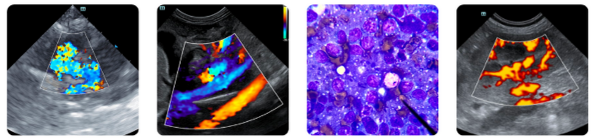


PATIENT

Nuggy Brzeski

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

14 years

WEIGHT

9 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Wade Ewing

INVOICE

11603

DATE

4/1/2026

PRESENTING CLINICAL SIGNS

History of weight loss and inappetence. Dark urine. Lab work shows elevated ALP, ALT, Tbili.

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. In the trigone region there is a 6.1 mm x 7.6 mm hyperechoic intraluminal lesion with a smooth surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.8 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left 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 3.0 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.2 mm and the caudal pole measures 4.5 mm.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

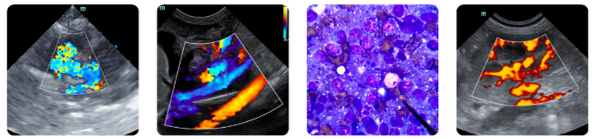
Gastrointestinal

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen



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

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic intraluminal lesion with a smooth surface. This may be a benign urinary polyp or may represent a malignant neoplasia such as transitional cell carcinoma or other malignant neoplasia.
- Mild to moderate age related kidney changes.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend diagnostics for the urinary bladder lesion, starting with a urine culture to rule out occult urinary tract infection. If UTI is ruled out, submission of BRAF test to rule out transitional cell carcinoma is then recommended. If transitional cell carcinoma is ruled out and lesion persists within the lumen of the bladder, then I recommend cystoscopy for biopsies of the lesion. This lesion does not appear surgically resectable given its location.

Given that the patient has apparent age-related changes in both kidneys, recommend full monitoring, managing and staging per IRIS guidelines.

Recommend ruling out hyperadrenocorticism with submission a urine cortisol to creatinine ratio. If UCCR is elevated, then I recommend a low dose dexamethasone suppression test. If hyperadrenocorticism is ruled out, then pursue other possibilities for secondary diseases causing the suspected benign vacuolar hepatopathy. Screen for diseases such as hyperadrenocorticism, hypothyroidism, occult pancreatic or occult GI disease.

It is also possible that the patient's gallbladder debris may be causing some degree of cholestasis, and leading to the elevated liver values and appearance. Recommend starting ursodiol at 15 mg/kg by mouth, BID. Recheck imaging of the gallbladder, and liver values 6-8 weeks after initiating ursodiol treatment.

SonoPath.com info@sonopath.com 1.800.838.4268

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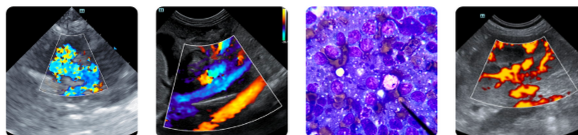
FOSTERING THE ART OF VETERINARY MEDICINE™



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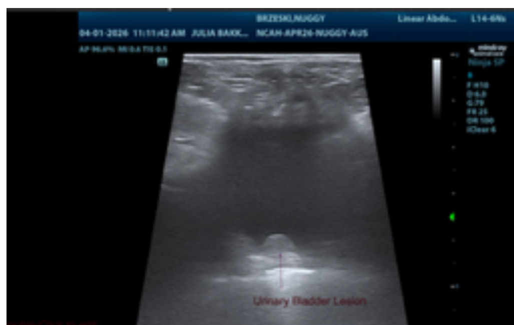

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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