



PATIENT

Julien Escobar

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

9 Years 9 Months

WEIGHT

21 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

73104

DATE

2/19/26

PRESENTING CLINICAL SIGNS

ALP 708 but no clinical signs of PU/PD, anting, pot belly

Abnormal PE/Chem/CBC/UA Results: PLT 666 Na K ratio 27 T4 0.8 Free T4 0.4 cTSH wnl 0.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. The urine does contain a moderate amount of aggregating suspended echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate is normal in appearance, measuring 9.2 mm in width. It is symmetrical and has uniform echogenicity.

The right kidney presents normal size (5.0 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The caudal pole of the right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.8 mm. The cranial pole appears to have a mass lesion present measuring 13.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 7.1 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. There are multifocal hyperechoic perivascular lesions present. A representative lesion measures 2.6 mm in width. These are most likely benign myelolipomas and do not appear to be clinically significant. The spleen has normal blood flow.

Liver

The liver appears to be mildly diffusely enlarged and diffusely hyperechoic with rounded margins. In the left aspect of the caudal liver there is a 1.1 cm in diameter round cystic lesion present. There is no mass lesion seen associated with the cystic lesion. This is most likely a benign hepatic cyst and appears to be clinically incidental. There is a 2nd hepatic cyst present that measures 1.8 cm, which is medial to the first cyst described, still in the left caudal liver. The cyst is also most likely clinically insignificant. No mass lesion is seen.

The gallbladder presents normal size with a mild amount of aggregating echogenic debris present, most likely clinically an incidental finding at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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

- Echogenic urinary bladder debris.
- Hyperechoic splenic lesions.
- Enlarged, hyperechoic liver with hepatic cysts.
- Adrenal mass cranial pole right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the urinary bladder debris, recommend urinalysis is not already performed, and urine culture if clinically indicated to rule out urinary tract infection or crystalluria.

The splenic lesions appear to be benign myelolipomas. No further diagnostics are recommended for the splenic lesions.

Both hepatic cysts appear to be benign. No further diagnostics recommended. The appearance of the liver corroborates the patient's elevated ALP. Most likely the patient has a secondary hepatopathy due to a vacuolar hepatopathy. Recommend a workup for secondary causes of a vacuolar hepatopathy and an elevated ALP, including a thyroid panel, a urine cortisol to creatinine ratio, and if UCCR is elevated then perform a low-dose Dexamethasone suppression test.

Recommend fasting triglycerides to rule out hypertriglyceridemia.

Recommend a Texas A&M GI Panel to screen the patient for occult gastrointestinal or occult pancreatic disease, all to help determine the cause of elevated ALP and appearance of the liver. Ultimately, if no secondary cause is found for the patient's hepatopathy, then consider performing a liver biopsy at that time if liver enzymes remain persistently elevated.

It is unclear if the right adrenal mass is functional. If the patient is diagnosed with hyperadrenocorticism, then it is suspected that the patient would have adrenal dependent hyperadrenocorticism. If hyperadrenocorticism is diagnosed in this patient, recommend referring the patient to a surgeon to discuss right-sided adrenalectomy. If the adrenal mass is determined to be non-functional and the patient is not diagnosed with hyperadrenocorticism, I would recommend submitting a urine metanephrine at that time to rule out pheochromocytoma. If pheochromocytoma is ruled out, then at that time recommend periodic recheck ultrasounds of the adrenal mass every 3-6 months to determine if it is increasing in size. If the mass appears to be increasing in size, then recommend referring the patient at that time to a surgeon to discuss right-sided adrenalectomy.



