



PATIENT

Fidalgo Baima

SPECIES

Canine

BREED

Whippet

SEX

Male Neutered

AGE

13

WEIGHT

41

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Dubos

INVOICE

13341

DATE

3/27/26

PRESENTING CLINICAL SIGNS

History:

- Increased ALKP (chronic, progressive) r/o Cushing's, chronic hepatopathy, evaluate liver and remaining adrenal gland Hx of splenectomy and L adrenalectomy Had a prev u/s 1/15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present. The left kidney measured 5.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was not visualized owing to previous adrenalectomy. The right adrenal gland exhibited mild enlargement with uniformly hypoechoic parenchyma was present. The right adrenal gland measured 0.8 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver

The liver exhibited mild to moderate hepatomegaly. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with non-homogeneous echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized 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.



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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

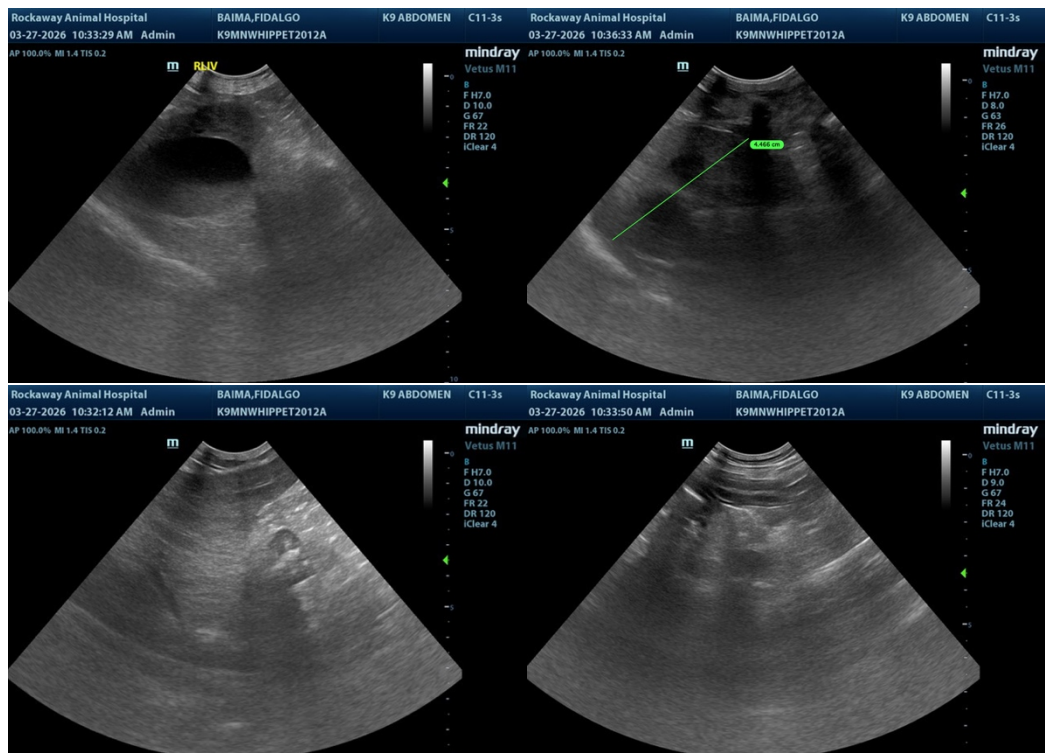
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogeneous liver
- Mild gallbladder debris (non-mucocele)
- Mild right adrenomegaly
- Non-visualized spleen and left adrenal gland – previous splenectomy and adrenalectomy
- Chronic renal changes exhibiting mild pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck adrenal workup with LDDST warranted if clinical signs consistent with Cushing's Syndrome are present. Chronic vacuolar hepatopathy with parenchymal remodeling, cholestasis, inflammation, fibrosis, hepatic neoplasia, all potentials. Concurrent hepatic FNA cytology recommended for further clarification. No obvious residual pathology in the area of the previous spleen or left adrenal gland. Hepato-supportive medications may prove beneficial. Urinalysis recommended if not done.





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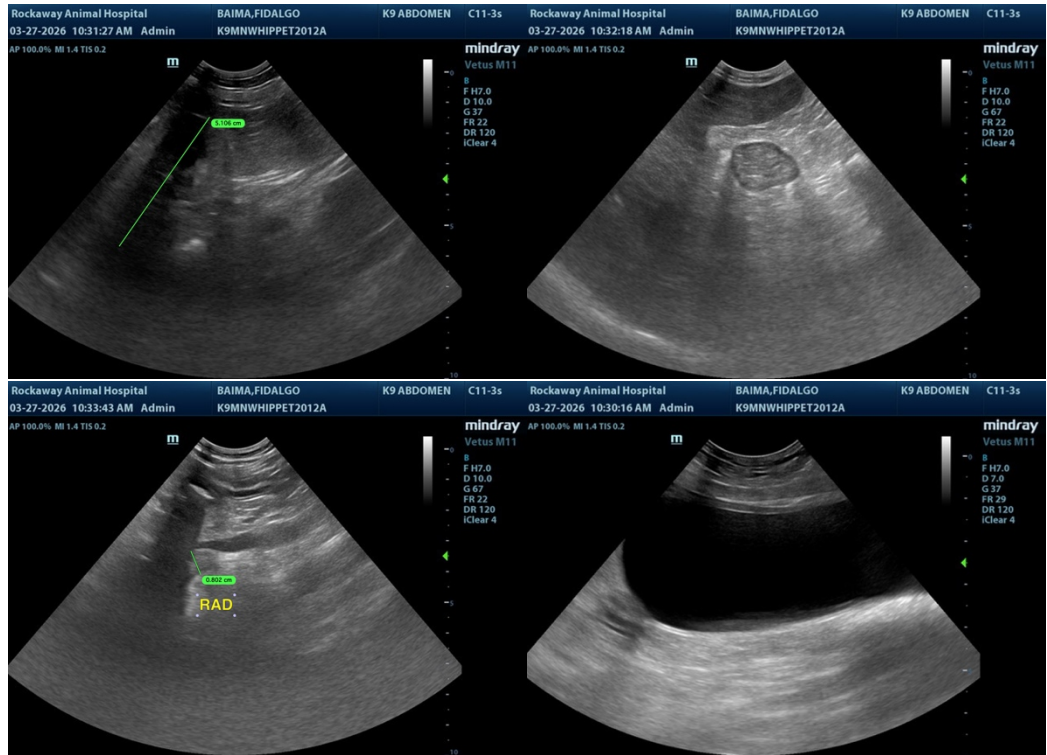
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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