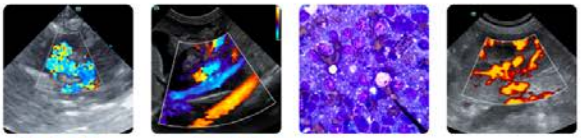

PATIENT

Jack Peludo Grecco Gomes

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

10.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

St. George's Veterinary Hospital

REFERRING VET

Dr. Smith

INVOICE

74519

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Chronic Bilious vomiting, syncope episodes. Clinical findings - grade 2/6 murmur. Severe dental dz.

Abnormal PE/Chem/CBC/UA Results: TP 7.7 (H) , Alb 2.4(L) Glob 5.3 (H) ALT 162 (H), ALP 266 (H) BUN96 (H), Creat 3.4 (H), SDMA 20.5 (H), GLU 47(L) Amy 1303(H), WBC 20.4 (H), Neu 11,832(H) lym 5712(H) Mono 1428 (H) EOS 142(H)

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 papillae seen.

The prostate appears normal, measuring 6.3 mm in width. It is symmetrical and uniform in echogenicity.

The right kidney presents normal size (3.9 cm) with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia or ureteral dilation. Moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (3.5 cm) with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia or ureteral dilation. Moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.8 mm and the caudal pole measures 4.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.4 mm and the caudal pole measures 4.9 mm.

Spleen

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

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.

There are approximately 4-5 hyperechoic, mildly shadowing choleliths present in the gallbladder. Currently, the gallbladder does not appear obstructed. The visible common bile duct appears normal.

Gastrointestinal

The stomach wall is mildly diffusely thickened at 4.8 mm in width, with mild fluid retention. No obstructive lesions seen. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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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

- Bilateral evidence of chronic kidney disease.
- Hyperechoic hepatomegaly – Most likely due to a benign vacuolar hepatopathy.
- Choleliths.
- Mildly diffusely thickened stomach wall – May be suggestive of possible mild uremic gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider screening for secondary causes of liver disease such as hypertriglyceridemia, occult pancreatitis, occult GI disease, and hypothyroidism. Hepatic vasculature does not appear distended, so cardiac disease causing a congestive hepatopathy is unlikely. Given that this appears to be a benign hepatopathy, infectious disease such as Leptospirosis is unlikely. However, if patient is not vaccinated for Leptospirosis, consider screening.

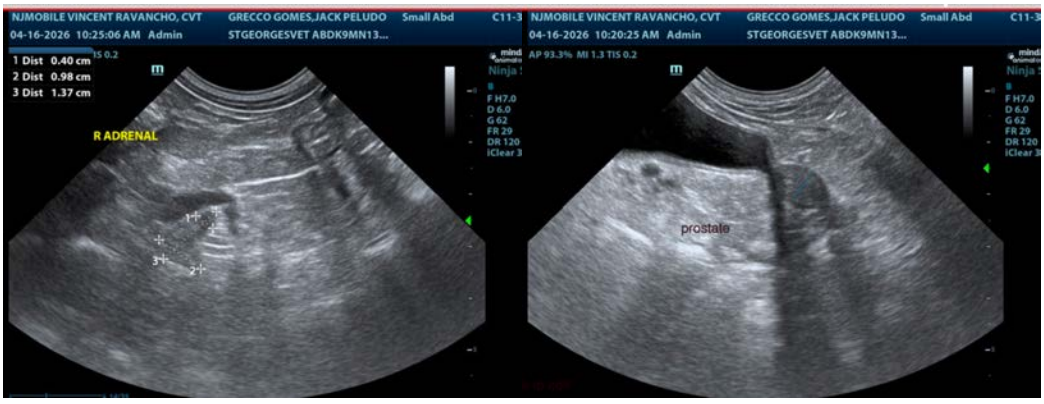
No obvious evidence of hyperadrenocorticism based on the appearance of the adrenal glands. However, recommend submitting a urine cortisol to creatinine ratio. If elevated, perform a low-dose Dexamethasone suppression test. If UCCR is normal, hyperadrenocorticism is effectively ruled out.

Consider starting Ursodiol at 15 mg/kg by mouth split into two daily doses and rechecking this finding via ultrasound in 6-8 weeks to determine if improvement or resolution has occurred.

Ultimately, if not secondary cause for the patient's mildly elevated liver values is identified and they are persistently or progressively elevated, then at that time consider a liver biopsy to determine etiology of hepatopathy.

Recommend treating the patient supportively for uremic gastritis if clinically warranted, with antiemetics and prokinetic medications.

Based on the lab work and the findings of this ultrasound, chronic kidney disease is suspected. Recommend full IRIS staging, monitoring and managing.



