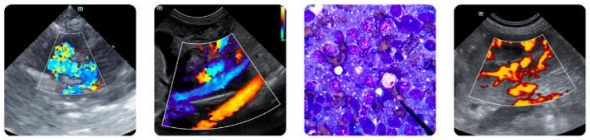


PATIENT

Marc Anthony Bryan

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered Male

AGE

15 years 7 months

WEIGHT

22.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex McFeely, DVM

HOSPITAL NAME

Centre Animal Hospital

REFERRING VET

Alex McFeely, DVM

INVOICE

10865

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Marc Anthony presented for abdominal ultrasound because of concern for polydypsia and potential Cushing's Disease diagnosis. Gave 2.1mg butorphanol IV for light sedation for imaging.

Abnormal PE/Chem/CBC/UA Results: Recent cbc and chem within past month unremarkable other than mild hypercalcemia with hypertriglyceridemia. UA showed urine specific gravity of 1.020, pH 7 neg. for protein, rest neg/normal and quiet sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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. The left kidney measured 4.6 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

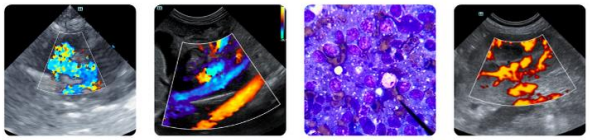
The left and right adrenal glands were indistinctly visualized, yet overtly normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small, well-demarcated, medial parenchyma to perihilar hyperechoic nodules were present. Suspect concurrent benign medial capsule fibrosis. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Adequate hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.



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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.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum with mild pancreatic remodeling. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal / adrenal changes with subjective normal bilateral adrenal size
- Sonographically normal liver
- Mild gallbladder debris (non mucocele)
- Mild pancreatic remodeling
- Small hyperechoic splenic nodules and suspect medial capsule fibrosis – consistent with benign criteria and small splenic myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt sonographic evidence of adrenal or hepatic pathology as an obvious contributing factor to the patient's clinical signs. Despite a lack of adrenal pathology, adrenal screening could be considered if strong clinical signs suggestive of Cushing's Syndrome are present.

There is no evidence of neoplastic criteria. Assessment for evidence of cranial abdomen / subxiphoid discomfort on palpation and a spec cPL, if clinical signs suggestive of chronic pancreatitis are present, may be considered. Hepatosupportive medications are recommended if there is evidence of cholestasis. Three-view chest radiographs, rectal palpation, and hypercalcemia panel, if persistent hypercalcemia, may be considered.

