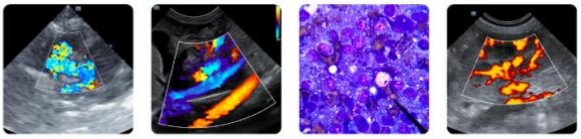


PATIENT

Gus Zukswert

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Neutered Male

AGE

13 Years

WEIGHT

23.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

Dr. Becci Farrell

INVOICE

14078

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Hx Splenectomy, liver lobectomy early 2024, splenic mass and liver mass both benign hyperplasia on histopath. Hx chronic LE elevation and biliary disease, ALKP @400s for 2 years. Hx of focal seizures but none in 5+ years. Seen in fall, LE jump, ALKP 1381, ALT 123, and diagnosed hypothyroidism. Started ThyroTabs 0.4mg PO SID, no response at 6wks, started BID, still no response at 6wks. Recommended UCCR, elevated 118. Recommended recheck BW and LDDS test. ALT 194, AST 58, ALKP 2368 and LDDS test consistent with Cushing's. Recommended AbdUS especially to assess liver, gallbladder and adrenals prior to starting Vetoryl.

Abnormal PE/Chem/CBC/UA Results: Abnormal results: 9/24/25: ALT 123, ALKP 1381, GGT 23, T4 0.9, FT4 0.6, 7.7 11/14/25: T4 0.6 12/23/25: T4 0.7 1/11: UCCR 118 2/13: ALT 194, AST 58, ALKP 2368 LDDS test pre 3.7, 4hr 3.7, 8hr 3.6

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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

The area of the aortic trifurcation was free of pathology.

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. Pinpoint medullary mineral was present in the left kidney. Pyelectasia and a caudal cyst were present in the right kidney containing anechoic fluid and measuring 3.4 cm in diameter. The left kidney measured 7.1 cm in length. The right kidney measured 8.3 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged with asymmetrical intact capsule contour and heterogenous parenchyma exhibiting hyperechoic foci which may suggest areas of mineralization. The left adrenal gland measured 3.8 cm x 2.9 cm.

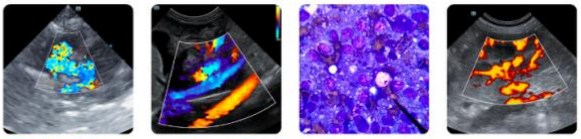
The right adrenal gland was asymmetrically enlarged with subjective intact asymmetrical capsule contour and nonhomogenous hyperechoic nonmineralized parenchyma. The right adrenal gland measured 3.3 length x 1.75 cm width at the cranial pole and 1.1 cm width at the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a variable coarse echotexture and nonhomogenous parenchymal



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remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hyperechoic intraparenchymal nodules and nonhomogenous cystic intraparenchymal nodule were present. Nonhomogenous cystic liver nodule measured 3.0 cm in diameter. A hyperechoic nodule measured 1.4 cm in diameter.

The gallbladder was non distended in size with normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

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

- Enlarged nonhomogenous liver with variably echogenic to cystic intraparenchymal nodules.
- Chronic renal changes with mild right kidney pyelectasia and right kidney cyst.
- Bilateral adrenomegaly with left adrenal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenal glands are abnormal with considerations including hyperplasia, functional versus non-functional adenomatous change, or potential bilateral adrenal tumors. The left adrenal gland is highly likely neoplastic. Potential for left adrenal vascular evasion is not excluded.

The overall liver and liver nodules may indicate vacuolar or steroid hepatopathy, parenchymal remodeling, hyperplasia, lipogranulomas or metastasis. Monitoring of systemic blood pressure for evidence of hypertension, which may allude to pheochromocytoma is recommended.

Abdominal CT would be ideal for further evaluation. Hepatosupportive medications with sonographic monitoring of the gallbladder if evidence of progressive hepatopathy or cholestasis is recommended.

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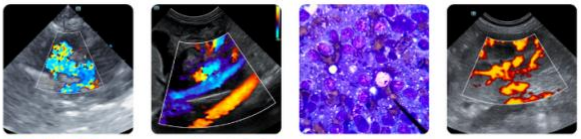

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SonoPath.com info@sonopath.com 1.800.838.4268

