



PATIENT

Brixton Peters

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

8.3

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

14854

DATE

04/03/26

PRESENTING CLINICAL SIGNS

P presented for evaluation for losing weight, accidents in house, rounded abdomen, decreased appetite, increased thirst. Not on any long-term medications.

Abnormal PE/Chem/CBC/UA Results: See attachment for labwork/pe

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 4.0 cm

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation and irregular margins. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.7 cm in length. The right kidney is 5.3 cm in length.

Adrenal Glands

Both adrenal glands are diffusely enlarged and of normal echogenicity with left focal mineralization. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 8.5 mm at the cranial pole and 8.6 mm at the caudal pole. The right adrenal gland height is 1.1 cm at the cranial pole and 8.8 mm at the caudal pole

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma that is disrupted by diffuse pinpoint mineralization. There is a 2.3 cm by 2.1 cm hyperechoic heterogeneous mass noted in the head of the spleen with normal surrounding omental fat. The spleen has a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is moderately distended with ingesta. The gastric wall is 3.6 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering measuring 1.1 mm. The ileocecal junction was not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilateral mild adrenomegaly.
- Small splenic mass.
- Diffuse pinpoint mineralizations of the spleen which is an incidental finding seen commonly in dogs with endocrine disease.
- Diffusely heterogenous hyperechoic liver.

SECONDARY FINDINGS

- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the adrenal glands, along with the hyperechoic enlarged liver and pinpoint splenic mineralization will all support a diagnosis of pituitary dependent hyperadrenocorticism. Low dose dexamethasone suppression testing or an ACTH stimulation test would be recommended to confirm the diagnosis prior to initiation of therapy. The chronic renal changes may be contributing to the isosthenuria and urinary accidents and so this may make monitoring of polydipsia and polyuria as a response to hyperadrenocorticism treatment challenging to assess.

The splenic mass may represent an emerging malignancy, or benign lesion such as a hematoma. Ideally, splenectomy would be recommended. However, if the patient does have hyperadrenocorticism, this should be controlled prior to any surgical procedure to minimize the risk of postoperative complications such as thromboembolism and delayed tissue healing.

Three-view chest radiographs, and ideally a focal cardiac ultrasound would be recommended to investigate for the possibility of metastatic lesions associated with this splenic mass.



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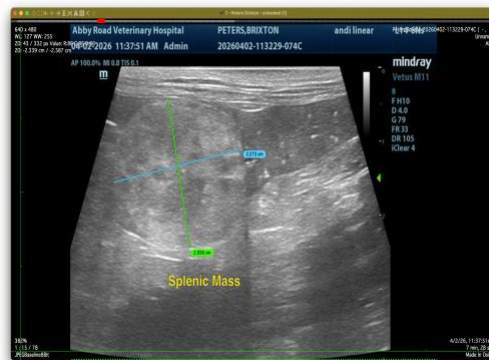
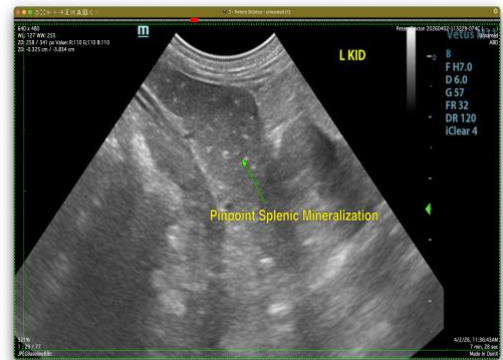
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com