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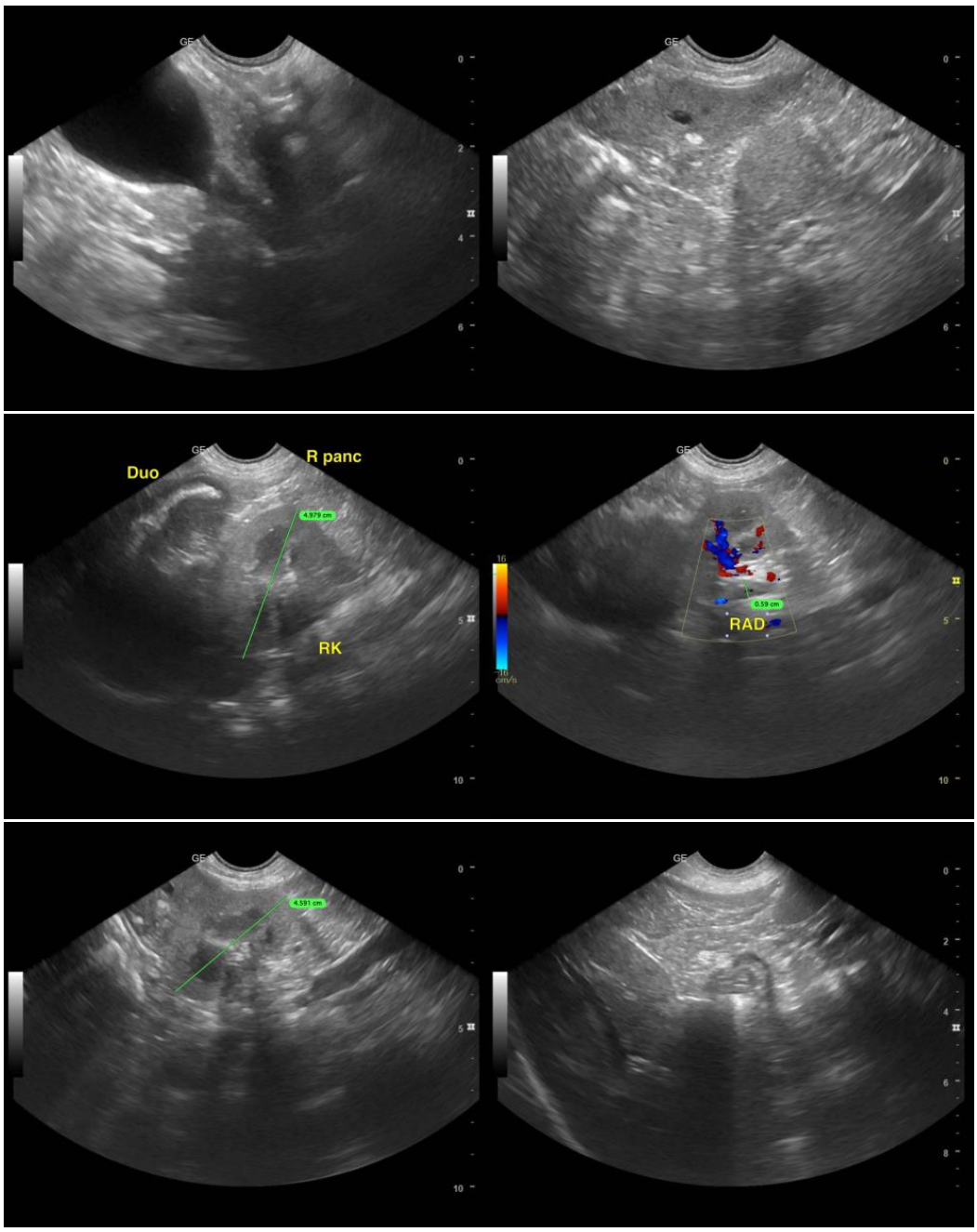

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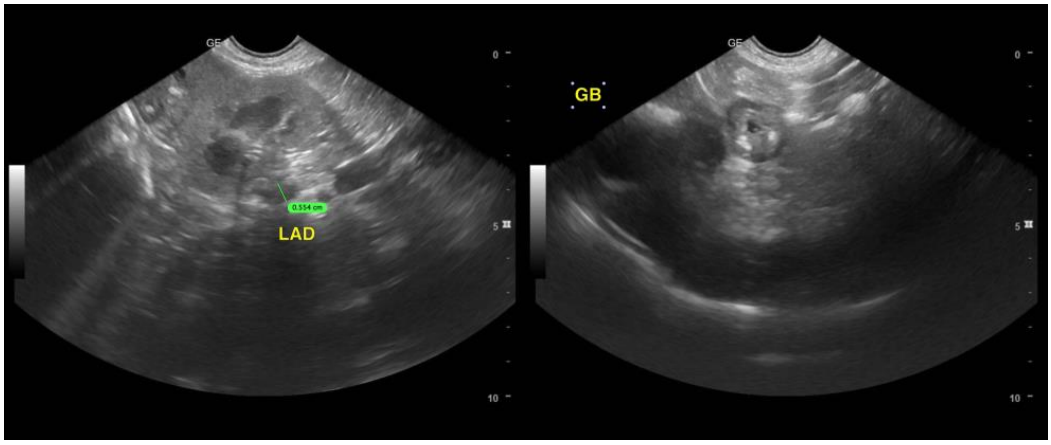

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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