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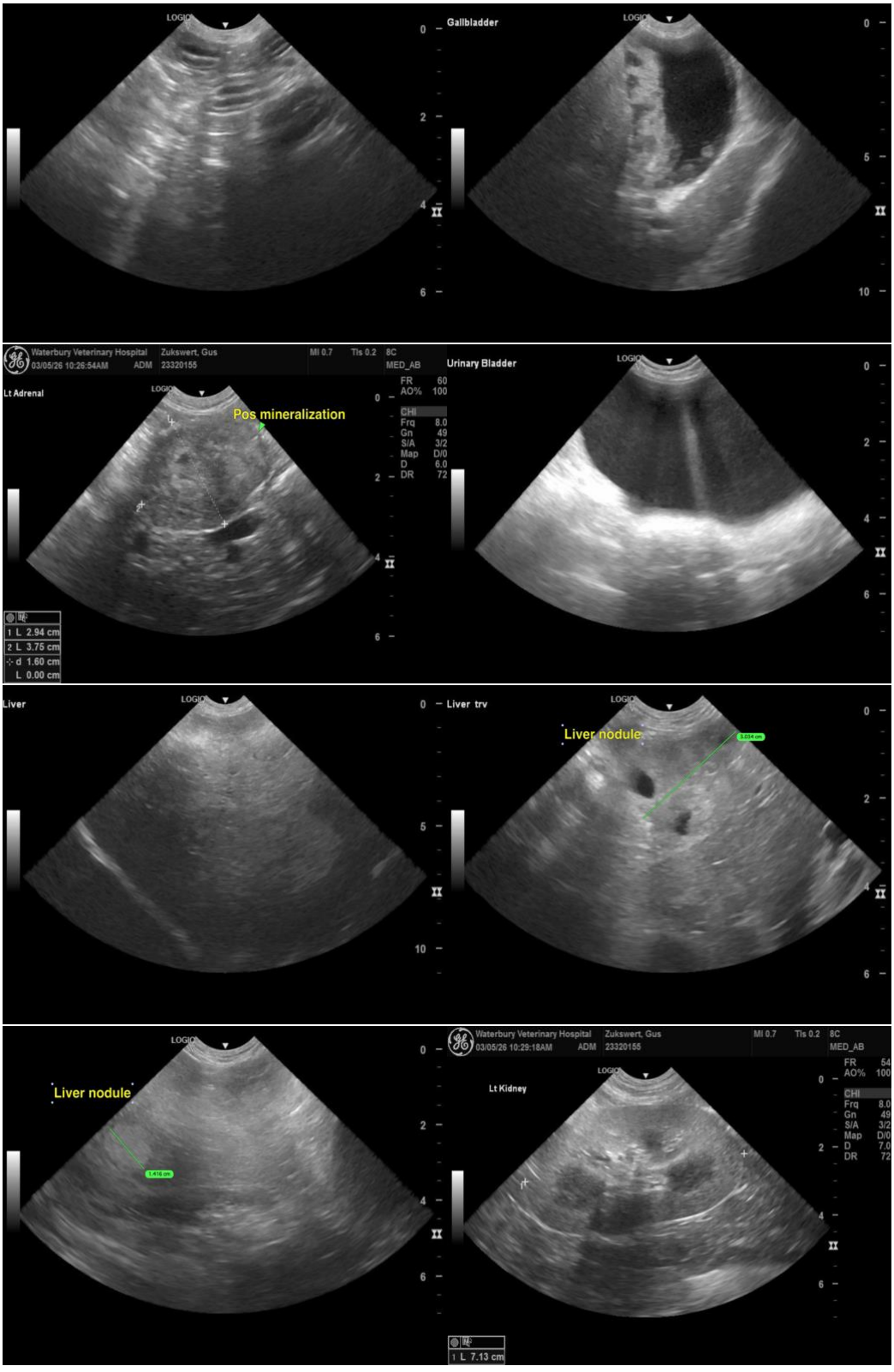

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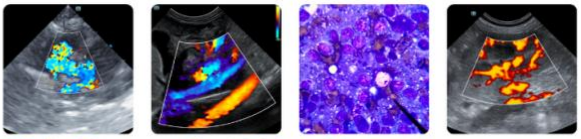

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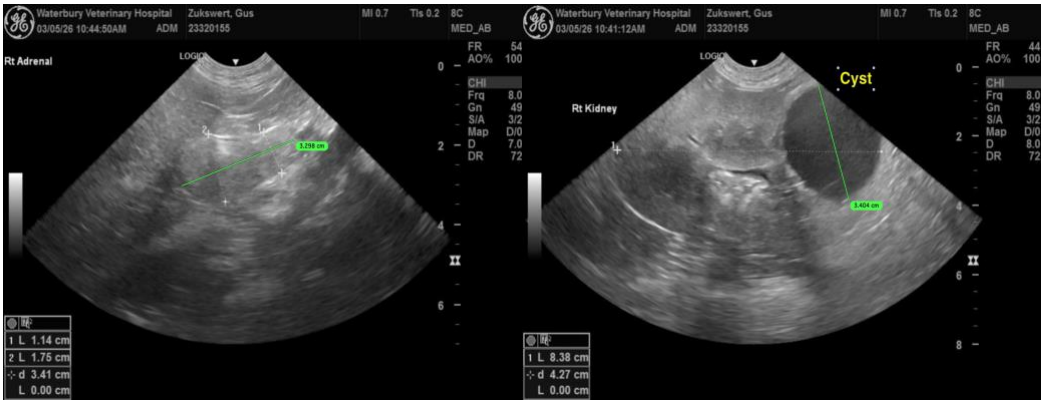

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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