



**PATIENT**

Charlie Ruhf

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

11 years 2 months

**WEIGHT**

64.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

VCA Northside AH

**REFERRING VET**

Dr. Russell

**INVOICE**

10915

**DATE**

5/26/26

**PRESENTING CLINICAL SIGNS**

PU/PD. Overweight, dental disease, OA. Cosequin  
 Abnormal PE/Chem/CBC/UA Results: Glob 3.9, Alkp 419, T4 0.6, chronic lyme positive on accuplex.  
 UA 1+ protein. USG 1.008 1st am urine.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 sonographically normal.

The area of the iliac trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A left kidney focal small cortical cyst was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.6 cm in length.

*Adrenal Glands*

The bilateral adrenal glands were borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length x 0.75 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length x 0.77 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 generalized hepatomegaly with a rounded symmetrical contour. Nonhomogeneous, mildly increased hepatic parenchyma echogenicity was compared to the spleen with a variably coarse echotexture. There were no visualized hepatic masses or nodules. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

*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.



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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 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 were evident.

***Free Abdomen***

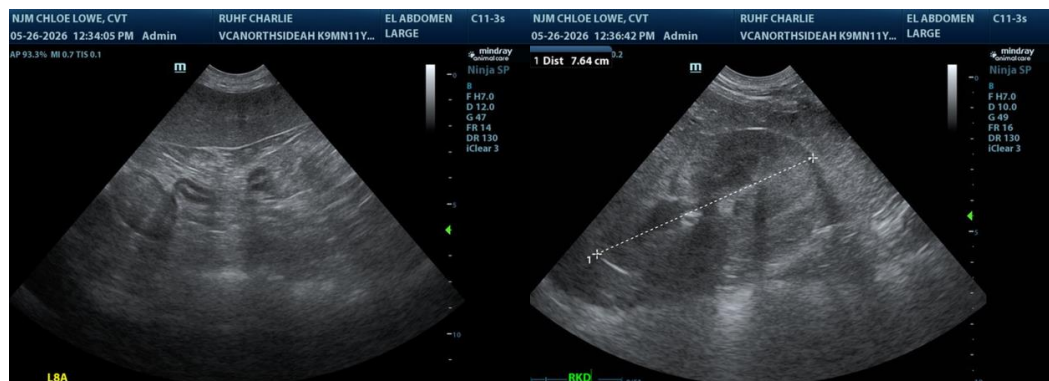
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged, mildly nonhomogeneous liver
- Mild gallbladder debris (non mucocele)
- Mild chronic renal changes
- Age-related adrenal glands with borderline bilateral adrenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Adrenal workup with LDDST is warranted if clinical signs consistent with Cushing's Syndrome are noted in conjunction with decreased urine specific gravity. Correlation with renal staging to include screening C/S and UPC level is suggested. There is no overt neoplastic criteria. Hepatosupportive medications may prove beneficial.





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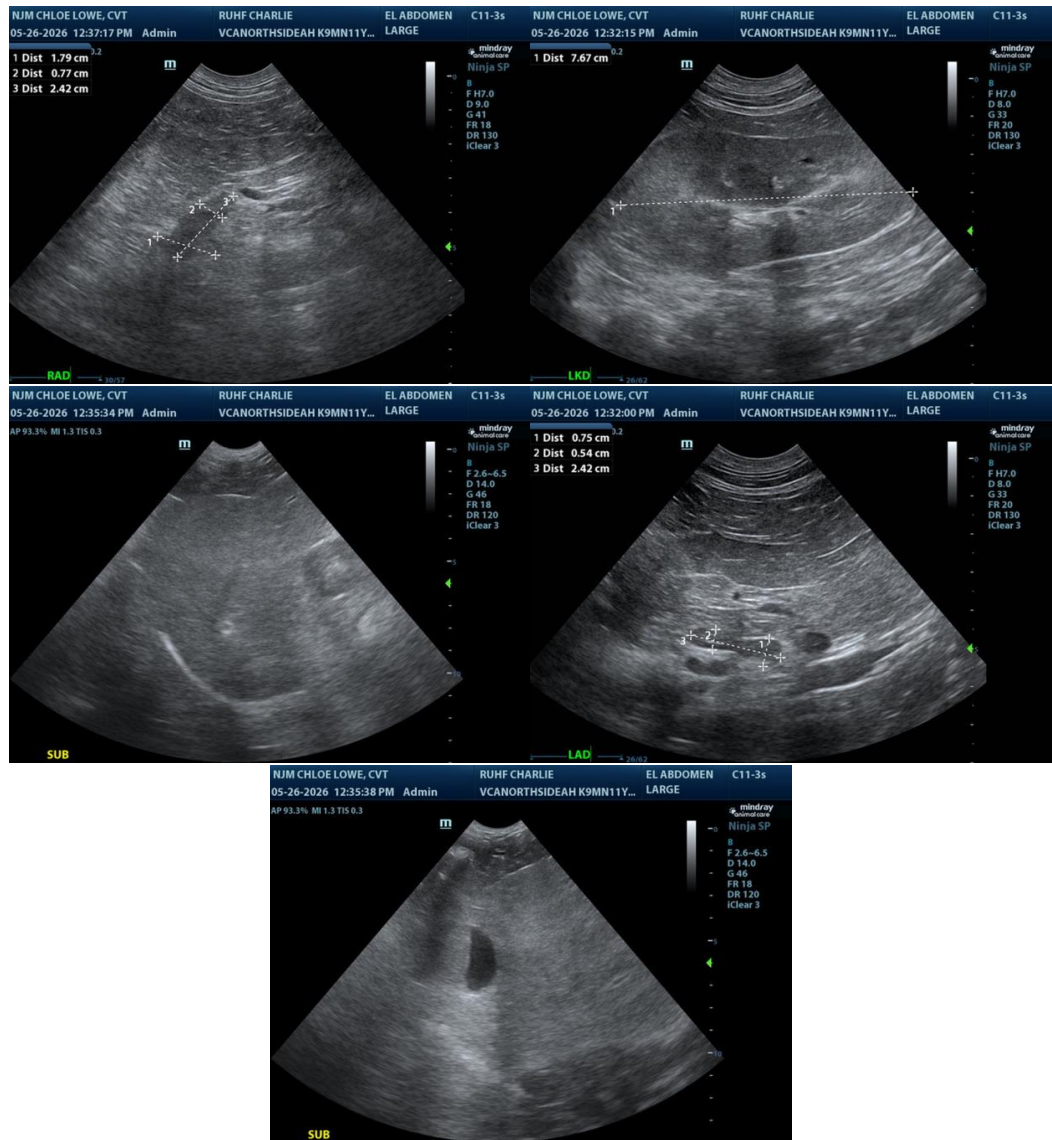
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)