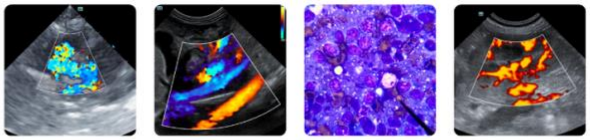

PATIENT

Hootie Taylor

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

9 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Adriana Ribas DVM

INVOICE

15226

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Repeated Elevation in ALP + history of transient chronic vomiting bile

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 papilla is seen.

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. The left kidney measures 3.1 cm. The right kidney measures 3.6 cm. The right kidney has mild non-obstructive dystrophic mineralization.

Adrenal Glands

The left adrenal gland is mildly enlarged but otherwise normal in appearance. The cranial pole measures 3.9 mm and the caudal pole measures 5.9 mm which is enlarged for a patient of this body weight.

The right adrenal gland is at the upper limits of normal size. The cranial pole measures 3.8 mm and the caudal pole measures 5.0 mm.

Spleen

In the tail of the spleen, there is a 5.7 mm by 5.5 mm non-capsule displacing hypoechoic lesion. Most likely benign extramedullary hematopoiesis. Less likely neoplasia. The remainder of the spleen appears normal.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. 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 moderate 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.

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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

- Age-related renal changes.
- Subjectively mildly enlarged adrenal glands that are at the upper end of the normal range in size.
- Benign splenic lesion.
- Age-related hepatic remodeling.
- Gallbladder debris.
- Pancreatic remodeling- no evidence of pancreatitis.

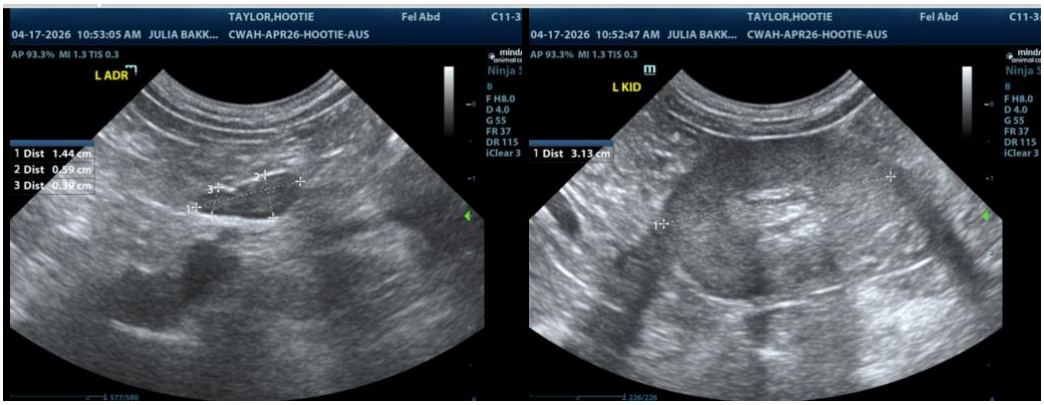
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of both kidneys, I recommend staging patients for possible chronic kidney disease per International Renal Interest Society guidelines.

Given elevated alkaline phosphatase, I recommend submitting urine cortisol to creatinine ratio. If normal, hyperadrenocorticism is effectively ruled out. If you UCCR is elevated, screen for hyperadrenocorticism via low-dose dexamethasone suppression test. If patient is diagnosed with hyperadrenocorticism, it would be pituitary dependent.

Consider fine needle aspirate of the splenic lesion to rule out a neoplastic cause.

No significant abnormalities are identified on this ultrasound. Liver appears to have age-related changes. It may be insignificant. However, given the chronically elevated liver values, consider screening patient for diseases that may be causing a secondary benign hepatopathy, such as hyperadrenocorticism versus potentially hypothyroidism or occult pancreatic or occult gastrointestinal disease. Less likely these changes would be due to an infectious disease such as leptospirosis. If patient is not vaccinated for leptospirosis, consider screening patient for this disease.



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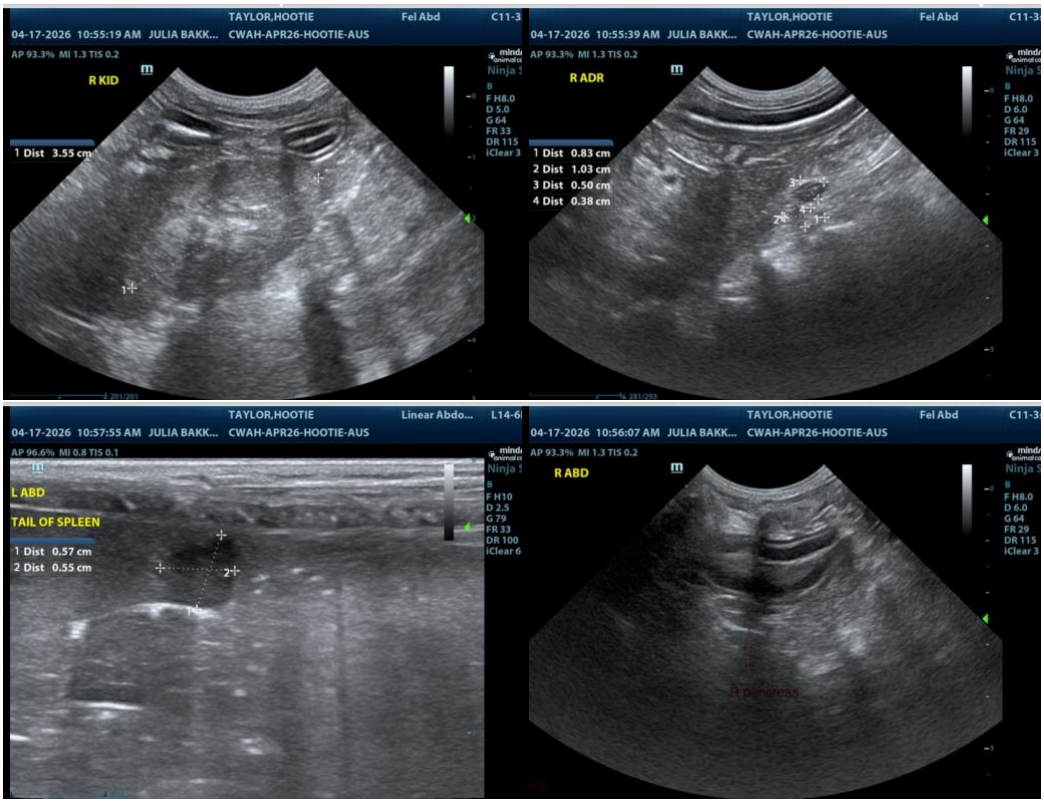

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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