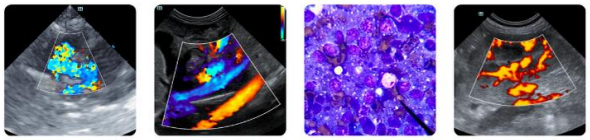


PATIENT

Chance Gilmore

SPECIES

Canine

BREED

Rottweiler

SEX

M

AGE

9Y

WEIGHT

102lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health Veterinary Clinic

REFERRING VET

Dr. Rodriguez

INVOICE

73830

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- Referral from local animal hospital for abdominal ultrasound due to weight loss, decreaed appetite and ongoing urinary issues.
- 12/26/25 P weighed 118#, today weighed in at 102#
- 12/2025 presented for innaproproiate urination, Protein at 500 and blood noted in UA, started Cephalexin
- Urine 12/2026 had 500 Protein and blood noted, >50 WBC, Put on SMZ antibiotics, 2/2026 UTI resolved but continued proteinuria and hematuria.

Abnormal PE/Chem/CBC/UA Results: 1/2025 all bloodwork WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly mild thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized the cranial / apical urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The dorsal apical urinary bladder wall thickness measured 1.0 cm. Evidence of mineral, calculi, or echogenic foci was not present. The trigone and cystourethral junction were free of pathology. 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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.0 cm diameter.

No overt medial iliac or sublumbar lymphadenopathy or masses.

No evidence of pathology in the area of the aortic trifurcation.

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 7.7 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

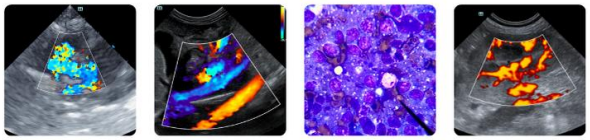
The left adrenal gland was mild asymmetrically enlarged with a nonhomogeneous to focally hyperechoic caudal pole parenchyma. The left adrenal gland measured 1.2 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited mild generalized parenchymal heterogeneity. A mild asymmetrical medial capsular contour was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. A solitary discrete hypoechoic nonhomogeneous mid-splenic nodule was seen measuring 0.75 cm diameter.

Liver/ Gallbladder



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The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The visualized segmental small intestine exhibited intact wall layering and normal wall layering 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 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

- Mild cystitis pattern.
- Enlarged nonhomogeneous prostate – benign prostatic hyperplasia, potential for prostatitis, prostatic neoplasia considered less likely.
- Discrete splenic nodule – tend to trend benign with mild lymphoid hyperplasia or hematopoiesis probable.
- Overly normal visualized gastrointestinal tract.
- Mild chronic renal changes.
- Mild asymmetrically enlarged left adrenal gland exhibiting focal caudal pole hyperechoic parenchyma – hyperplasia, adenomatous change, emerging left adrenal tumor not definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via ultrasound guided FNA or prostatic wash for cytology +/- culture and sensitivity and consideration for BRAF assay recommended. Neutering would be ideal if patient is not intended for breeding purposes. Pending prostatic sampling, if elected, empirical coverage for prostatitis +/- finasteride trial may prove beneficial.

