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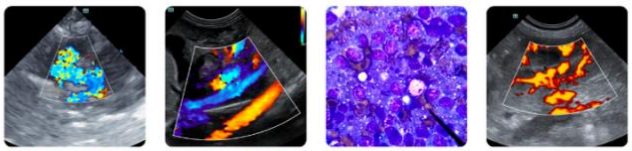


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Finn Balsalmo

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

9 Years 10 Months

WEIGHT

27.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong Animal Clinic

REFERRING VET

Dr. Gallagher

INVOICE

15660

DATE

05/01/26

PRESENTING CLINICAL SIGNS

P seen at internist for ITP, currently on Pred- bloodwork normal except for elevated WBC, normal PT.PTT on 3/31 normal through specialist. rDVM fast scan- nodules on liver, debris in bladder. P ataxic on prednisone. Owner declined updated PT/PTT today understands risks.

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 a mild amount of 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.

The prostate was normal and measured 8.4 mm in width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland presents diffusely small in size most likely due to recent prednisone administration causing adrenal atrophy. The cranial pole measures 4.2 mm and the caudal pole measures 4.0 mm.

The right adrenal gland presents at the low end of normal in size. The cranial pole measures 4.7 mm and the caudal pole measures 4.7 mm.

Spleen

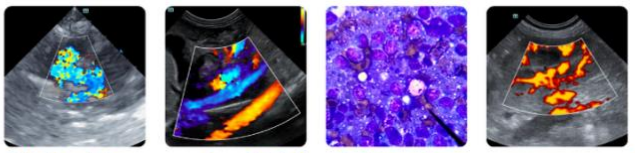
The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

Liver

The liver presents diffusely enlarged with rounded margins and heteroechoic echotexture with multifocal hypoechoic ill-defined lesions found throughout the liver. The appearance of the liver is consistent with possible infiltrative disease such as mast cell disease or possibly lymphoma, less likely an infectious disease.

The gallbladder contains a moderate amount of hypoechoic adhered debris to the luminal margin of the gallbladder wall. There's also a 1.4 cm in width hyperechoic shadowing choleolith present.

Gastrointestinal



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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.

The intestines have normal wall layering and thickness. 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. Scant pockets of hypoechoic free fluid were noted around the liver. A representative pocket measure is 1.0 cm by 0.7 cm in size.

No pericardial fusion or right auricular mass lesion seen. Function appears normal.

ULTRASONOGRAPHIC FINDINGS

- Scant pocket of free fluid.
- Subnormal adrenal glands.
- Enlarged liver.
- Gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting the reported fine needle aspirate for cytologic review to determine definitive diagnosis. Hypoechoic lesions may be due to infiltrative disease such as lymphoma or mast cell. Most likely these lesions may be regenerative nodules and less likely these nodules are present due to metastatic neoplasia.

At this time, the findings with the gallbladder do not appear to be highly clinically significant unless lab work shows significant cholestasis including elevated bilirubin. If these findings are not seen on lab work, then recommend monitoring gallbladder every two to three months via ultrasound to determine if the gallbladder is healthy.

Rule out progression of gallbladder disease into an obstructive process. Also recommend every two to three months rechecking liver values specifically evaluating for cholestasis if it is present. If cholestasis, specifically elevated bilirubin, begins to be seen on lab work, at that time consider possible cholecystectomy.

One treatment option would be to start ursodiol at this time at 15.- mg/kg given by mouse split into two daily doses. It is possible this will help to resolve patient's gallbladder disease.

