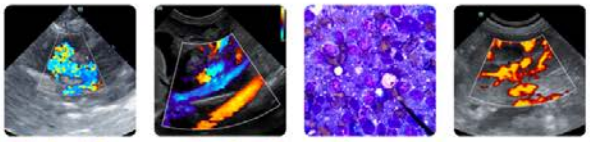

PATIENT

Anna Smith

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Ian Anderson

HOSPITAL NAME

Chester Animal Clinic

REFERRING VET

Dr. Jeffrey Smith

INVOICE

73401

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Seen on February 3rd by relief vet for periods of confusion and ataxia, originally attributed to cognitive dysfunction. AUS declined at that time after hepatopathy and hypoalbuminemia noted. Seen by urgent care two weeks later for head pressing, neurology referral declined. Follow up lab work performed here showed progression. Screening for hepatic disease contributing to hepatic encephalopathy

Abnormal PE/Chem/CBC/UA Results: Attached

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. Ureteral papillae not seen.

The right kidney is small in size, measuring 2.5 cm. The caudal aspect of the kidney is not present. There is moderate loss of corticomedullary distinction in the remaining kidney. There is an 8.6 mm hyperechoic shadowing nephrolith present in the renal pelvis. The renal pelvis does not appear dilated at this time.

The left kidney presents normal size (3.2 cm) but mildly irregular shape. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not clearly seen.

The caudal pole of the left adrenal gland is enlarged, measuring 9.6 mm. The cranial pole was not seen.

Spleen

In the head of the spleen there is a 1.8 cm x 1.5 cm isoechoic, capsule displacing splenic mass present. The mass is not cavitated. The remainder of the spleen appears normal. There are several hyperechoic lesions within the spleen consistent with benign myelolipomas. The spleen has normal blood flow.

Liver

The liver is normal in size. It diffusely has a hyperechoic echogenicity with normal echotexture. No obvious liver lesions or masses are seen. Hepatic vasculature appears normal.

The gallbladder is markedly enlarged with anechoic bile. The gallbladder wall appears normal in thickness. The gallbladder does not appear obstructed. There is mild suspended echogenic debris that appears insignificant at this time.

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.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Evidence of bilateral chronic kidney disease. The caudal pole of right kidney is missing. There is a right-sided nephrolith present. Loss of corticomedullary distinction in both kidneys. The left kidney is irregularly shaped.
- Mass in the head of the spleen.
- Left-sided enlarged adrenal at the caudal pole – Potential adrenal hyperplasia consistent with possible pituitary dependent hyperadrenocorticism. The lesion does not appear to be mass-like and has a uniform echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing of the patient per International Renal Interest Society guidelines.

Recommend fine needle aspirate of the splenic mass. If aspirate is non-diagnostic, then consider either splenectomy and submitting spleen for histopathology, or monitoring the splenic mass via ultrasound over the next 2-3 months to determine if it is changing in size. If the mass is enlarging, recommend splenectomy at that time.

Recommend screening for hyperadrenocorticism with either low-dose Dexamethasone suppression test or ACTH stimulation test. If patient is hypertensive, also recommend screening patient for the possibility of pheochromocytoma by submitting a urine metanephrine test.

If patient is found to be hypertensive, one possible cause for the patient's neurologic signs would be a possible vascular event caused by hypertension, which may be driven by a pheochromocytoma.

If hypertension is ruled out, and functional adrenal disease is not present, then recommend referring patient to neurologist to further evaluate the neurologic signs described in the submission form.

No obvious evidence of neoplasia seen on this abdominal ultrasound.

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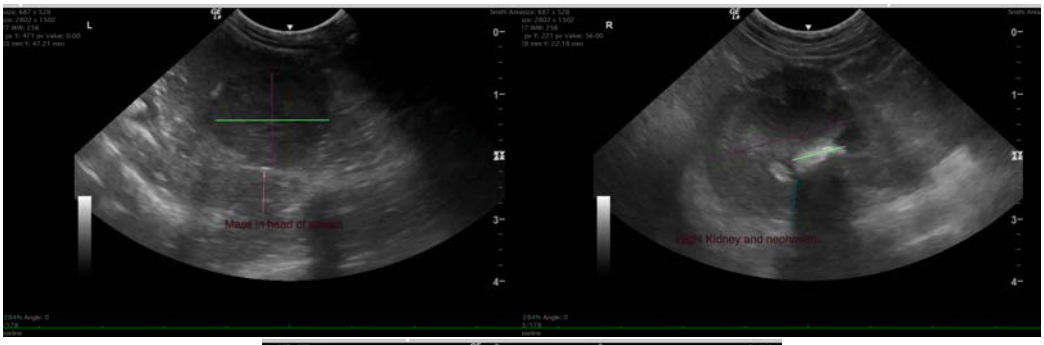

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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