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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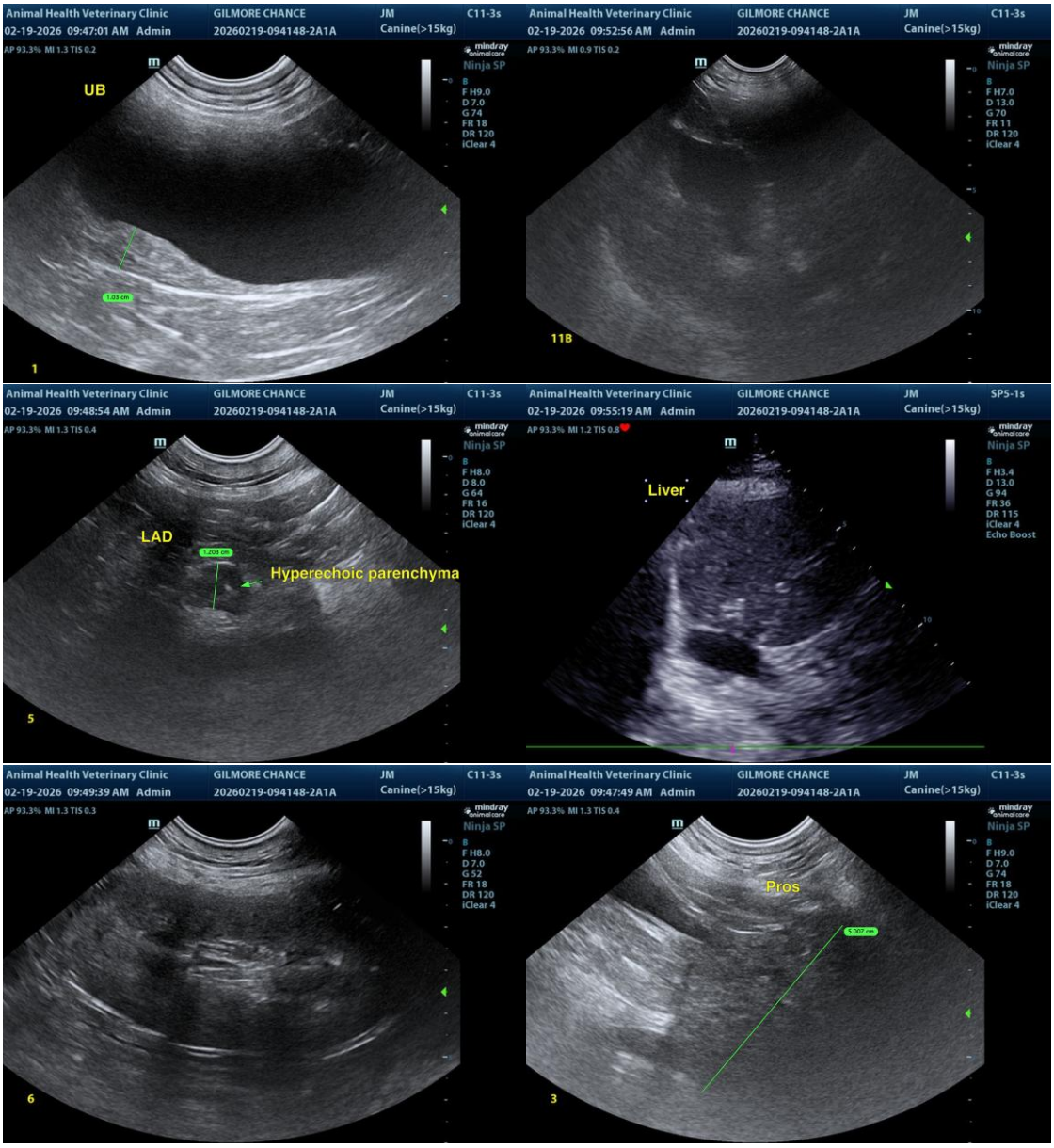
Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. Sonographic monitoring of the left adrenal gland and splenic nodule for evidence of progression with initial recheck in 3-4 weeks would be ideal.



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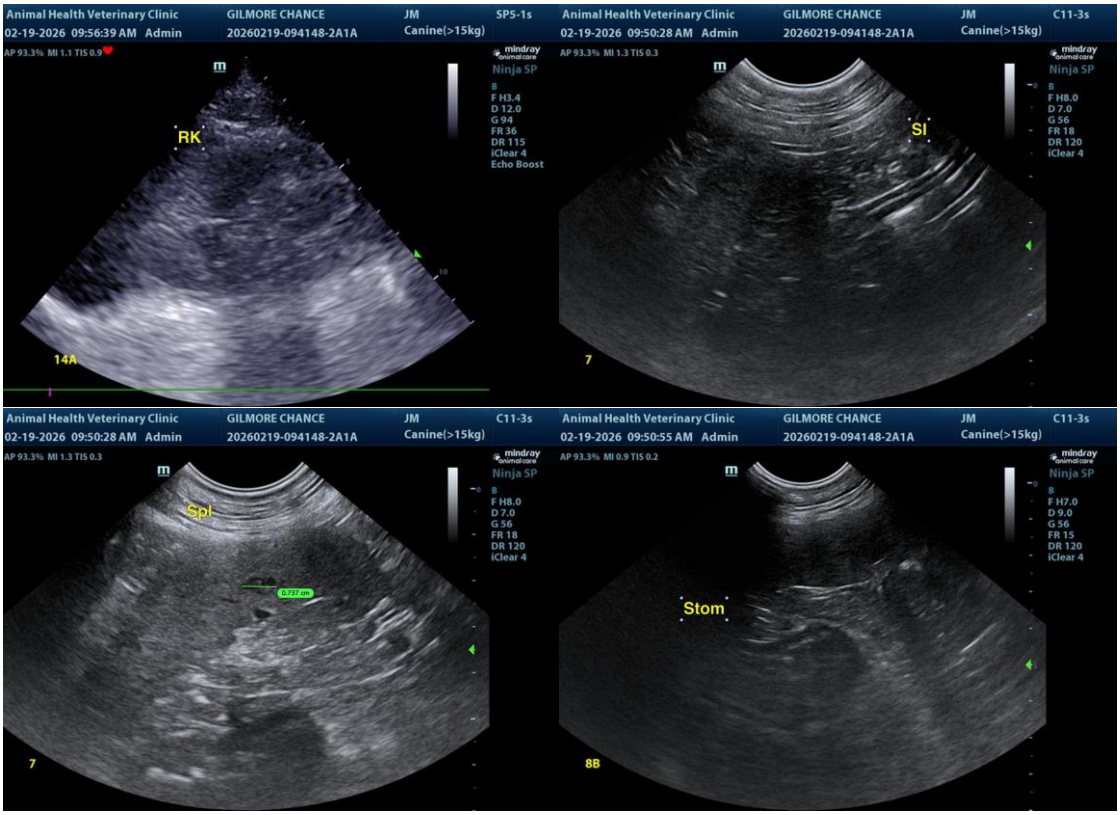

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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