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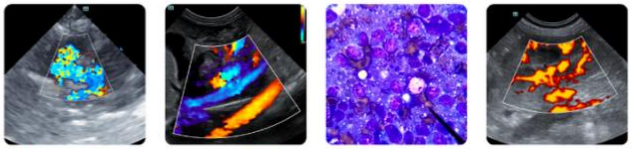

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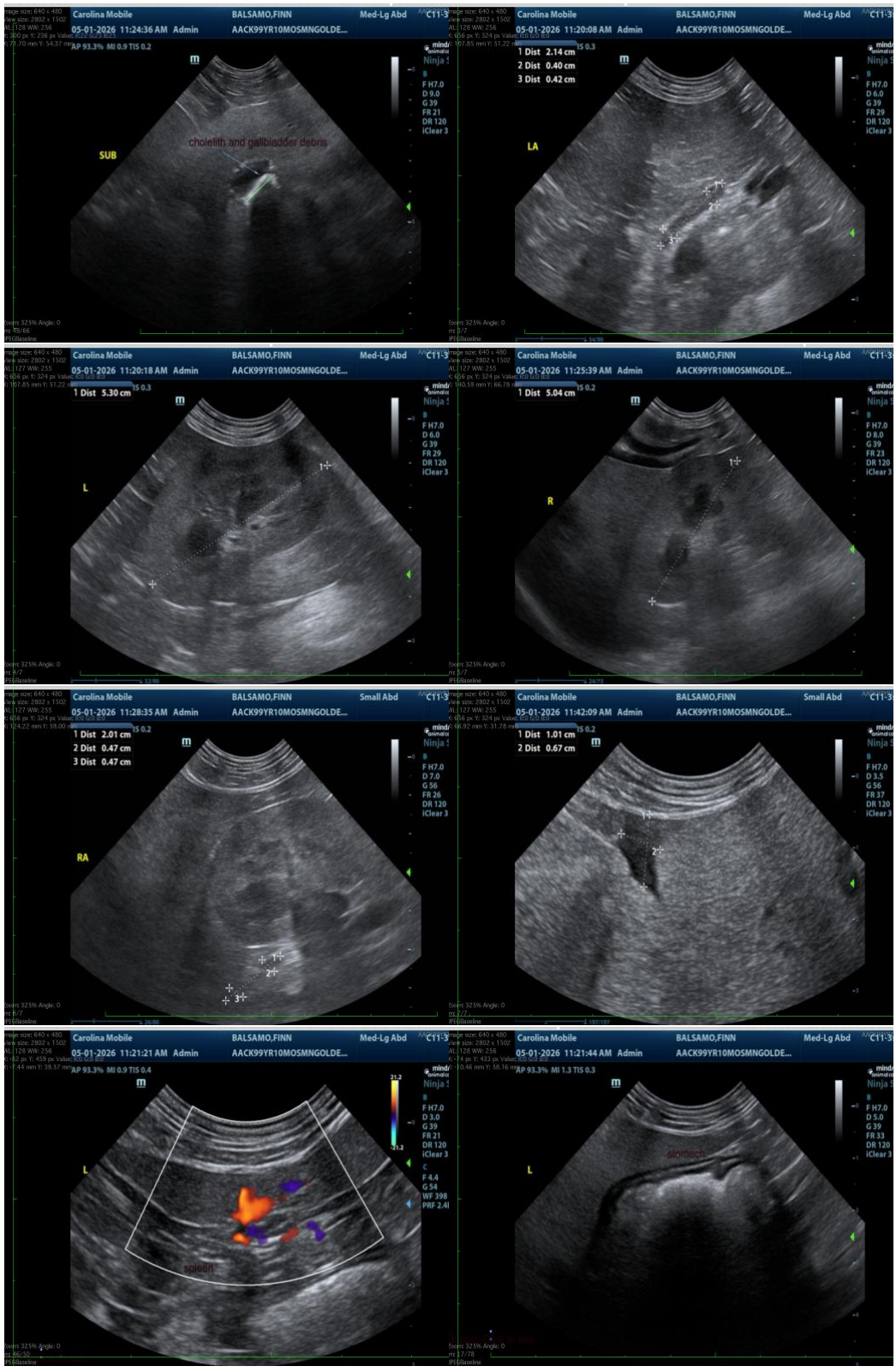

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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