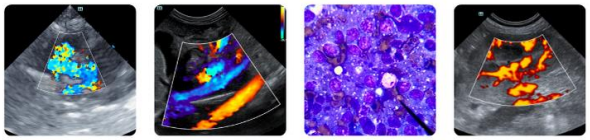


PATIENT

Finlay Patterson

SPECIES

Canine

BREED

West Highland White Terrier

SEX

MN

AGE

16 yrs

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

10683

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- Elevated liver values. Currently on phenobarb for seizures

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 changes were noted.

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

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

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. Mild medullary mineral was noted. The left kidney measured 4.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged in size with nonhomogeneous variably hyperechoic parenchyma. The left adrenal gland measured 3.9 cm length x 2.3 cm width at the caudal pole.

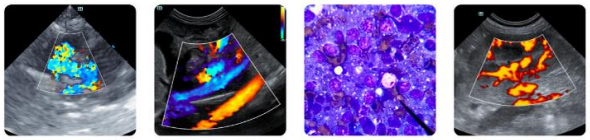
The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 2.2 cm length x 0.88 cm width in the caudal pole.

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 presented 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate gravity dependent to nondependent, variably congealed hyperechoic gallbladder debris was present. 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 was empty without evidence of retained ingesta, fluid, 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 formed feces in lumen.

Pancreas

The pancreas was prominent in size exhibiting capsule asymmetry with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

A solitary, cystic hepatic cranial mesenteric lymph node was present adjacent to the portal vein, measuring 2.2 cm x 0.82 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy
- Early immature gallbladder mucocele
- Left adrenal mass with concurrent mild right adrenomegaly
- Prominent nonhomogeneous pancreas
- Chronic renal changes exhibiting medullary mineral and mild left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is sonographically suggestive of benign criteria with hepatic neoplasia thought less likely.

The left adrenal mass is most concerning for neoplastic criteria, although significant benign hyperplasia or functional vs. nonfunctional adenomatous change is possible. Serial monitoring of systemic BP for evidence of hypertension +/- urine metanephrine level, if concern for pheochromocytoma, is recommended.

Therapy for Cushing's Syndrome may be considered if concurrent suggestive clinical signs in combination with LDDT. Monitoring of UPC level going forward is advised. Hepatosupportive medications with sonographic monitoring of the adrenal glands for evidence of progression, as well as the gallbladder if evidence of progressive cholestasis, are recommended.

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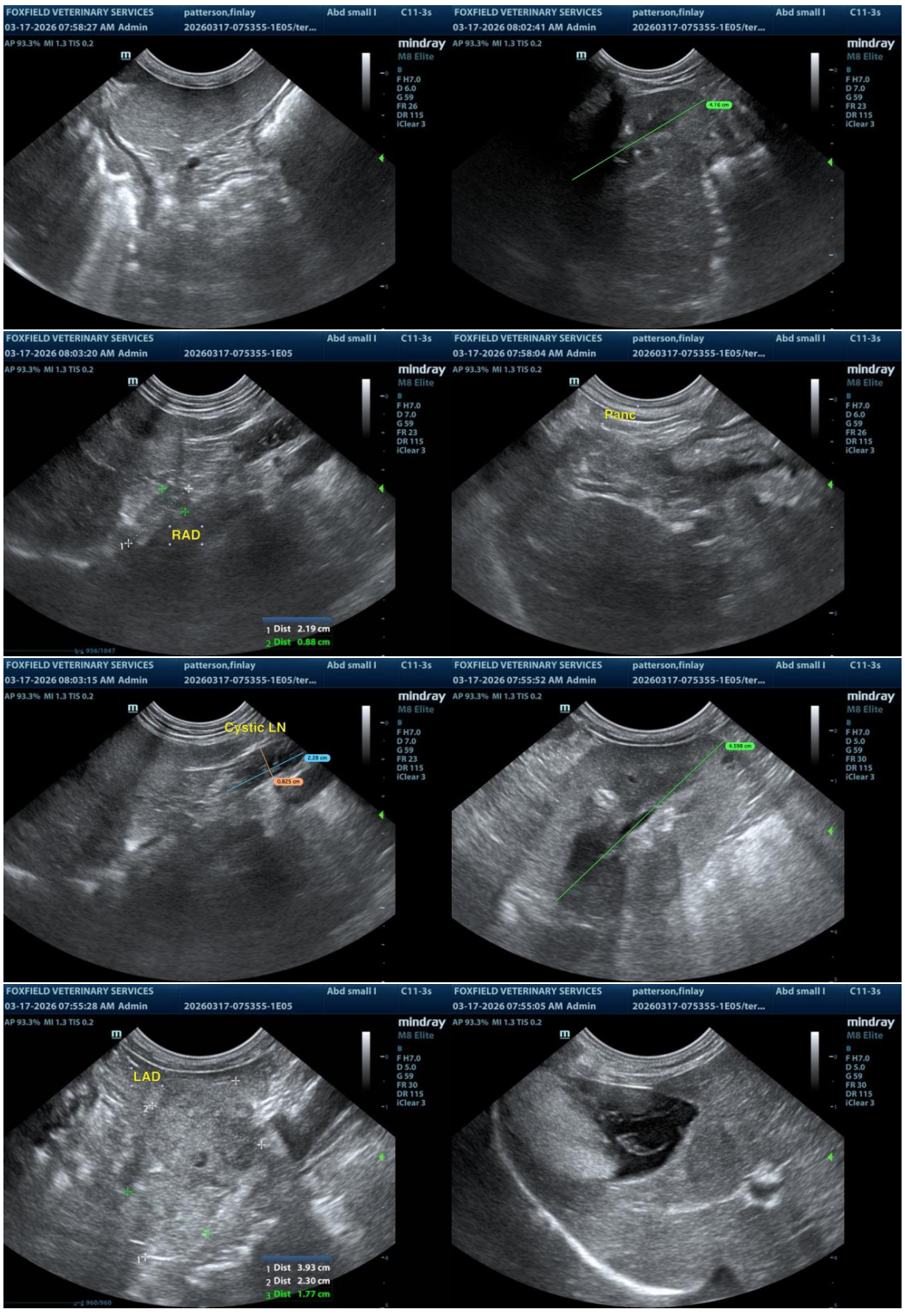

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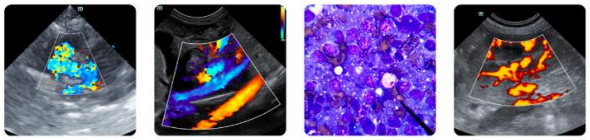

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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