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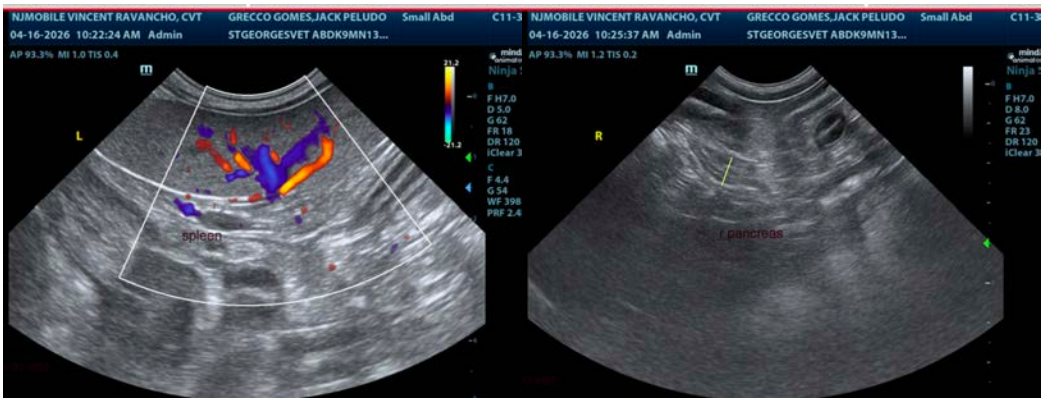

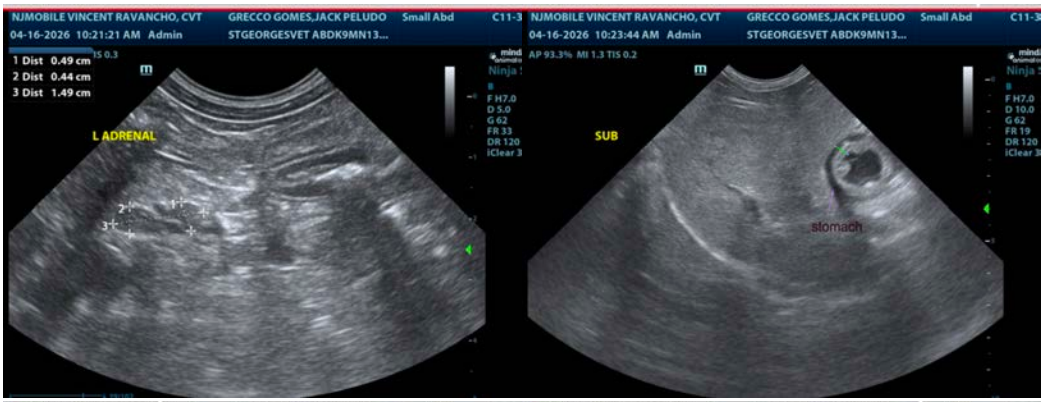

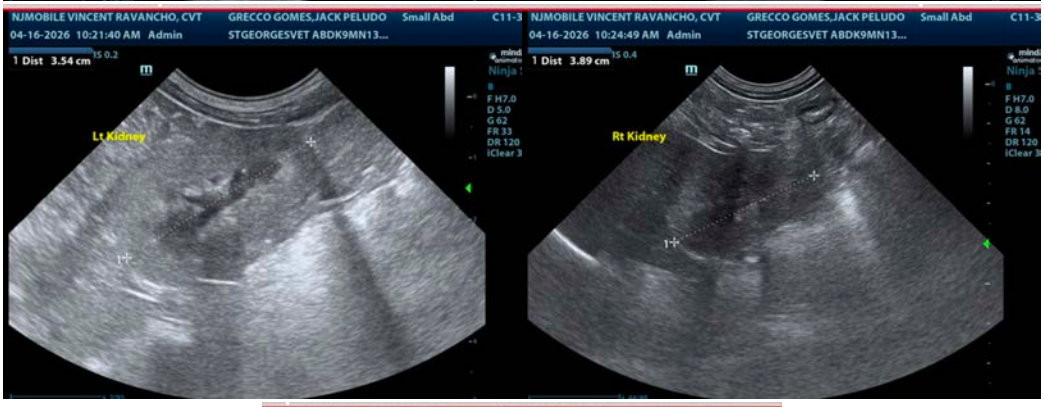

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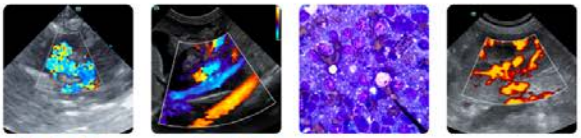
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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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