



## PATIENT

Chase Wolfe

## SPECIES

Canine

## BREED

Mix

## SEX

Male Neutered

## AGE

9y

## WEIGHT

44

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Anthony Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Anthony Smatt

## INVOICE

13373

## DATE

4/3/26

## PRESENTING CLINICAL SIGNS

History: Patient came in for low dose dex suppression test and abdominal ultrasound. BW was performed at different hospital and suspect Cushing's disease. Patient is clinical PU/PD.

Abnormal PE/Chem/CBC/UA Results: BW - pending

## 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 residual prostate presented sonographically normal and 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. Minor pyelectasia was present in the left kidney. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.

### Adrenal Glands

The left adrenal gland was enlarged in size with non-homogeneous, non-mineralized parenchyma. The left adrenal gland measured 4.2 cm length x 1.3 cm width at the caudal pole. The right adrenal gland was enlarged in size with uniformly hypoechoic parenchyma was present. The right adrenal gland measured 2.6 cm length x 0.97 cm width at 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

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 moderate, non-dependent, variably congealed yet non-organized, echogenic, nonmineralized biliary sludge primarily peripheral lumen. No evidence of peripheral gallbladder inflammation noted. The cystic duct and common bile ducts were normal without evidence of dilation.



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**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**

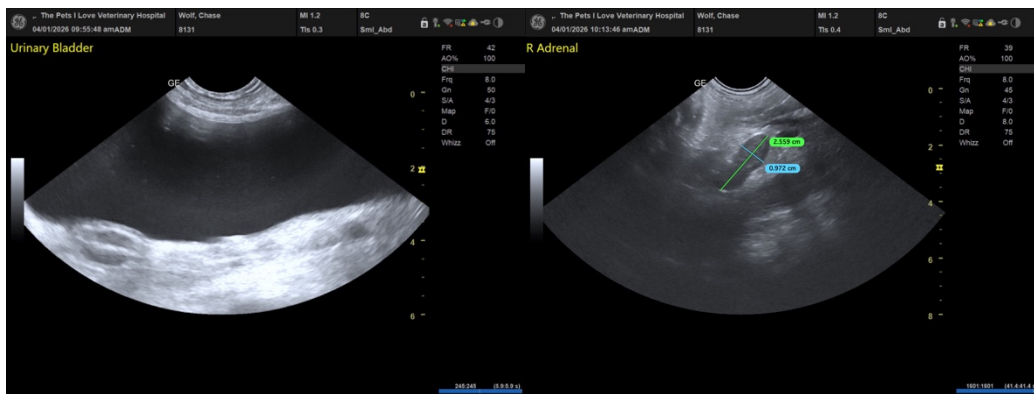
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly
- Congealed, non-organized gallbladder debris – consistent with immature mucocele, no evidence of associated gallbladder or peripheral inflammation
- Bilateral adrenomegaly with non-homogeneous non-mineralized left adrenal parenchyma
- Age-related kidneys with minor left kidney pyelectasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatomegaly is most consistent with benign criteria and sonographically consistent with vacuolar steroid or cholestatic hepatopathy. Pending adrenal testing, the bilateral adrenomegaly is most consistent with pituitary dependent hyperadrenocorticism, although monitoring of systemic BP pressure as well as sonographic monitoring of the left adrenal gland for evidence of progressive enlargement is indicated. The gallbladder is non-surgical at this stage with medical therapy recommended. Concurrent sonographic monitoring of the gallbladder if evidence of progressive cholestasis is recommended. Correlation with lab work and adrenal workup is indicated.





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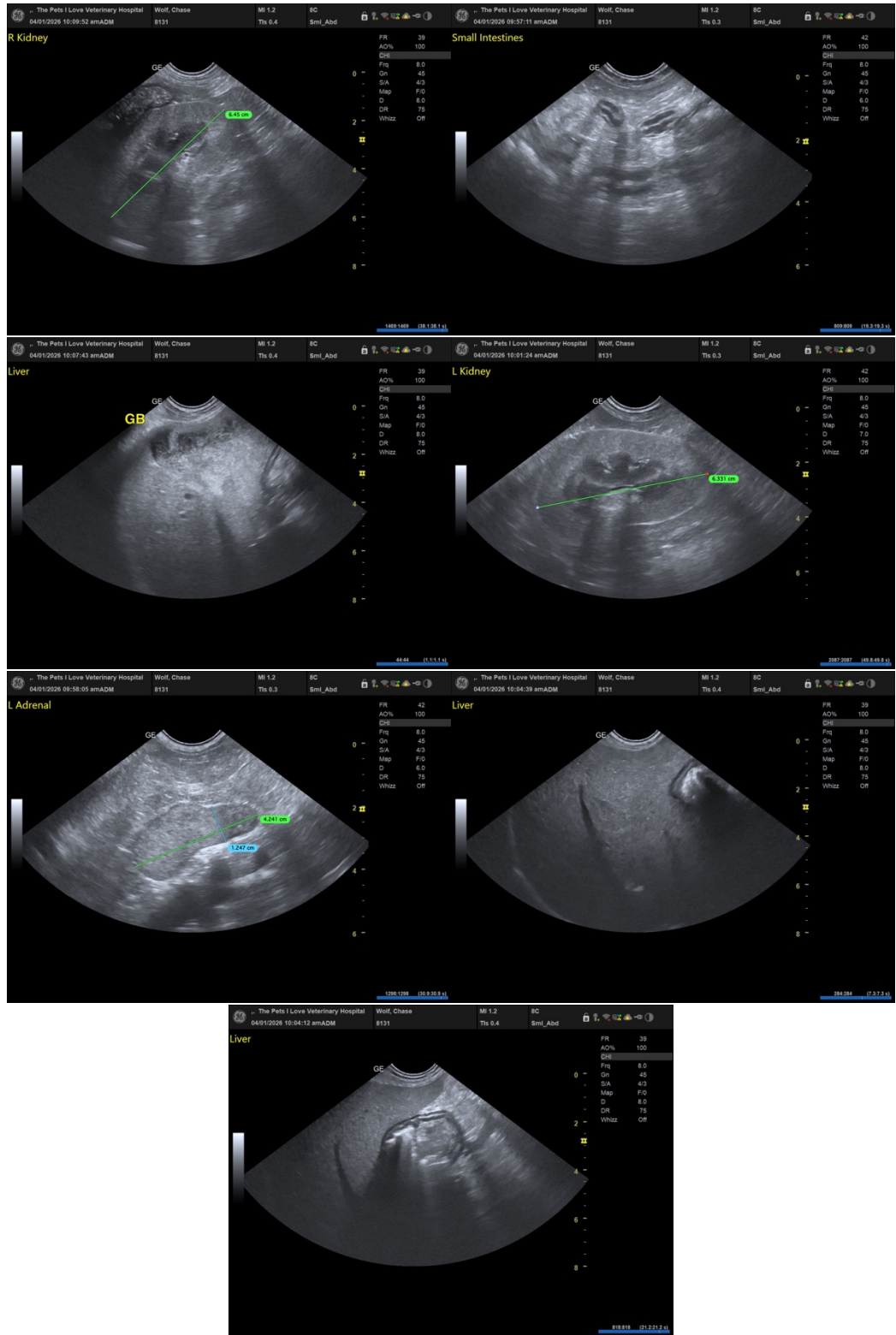
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)