PATIENT

Farley Chan

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.7 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal Clinic and Hospital of Jersey City

REFERRING VET

Dr. Jimenez

INVOICE

73102

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Abdominal mass found on radiographs during regular PE. Bloated abdomen on PE.

Abnormal PE/Chem/CBC/UA Results: HCT 61.7 HbG 21.9 Mild Retic 143 Neut 10.8 PLT 628 Na+ 156 Cl 94 TCO2 34 TP 7.7 ALT 122

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.3 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. Several benign cortical cysts are present. There is a moderate amount of renal pelvic hyperechoic foci, consistent with benign renal nephrocalcinosis. No pyelectasia, or ureteral dilation.

The left kidney presents normal size (4.2 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. Mild renal pelvic hyperechoic foci are present, consistent with benign nephrocalcinosis. No pyelectasia or ureteral dilation.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.2 mm. The caudal pole is not fully visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.6 mm and the caudal pole measures 5.1 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

Liver

The liver is diffusely mildly enlarged with a diffuse hyperechoic echotexture. There are multifocal hypoechoic lesions present throughout the liver.

The gallbladder presents normal size with a small amount of echogenic suspended debris that is most likely clinically incidental. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach wall diffusely appears to have normal layering and thickness, measuring 3.0 mm in width. The stomach contains a moderate amount of fluid and ingesta. The pylorus is visualized. Diffusely the pyloric wall appears normal in thickness. No pyloric outflow tract obstruction seen on this exam. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Bilateral loss of corticomedullary distinction, mild nephrocalcinosis, and cortical cyst of the kidneys.
- Mildly enlarged, hyperechoic liver with multifocal hypoechoic lesions throughout the liver.
- Moderately fluid and ingesta distended stomach.

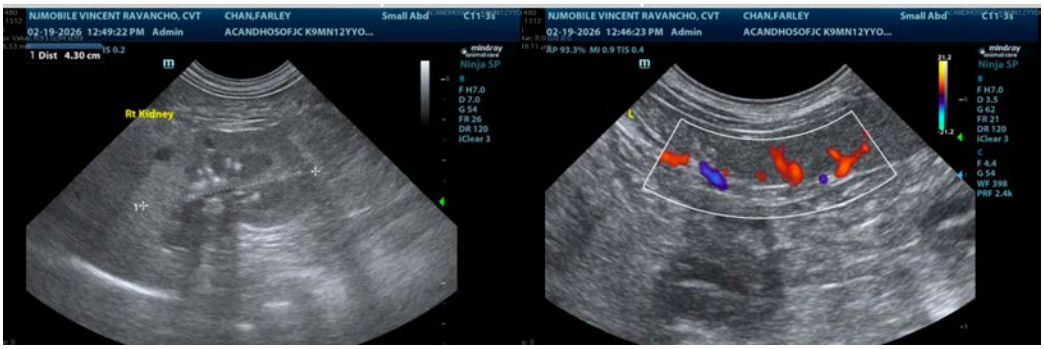
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the kidneys, recommend full staging, monitoring and managing of the patient per the International Renal Interest Society guidelines for chronic kidney disease.

The appearance of the liver may be clinically insignificant at this time. This is most likely age-related change, given that there were no reported significant lab work abnormalities consistent with a hepatopathy.

Regarding the patient's stomach, no mechanical obstruction is seen. No pyloric outflow tract obstruction is seen. It appears the patient has functional gastritis. Recommend treating supportively. Consider adding a prokinetic such as erythromycin at 0.5-1.0 mg/kg by mouth every 8 hours.

If supportive care does not resolve the patient's gastric distention, then consider either surgical or endoscopic biopsies of the patient's stomach.



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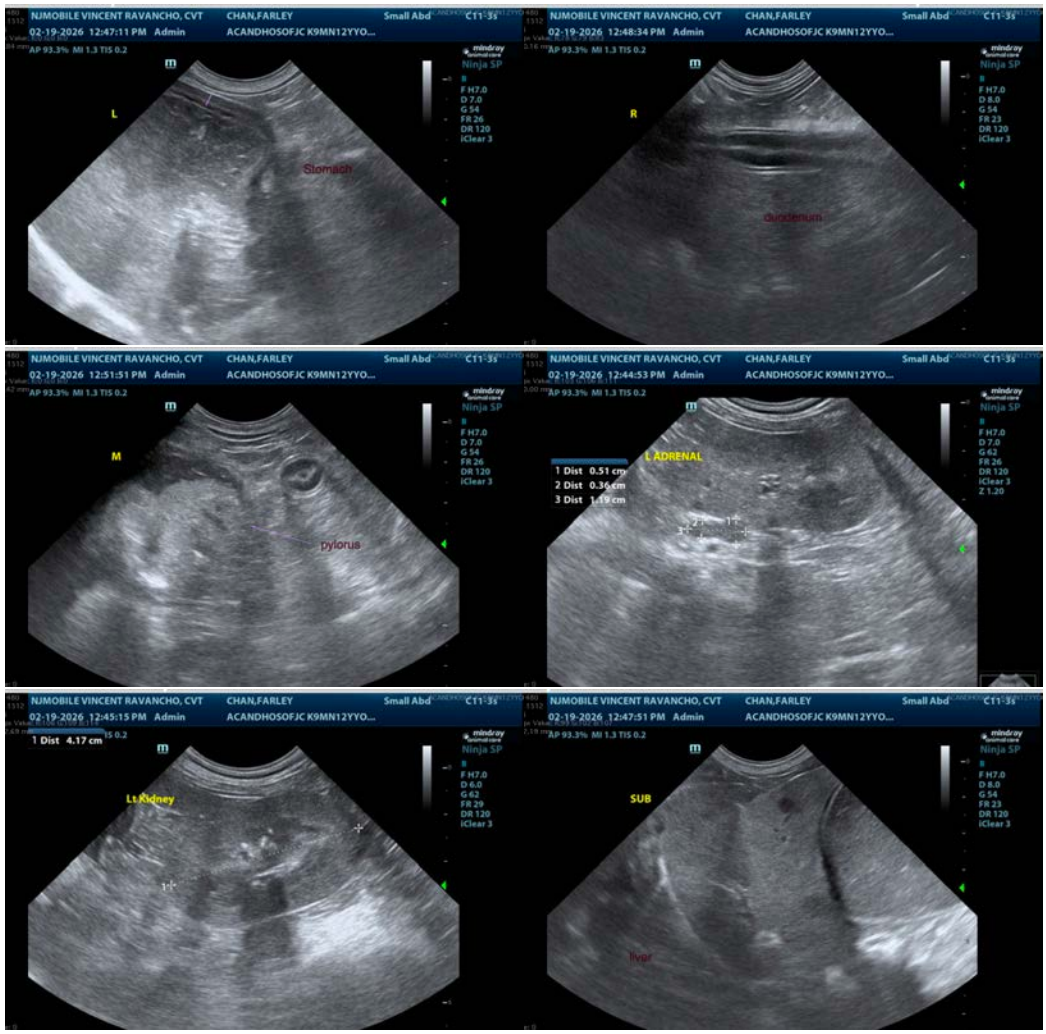

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com