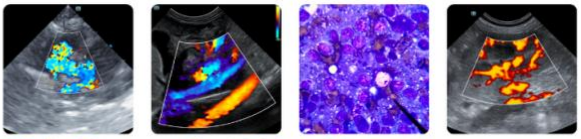


PATIENT

Prestridge Bowie

SPECIES

Canine

BREED

Australian Shepherd Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

44 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Melissa Earp

INVOICE

14018

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- - The main concern is an elevated ALT level, which has increased from 190 to 246.
- - Other liver markers are within normal limits.
- - The patient has been experiencing polyuria/polydipsia (PU/PD), drinking about 6 cups of water per day.
- - There is a history of soft tissue sarcoma grade 2, which was completely excised in January of 2025, but regrowth is now occurring.
- - Before undergoing anesthesia for mass removal, liver evaluation and PU/PD concerns need to be addressed.
- - The patient also has an increased urine protein-to-creatinine (UPC) ratio and low specific gravity, with a UPC of 0.5.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT level, which has increased from 190 to 246.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate presented non-enlarged exhibiting nonhomogenous parenchyma and mildly hyperechoic nonmineralized prostatic nodules measuring approximately 0.70 cm in diameter.

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 6.9 cm in length. The right kidney measured 6.8 cm in length.

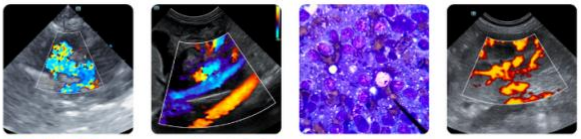
Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present in the right adrenal gland without suspicion for overt neoplasia. The left adrenal gland presented with nonhomogenous indistinctly nodular nonmineralized parenchyma. The left adrenal gland measured 2.8 cm length by 1.0 cm width at the cranial pole and 0.74 cm width in the caudal pole. The right adrenal gland measured 2.8 cm length by 0.84 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



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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.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 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

- Hepatopathy.
- Mild gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Mildly enlarged nonhomogenous adrenal glands- more prominent in the left adrenal gland with subtle nodular nonmineralized parenchyma.
- Normal mildly distended urinary bladder.
- Nonspecific nonmineralized residual prostate nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is most consistent with benign hepatopathy without overt hepatic neoplastic criteria, which is thought unlikely. Bilateral benign adrenal hyperplasia, functional versus non-functional adenomatous change with potential for emerging left adrenal tumor is possible.

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. Serial monitoring of the bilateral yet specifically left adrenal gland and non-specific residual prostate nodule for evidence of progression is recommended. Hepatosupportive medications may prove beneficial.

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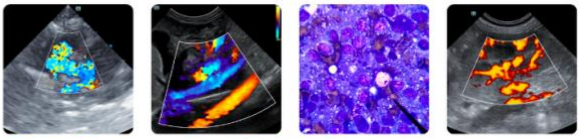

