

PATIENT

Axel McClain

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

53 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. DeMeo

INVOICE

13867

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- UTI, losing weight, PU/PD
- Pt consumes lg quantity of water and urinates accordingly
- Current meds: Marboquin, Trimethoprim Sulfamethoxazole

Abnormal PE/Chem/CBC/UA Results: Lyme +, C6 <10 Glob 4.0, Na 158, Na/K 44 T4 WNL CBC WNL
U/A: C/s- e coli USG 1.008- can concentrate to 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate appeared normal and free of pathology.

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

Adrenal Glands

Enlarged nonhomogenous left adrenal gland with asymmetrical capsule margination. The left adrenal gland measured 2.8 cm length x 1.5 cm width at the cranial pole and 1.0 cm width at the caudal pole.

The right adrenal gland was normal to mildly subnormal in size with symmetrical margination and homogenous parenchyma. The right adrenal gland measured 2.1 cm x 0.49 cm width at the caudal pole.

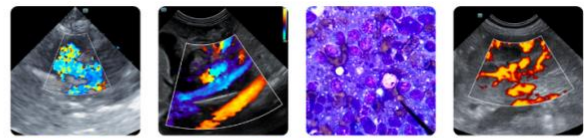
Spleen

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of 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

Primary Findings

- Sonographically normal urinary bladder, residual prostate and visible proximal urethra.
- Enlarged heterogenous left adrenal gland, sonographically normal to mildly subnormal right adrenal gland- left adrenal neoplastic criteria of primary concern, potential for hyperplasia or adenomatous changes.
- Nonspecific mild chronic renal changes.

Secondary Findings

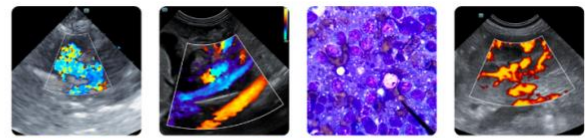
- Mild gastric ingesta- consistent with food echogenicity.

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.

Monitoring for evidence of proteinuria +/- UPC level is recommended.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.



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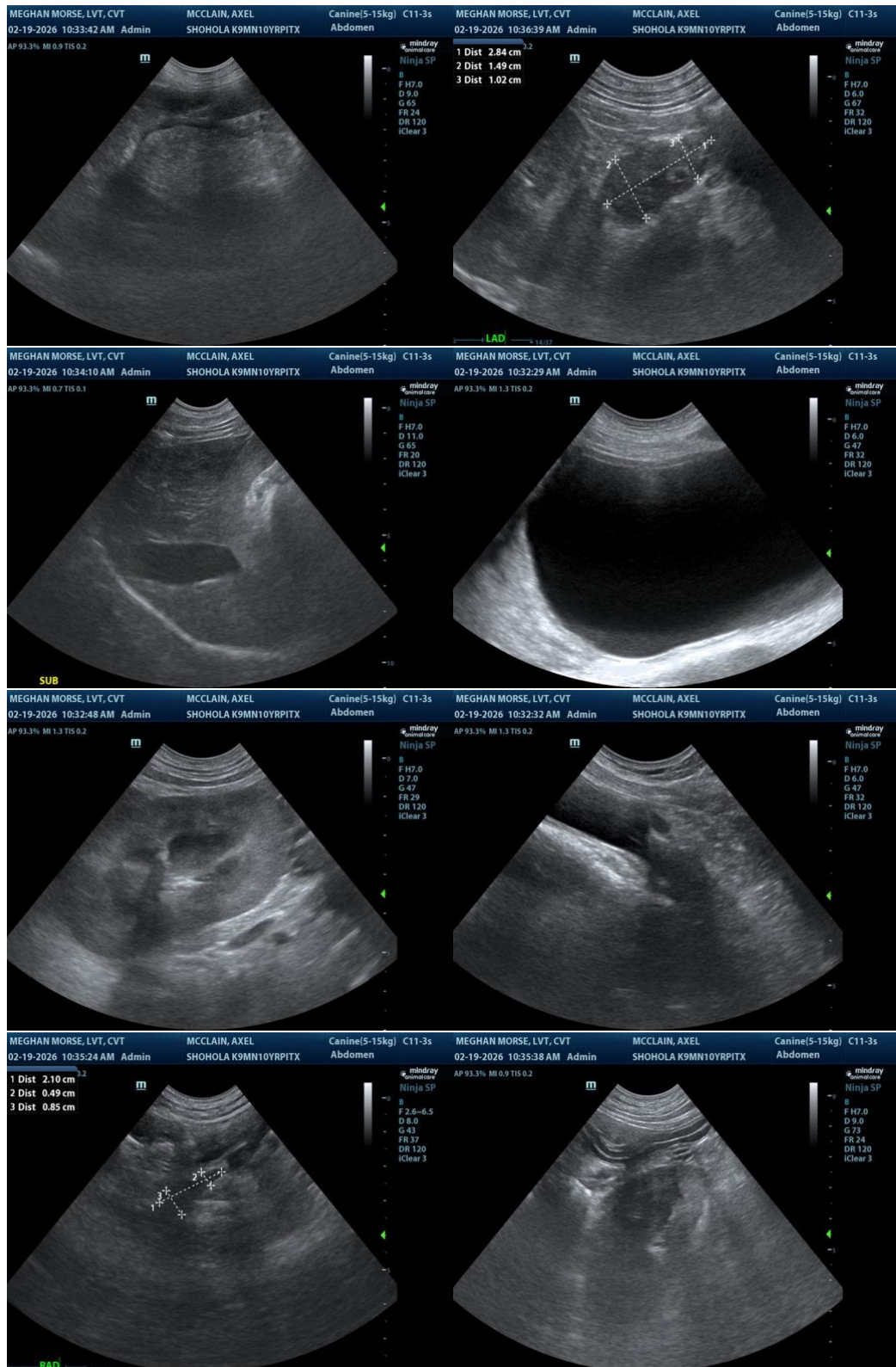
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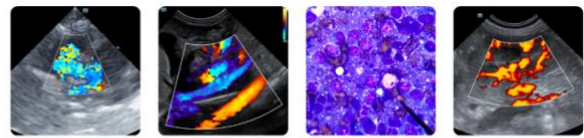
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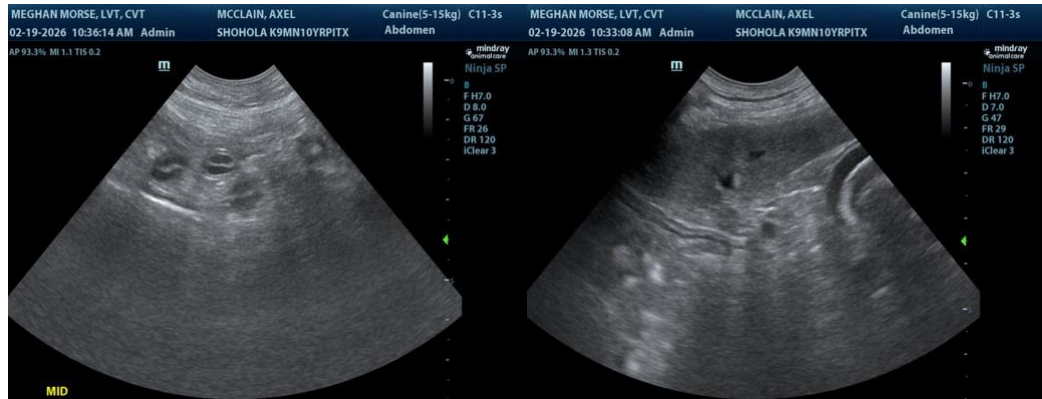
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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