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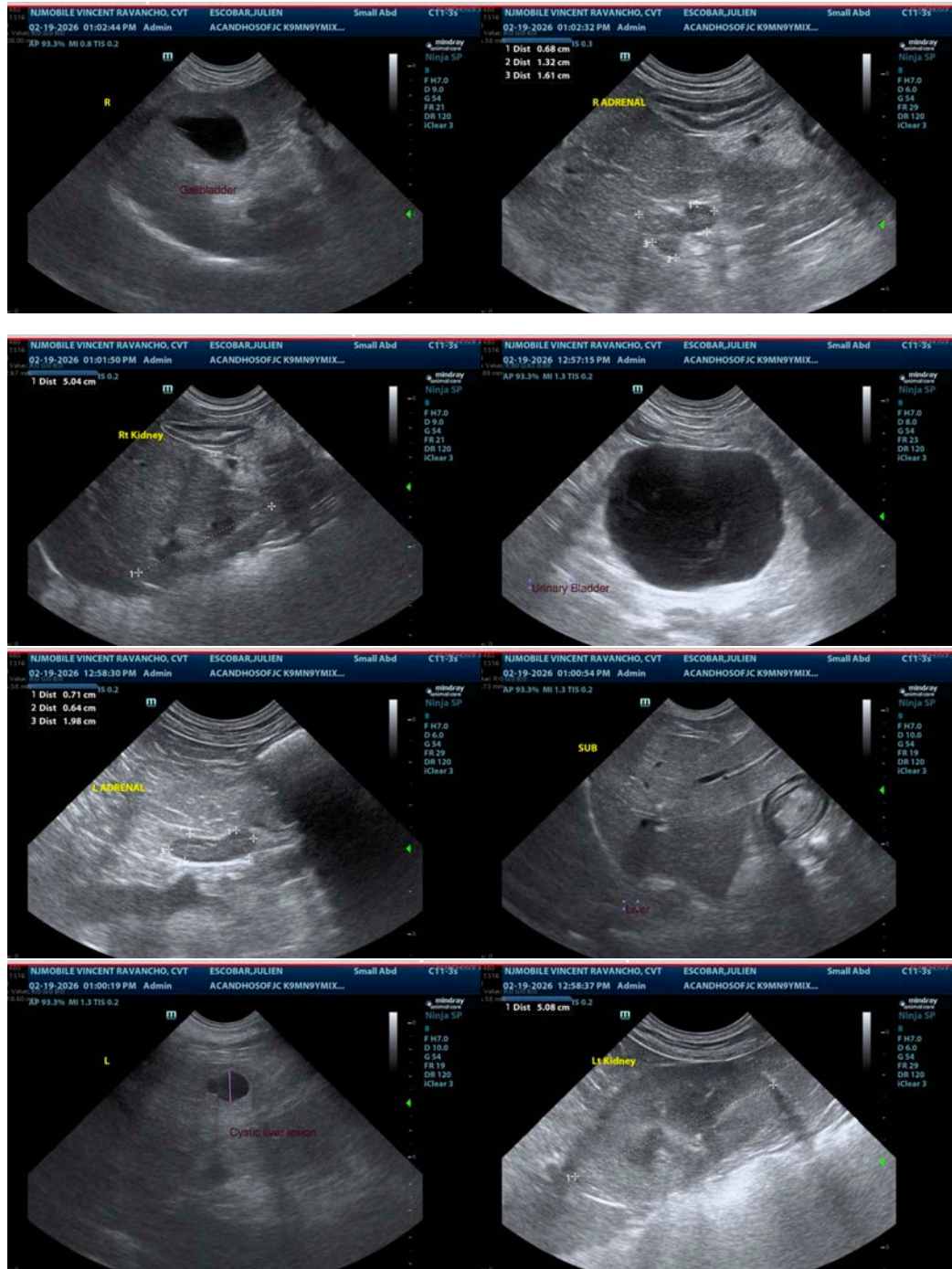
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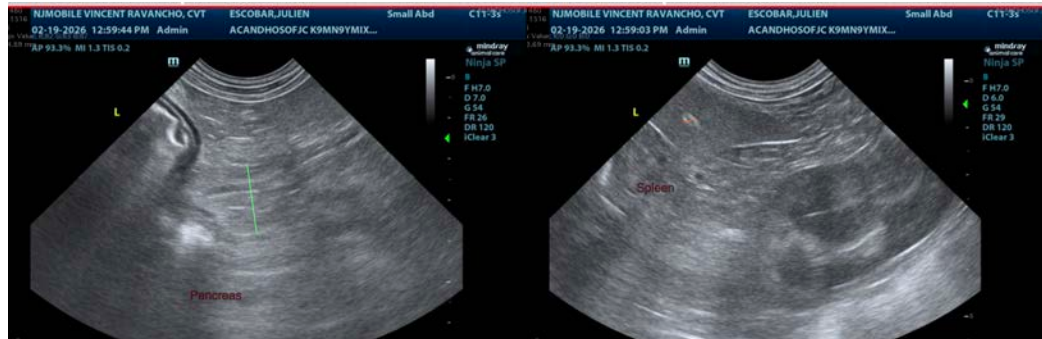
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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