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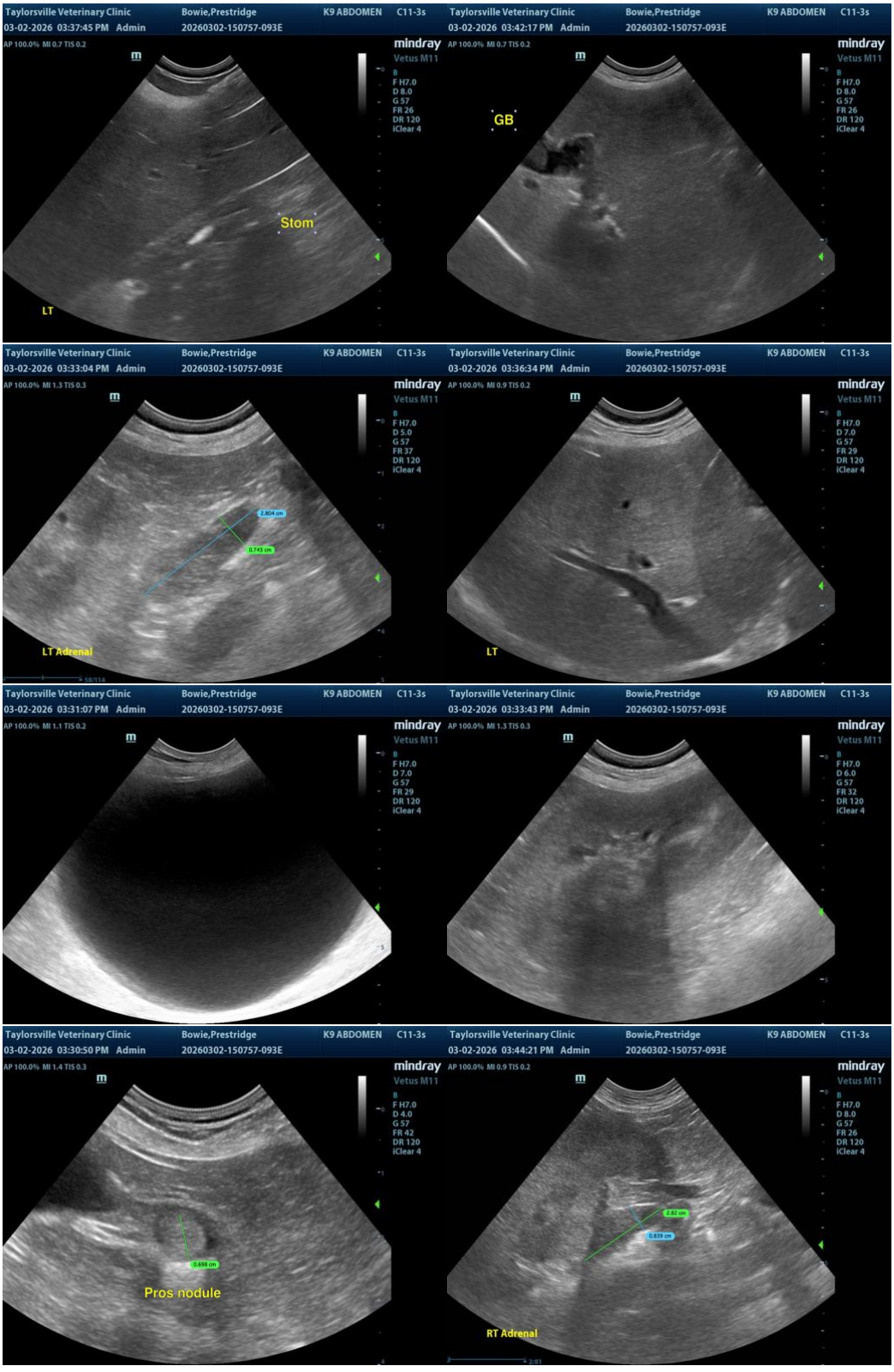

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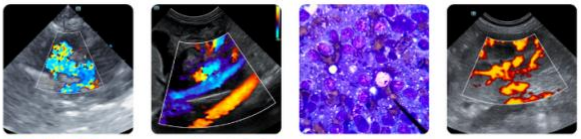

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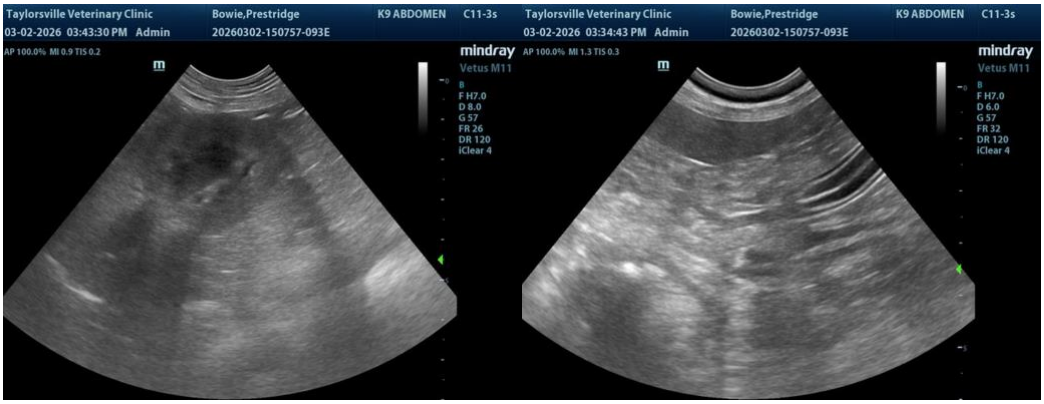

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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