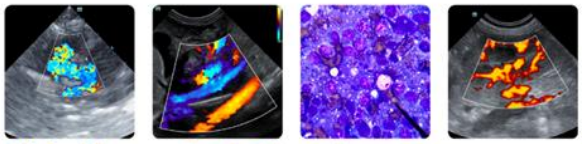


PATIENT

Zoe Moss

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

15yr

WEIGHT

18.1lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino Veterinary Care

REFERRING VET

Julie Kang

INVOICE
24197

DATE
03/13/2026

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea since January 2026

Abnormal PE/Chem/CBC/UA Results: 10/2025 - CBC: HCT 40%, PLT 83. Chem21: ALKP 1065, IRIS stage 1, Triglycerides 417, Amylase 169. TT4: <0.5. UA - 1.022, Trace proteinuria. Resting cortisol 5.0, post-ACTH cortisol 8.2. 2/2026 - Fecal PCR: negx21. 3/2025 - G4-5/6 L systolic murmur; diarrhea currently resolved at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.8 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Left adrenal gland mild enlargement and uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.63 cm width at the caudal pole.

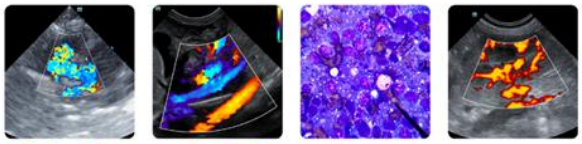
The right adrenal gland was asymmetrically enlarged with intact asymmetrical capsule contour and heterogeneous parenchyma exhibiting two non-capsule deforming hyperechoic non-mineralized nodules, example of the larger mid to right adrenal nodule measured 0.66 by 0.45 cm. The right adrenal gland measured 0.95 cm width at 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 mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Normal vascular volume. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. The gallbladder was non-distended in size with mild to moderate gravity dependent non-organized debris. 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 contained mild retained anechoic fluid 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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semi formed to soft feces in lumen.

Pancreas

The right pancreas was mildly prominent to swollen in appearance with mild capsule asymmetry exhibiting homogenous mildly hypoechoic parenchyma compared to adjacent omentum

Free Abdomen

No overt lymphadenopathy was present.

Generalized normal omental echogenicity was present.

Minor caudal abdomen effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral adrenomegaly with right adrenal nodules-hyperplasia, functional vs non-functional adenomas, emerging right adrenal tumor or combination possible
- Non-congested hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Mildly swollen hypoechoic pancreas-mild inflammation vs edema
- Overall sonographically unremarkable gastrointestinal tract/colon with semi formed to soft fecal matter
- Bilateral chronic renal changes
- Minor caudal abdomen effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck adrenal workup if clinical signs consistent with Cushing syndrome are non-reported or arise is recommended. Monitoring of systemic BP as well as sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement or right adrenal nodular changes is indicated.

The minor volume peritoneal effusion is non-specific given no reported subnormal ALB. A GI panel to include PLI/TLI/cobalamin/ folate is recommended to correlate with the pancreas and assess for non-structural intestinal disease.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for

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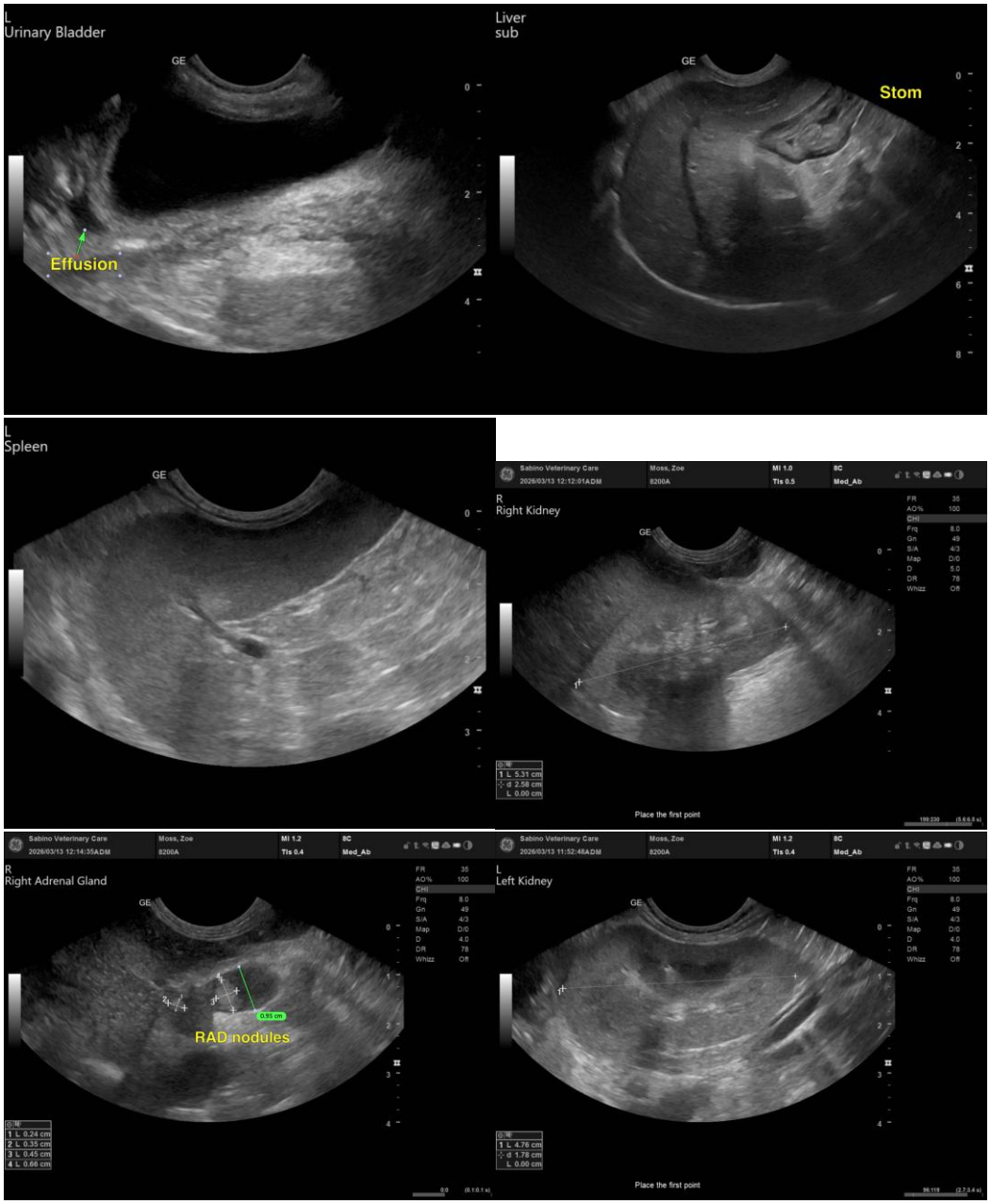
adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Gastrointestinal sonographic reassessment indicated if recurrent or progressive gastrointestinal signs or evidence of decreasing ALB.



