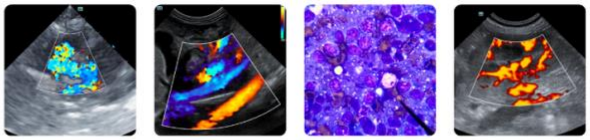


PATIENT

Marco Pasquatti

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

10 Years

WEIGHT

13.6 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal Hospital Florida

REFERRING VET

Dr. Gavin Casper

INVOICE

15251

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Prev AUS- renal changes, hepatopathy, distended gb w/ debris. Ursodiol started but not continued by O. No clinical signs. Chronic cough from tracheal collapse

Abnormal PE/Chem/CBC/UA Results: 8/18/25 Labs- mild inc ALT, AST, ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with a minimal amount of urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Nonobstructive nephroliths were present. The left kidney measured 3.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Marked loss of corticomedullary distinction. Nonobstructive nephroliths were present. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not seen and the caudal pole measures 3.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not seen and the caudal pole measures 3.2 mm.

Spleen

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

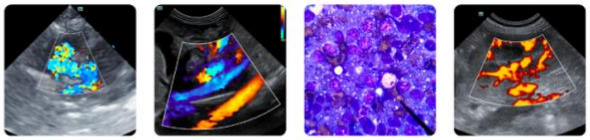
Liver

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.

The gallbladder contains a moderate amount of organized echogenic material and does not appear to be a mucocele formation at this time, however there is concern for possible bacterial cholangitis may potentially be present given the appearance of the gallbladder.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



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The intestines have normal wall layering and thickness. Colon contains formed stool with normal wall thickness. The small intestine appears mildly moderately distended with ingesta. No obstruction is seen.

Pancreas

The pancreas is not clearly visualized on this exam due to the lack of an acoustic window shadowing. There's shadowing caused by the amount of ingesta within the GI tract, however no pathology seen in the area of the right or left pancreas.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris.
- Suspect chronic kidney disease.
- Age-related hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspirate of the gallbladder submitting bile for aerobic/anaerobic bacterial culture and cytology to rule out bacterial cholangitis. Alternatively, if owner elects not to pursue this diagnostic, restart the before mentioned Ursodiol and add in an antibiotic such as Amoxicillin and treat for 6-8 weeks. Recheck lab work and gallbladder via ultrasound to determine if improvement has occurred.

Given the appearance of the kidneys, chronic kidney disease is suspected. Recommend full staging, monitoring and managing per IRIS guidelines for chronic kidney disease.

The appearance of liver may only indicate age-related changes, however given the elevated liver values, recommend considering further workup for possible causes for elevated ALT, AST and ALP. Consider secondary causes such as hypertriglyceridemia, hyperadrenocorticism, hypothyroidism, occult pancreatic or occult GI disease. Less likely the changes seen with the patient's liver values and the appearance of the liver, would be due to infiltrative neoplasia such as lymphoma or mast cell. Consider fine needle aspirate of the liver to rule out these pathologies, and ultimately if patient is not vaccinated for leptospirosis, consider screening for leptospirosis as a cause of elevated liver values. If secondary cause for liver value elevation is ruled out, recommend continued monitoring and if liver values continue to increase, consider liver biopsy.

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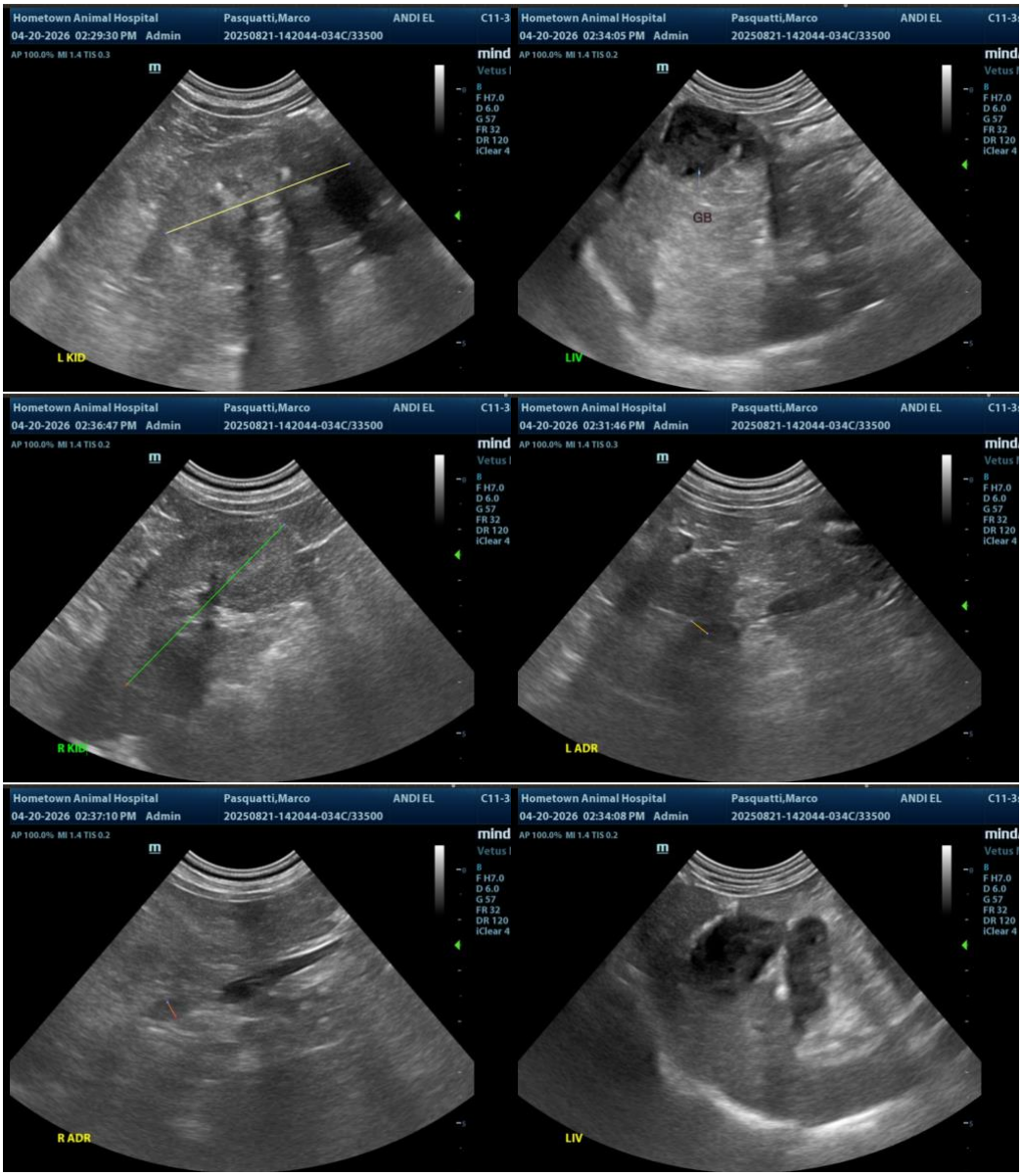

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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