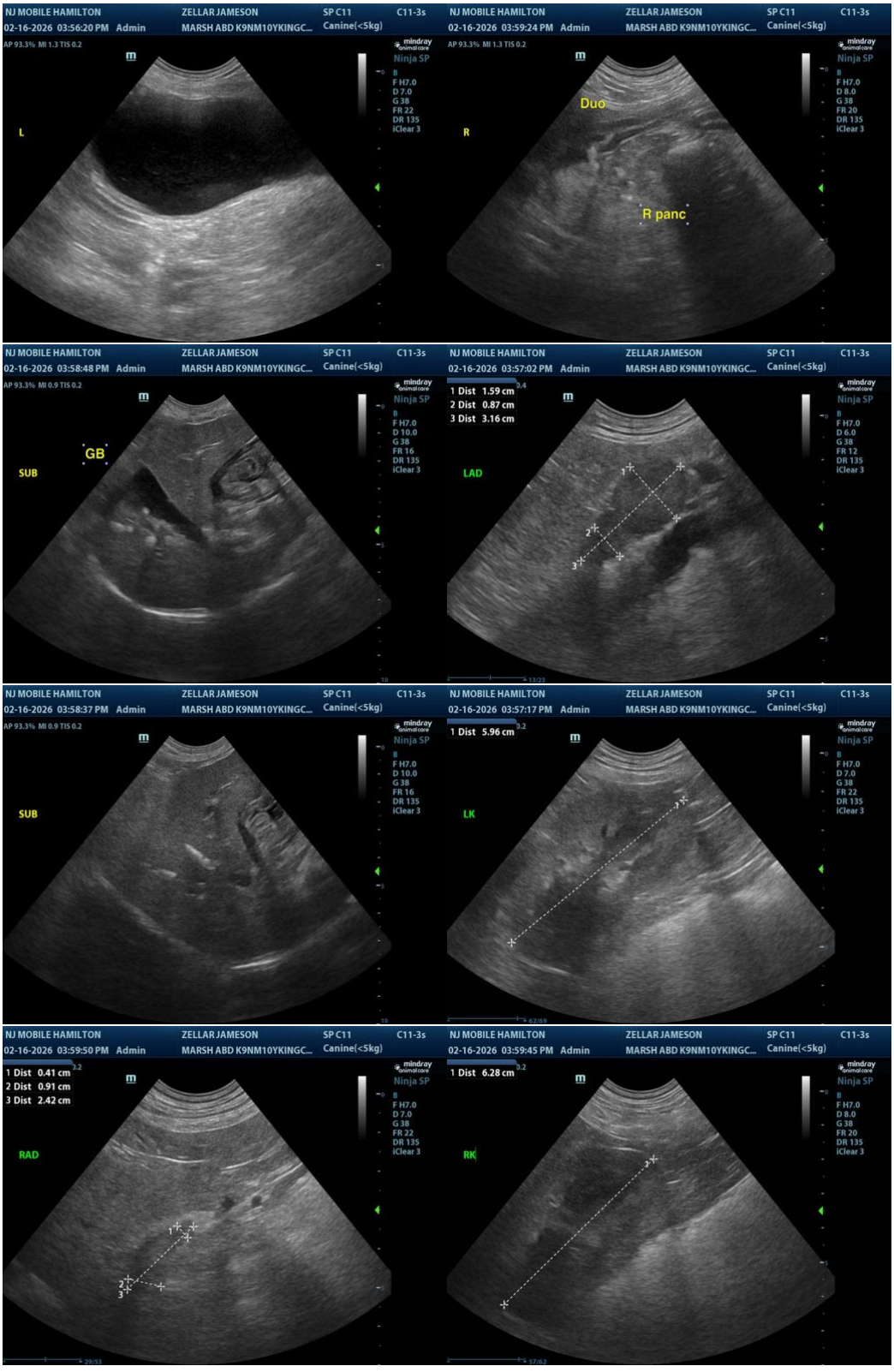

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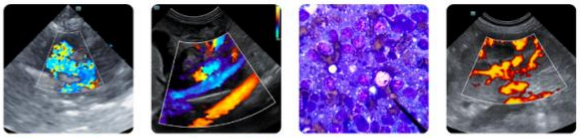

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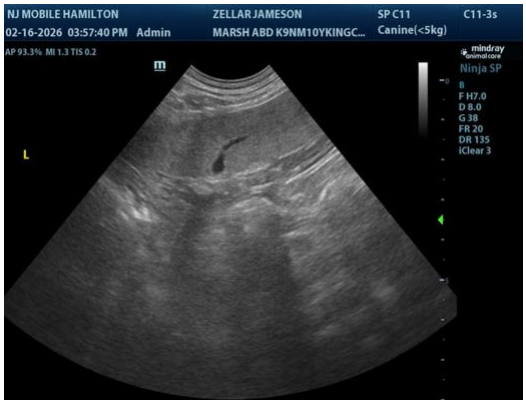

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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