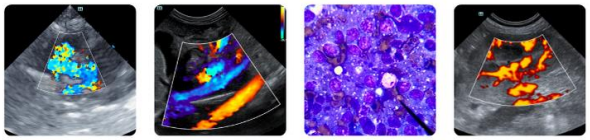


PATIENT

Sophie Rapisarda

SPECIES

Canine

BREED

Chocolate Lab

SEX

FS

AGE

8 yrs

WEIGHT

83.0 lbs.

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. Debra Szpicek

INVOICE

10955

DATE

6/4/26

PRESENTING CLINICAL SIGNS

p went to er for nose bleed.
o states p has gained weight (5 lbs , however, last weight was last year)
increased appetite, unsure if pu/pd

Abnormal PE/Chem/CBC/UA Results: CBC wnl Chem elevated alt/ ast 984/81 alkphos - no results , not diluted elevated triglycerides 230 pt/ptt wnl high end of normal 16.7/108.7

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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged, primarily owing to a nonhomogeneous nodular lesion occupying the mid-cranial left adrenal gland with associated mild asymmetrical capsule distortion. Definitive evidence of vascular invasion was not obvious. Nodular lesion measured ~2.4 x 2.0 cm. The left adrenal gland measured 0.79 cm width at the caudal pole.

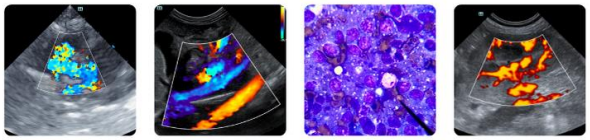
The right adrenal gland was indistinctly visualized exhibiting subjective asymmetrical enlargement, most notable in the cranial pole, with nonhomogeneous, overtly nonmineralized parenchyma. The right adrenal gland measured 4.5 cm length x ~2.8 cm width at the cranial pole and 1.3 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, well-demarcated, hyperechoic perihilar to primarily medial parenchyma nodules were present. 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 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 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



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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.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – vascular, cholestatic, or steroid hepatopathy favored, potential for nonspecific hepatic / hepatobiliary inflammatory disease, hepatic neoplasia thought less likely
- Mild nonorganized gallbladder debris (non mucocele)
- Bilateral asymmetrical adrenomegaly with left adrenal nodular lesion – benign hyperplasia, functional vs. nonfunctional adenoma, unilateral/bilateral adrenal tumors or combination possible
- Small hyperechoic splenic nodules – most consistent with benign criteria such as myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted. If hypertension is present, i.e., systolic pressure >160, then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid, then work-up for adrenal-dependent Cushing's is indicated. CT evaluation of the bilateral adrenal glands could be considered for further assessment. Hepatosupportive medications, including Denamarin and Ursodiol, may prove beneficial.

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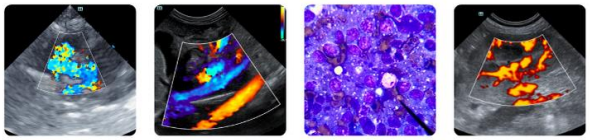

