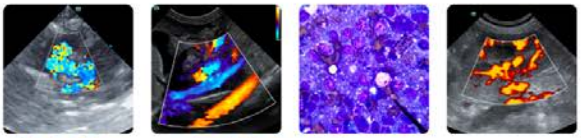

PATIENT

Ginger Guy

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

16 Years

WEIGHT

9 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Park Ridge Animal Hospital

REFERRING VET

Dr. Doyle

INVOICE

73441

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes and kidney values. Lethargic, anorexic, wt loss, weak and having a hard time standing. Current meds: Gabapentin 25mg BID, Cerenia 8mg SID

Abnormal PE/Chem/CBC/UA Results: SDMA 49, Creat 7.0, BUN 145, Phos 16.1, Chloride 98, ALT 2468, ALP 729, GGT 30

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. No urethral papillae seen.

The right kidney is normal in size (3.1 cm) with complete loss of corticomedullary distinction. Renal pelvic dilation is noted at 10.4 mm x 19.5 mm.

The left kidney is small in size (2.9 cm) with complete loss of corticomedullary distinction. Moderate renal pelvic dilation noted at 8.8 mm x 4.6 mm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 mm and the caudal pole measures 4.9 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 4.7 mm.

Spleen

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

Liver

The liver is mildly diffusely enlarged and has a diffuse hyperechoic echogenicity with a normal echotexture. Normal hepatic vasculature seen. No obvious liver masses or lesions seen.

The gallbladder presents normal size with a moderate amount of aggregating hyperechoic debris. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

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

Pancreas

The pancreas is not clearly seen.

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Very early immature gallbladder mucocele.
- Enlarged, hyperechoic liver.
- Small left kidney, complete loss of corticomedullary distinction and renal pelvic dilation of both kidneys – Concerning for possible end stage renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend hospitalization of the patient for aggressive IV fluid diuresis and supportive care to determine if renal function can be improved. Currently, the patient appears to have Stage 4 chronic kidney disease per the IRIS guidelines. Recommend full staging, monitoring and managing of the patient's renal disease per the IRIS guidelines.

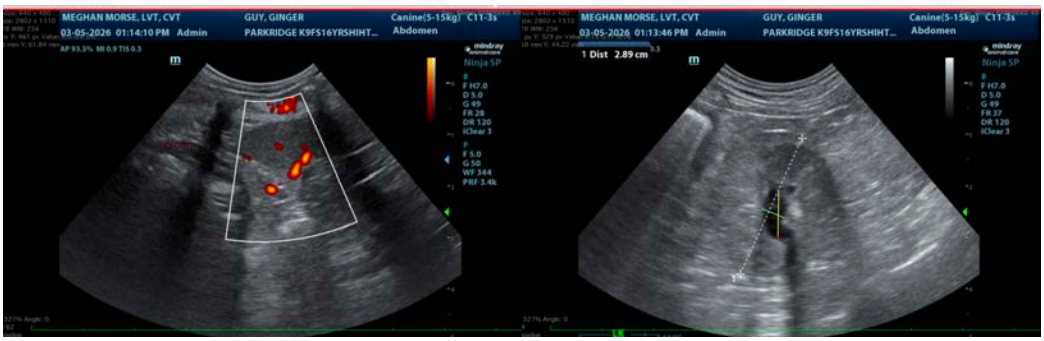
No obvious cause for the patient's markedly elevated liver values is seen. It does not appear that the elevated liver values are due to gallbladder disease alone. Patient's bilirubin is not reported to be elevated. Therefore, it does not appear that the gallbladder is currently obstructed. Given the appearance of the gallbladder, recommend ultrasound guided bile aspirate for aerobic and anaerobic bacterial culture and cytology to rule out bacterial cholangitis as possible cause of the patient's gallbladder disease, which could potentially also be causing the patient's reported hepatopathy.

Even though the liver is mildly enlarged and hyperechoic, suggestive of a possible vacuolar hepatopathy, no cause for a vacuolar hepatopathy is seen on this exam. At this time, differentials would include possible endocrine disease. Screening via a urine cortisol to creatinine to rule out Cushing's and submitting possible fasting triglycerides to rule out hypertriglyceridemia as a cause for the patient's apparent hepatopathy would be recommended. However, infiltrative neoplasia such as lymphoma or mast cell is possible, but not highly likely, for the cause of the patient's hepatopathy. Given the possibility of round cell neoplasia, recommend fine needle aspirate of the liver with submission for cytology to rule out round cell neoplasia.