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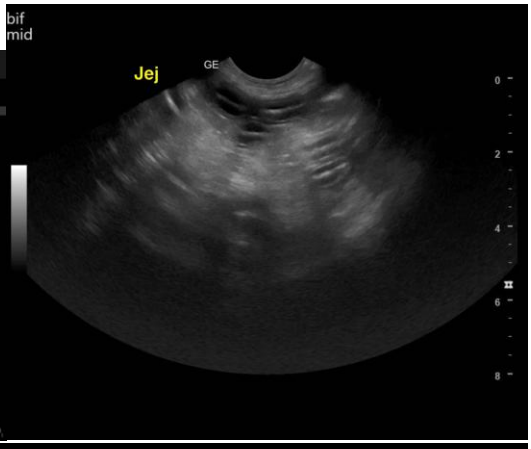

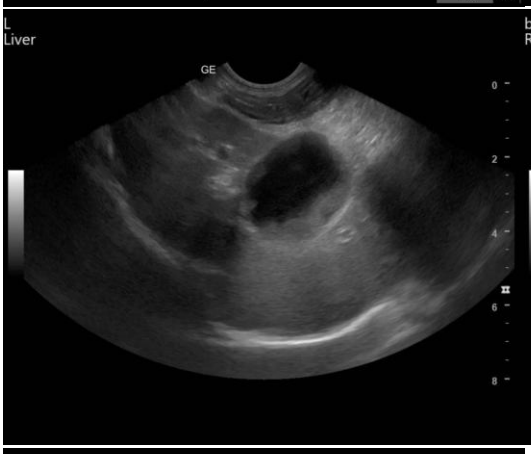

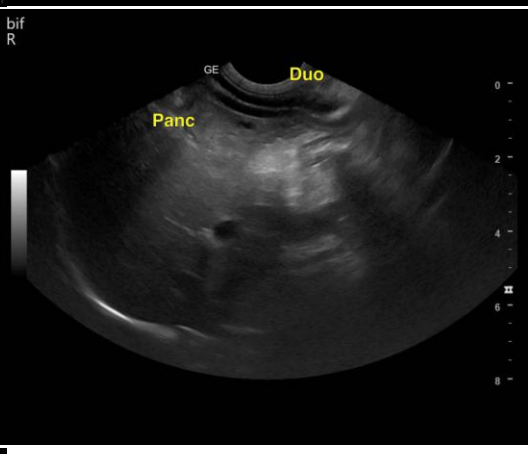

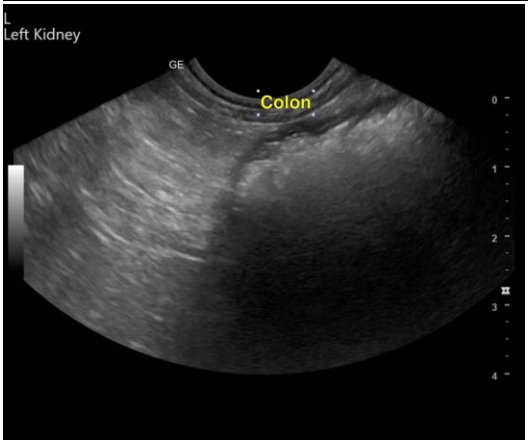

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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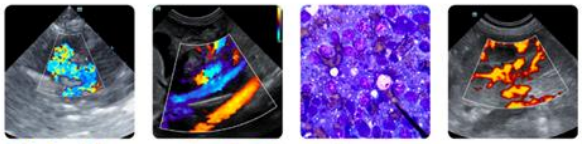

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