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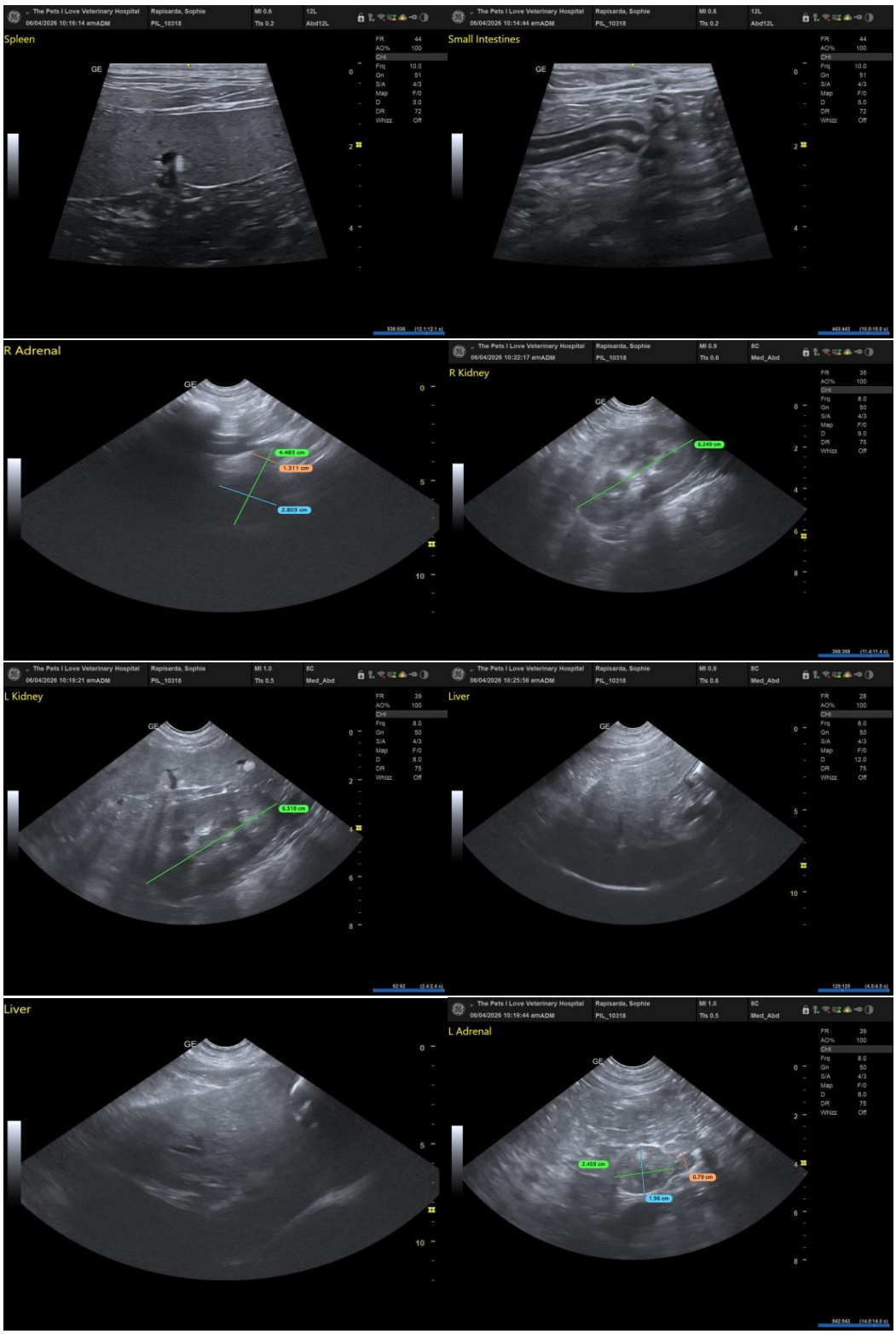

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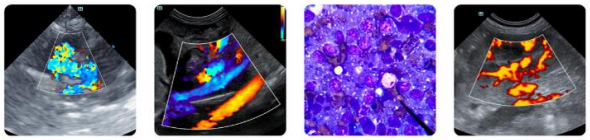

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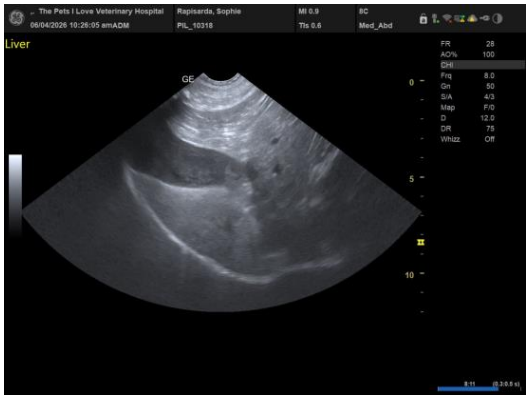

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com