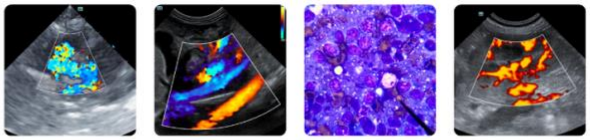


PATIENT

Shasta Nerkar

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

10 Years

WEIGHT

68.7

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Cassidy Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Cassidy Stranzl

INVOICE

36555

DATE

4/11/26

PRESENTING CLINICAL SIGNS

History: Inappetence, lethargy - about 1 week, not finishing her meals, licking her lips but not vomiting. one possible recent episode of vomit outside, but not witnessed so not sure when or if it actually happened, stopped gabapentin for pain related to hip dysplasia two weeks ago.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

In the inguinal region, ventral to the bladder in the subcutaneous tissue, there is a hyperechoic mass lesion present, measuring 2.1 cm in width. The appearance of this lesion is consistent with possible benign lipoma.

The visible right kidney presents normal size with normal shape and architecture. Mild to moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.5 cm in length) with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland was not clearly visualized on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 5.8 mm at the cranial pole and 4.7 mm at the caudal pole.

Spleen

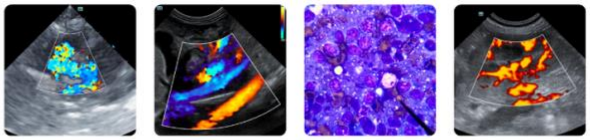
The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

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 a mild amount of 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



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The stomach has normal wall layering and thickness. The small bowel is normal in appearance and thickness (3.4 mm width). 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

- Inguinal mass - consistent with possible benign lipoma.
- Urinary bladder debris
- Hyperechoic hepatomegaly
- Mild gallbladder debris
- Loss of corticomedullary distinction in both kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, recommend fine needle aspirate of the mass lesion in the inguinal region ventral to the bladder, with submission for cytology, to determine etiology. The inguinal mass is most likely a benign finding and is not suspected to be related to the patient's clinical signs, however, cytology is recommended to rule out a malignant neoplastic disease, which is not suspected based on the appearance of this inguinal mass.

Recommend urine culture, if not already performed.

Given the appearance of the liver, it appears the patient has benign secondary vacuolar hepatopathy. If not already performed, recommend serum chemistry to evaluate patient's liver values. If cholestatic markers are elevated, this would support possible benign vacuolar hepatopathy. Screen patient for secondary causes for the appearance of the liver. Screen for diseases such as hyperadrenocorticism, hypertriglyceridemia, hypothyroidism, occult GI or occult pancreatic disease. If cholestatic liver enzymes are elevated, also consider treating for possible biliary cholestasis. Given the mild gallbladder debris present, consider starting ursodiol at a dose of 15 mg/kg by mouth, split into two daily doses.

Given that both kidneys have loss of corticomedullary distinction, recommend full renal staging, monitoring, and managing the patient per International Renal Interest Society guidelines for possible chronic kidney disease.

No obvious cause for the patient's inappetence and lethargy is seen on this exam.

If not already performed, recommend full comprehensive labwork be performed, including CBC chemistry, urinalysis, and urine culture, given the urinary bladder debris present.

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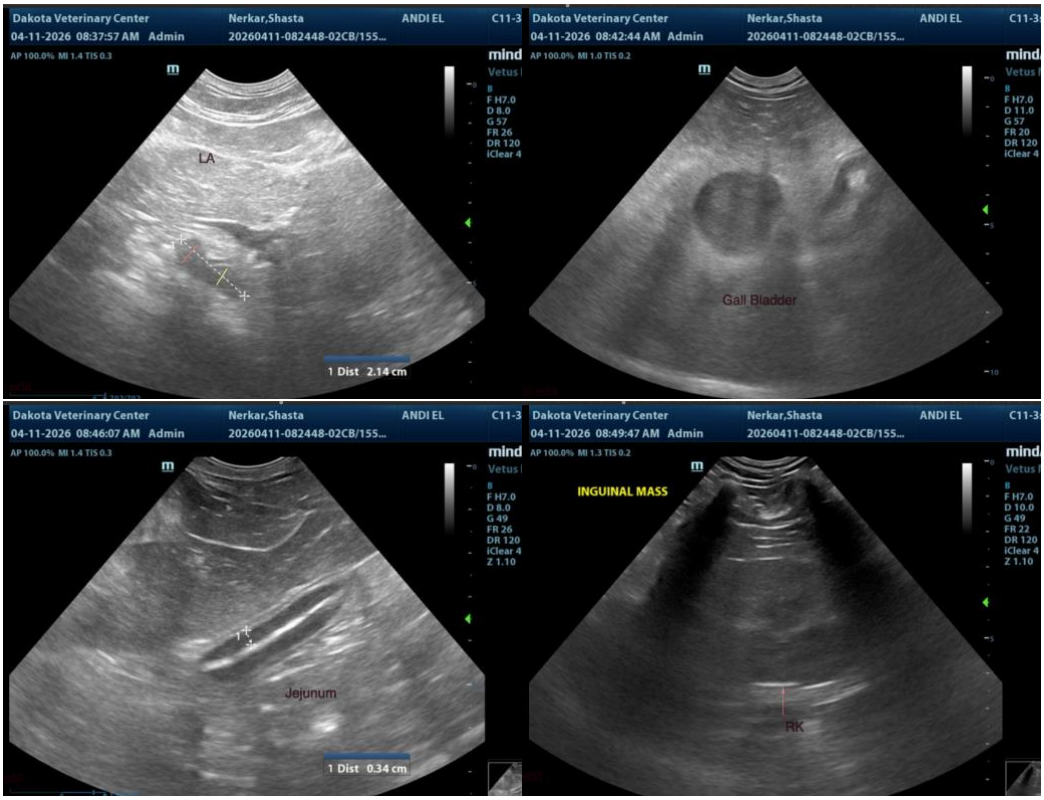

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com