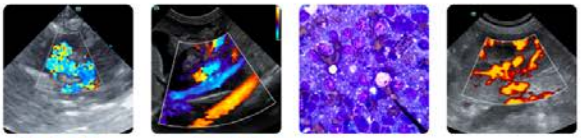
At this time, as stated, the gallbladder does not appear to be surgical unless bilirubin begins to elevate. It is important to determine if renal functionality can be regained.

Prognosis is currently guarded to poor depending determination of whether renal functionality can return with supportive care and IV fluid diuresis.

Also recommend checking systemic blood pressure to determine if hypertension may be contributing to patient's renal disease.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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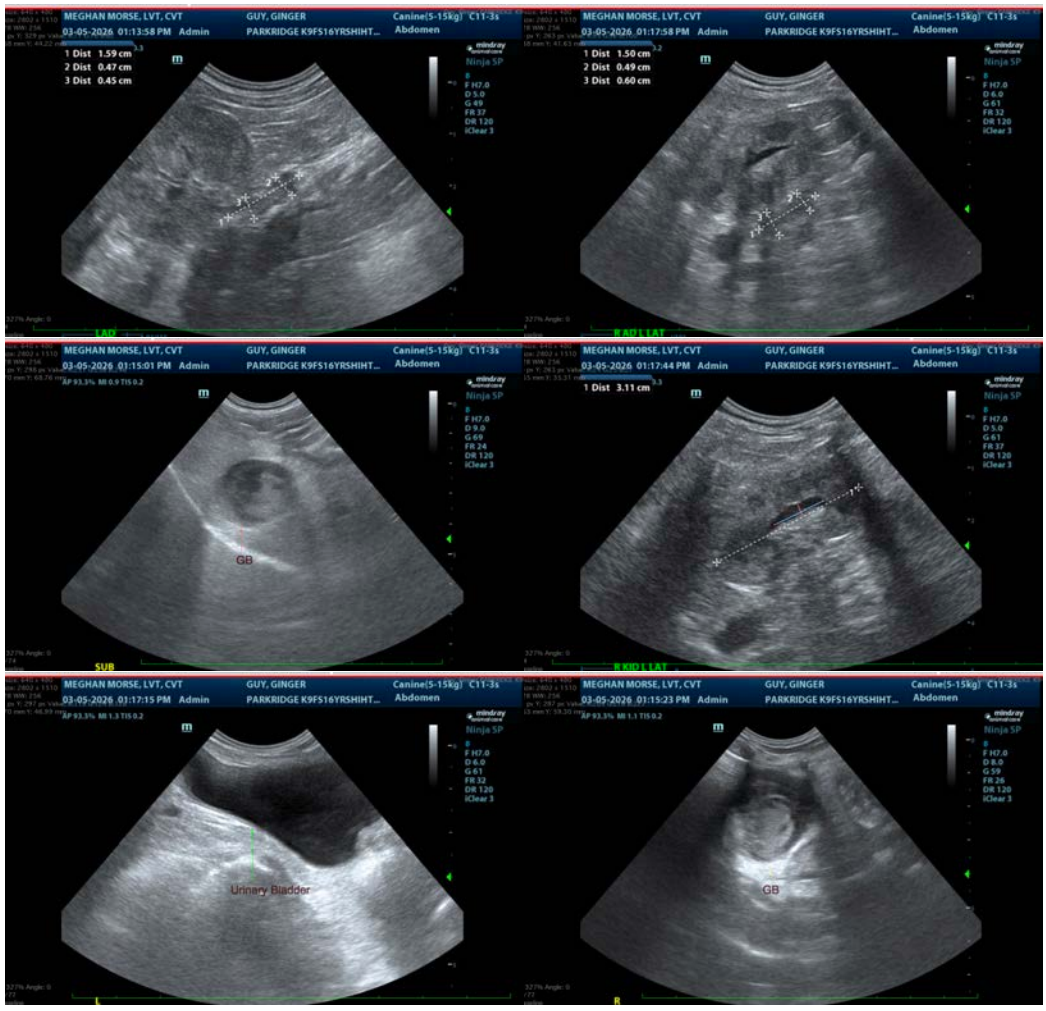

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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