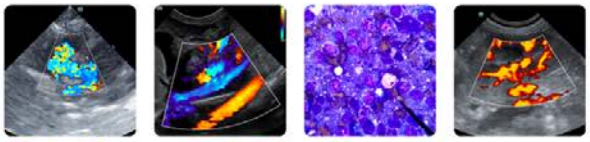


PATIENT

Bentley Calderon

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

15

WEIGHT

6.5

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC Animal Hospital

REFERRING VET

Dr. Rachel Klein

INVOICE

75575

DATE

5/30/26

PRESENTING CLINICAL SIGNS

P referred as urgent ultrasound from other general practice. rDVM concerned about possible bleeding abdominal mass. Hx of worsening anemia (PCV decreased from 19-14% over two days. Abdominal distension. Detailed history in attachment.

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.

For an intact 15 year old male dog, the prostate appears normal. It is symmetrical in shape and measures 2.5 cm x 3.6 cm. No evidence of cystic lesions seen.

The testicles appear normal.

The right kidney presents normal size (3.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. In the craniodorsal pole there is a 1.2 cm hypoechoic cyst that appears to be a benign renal cyst. No evidence of neoplasia or abscessation.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.6 mm and the caudal pole measures 6.9 mm.

The cranial pole of the left adrenal gland is slightly enlarged, measuring 9.6 mm in width. The cranial pole is normal in size at 5.6 mm in width.

Spleen

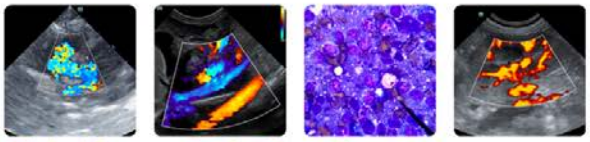
The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder wall is diffusely hyperechoic and thickened. There is minimal bile within the gallbladder at this time. No free fluid noted around the gallbladder. Within the gallbladder there is a moderate amount of aggregated echogenic debris.

The proximal common bile duct is mildly distended at 6.1 mm in width, with what appears a hyperechoic choledocolith present within the proximal common bile duct. The choledocolith measures 3.5 mm in width. The proximal common bile duct appears at least partially obstructed at this time.



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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.

The small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The area of the right pancreas is seen, no pathology noted. The area of the left pancreas was not clearly seen on this exam.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Benign right renal cyst.
- Slightly enlarged cranial pole left adrenal gland.
- Hyperechoic, thickened gallbladder wall and moderate amount of aggregated debris.
- Mildly distended proximal common bile duct with at least partially obstructing choledocolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the mild enlargement of the cranial pole of the left adrenal gland, at an appropriate time recommend ruling out hyperadrenocorticism. Recommend submitting a urine cortisol to creatinine ratio. If normal, then hyperadrenocorticism is effectively ruled out. If UCCR is elevated, then recommend performing a low-dose Dexamethasone suppression test to definitively rule out hyperadrenocorticism.

The changes seen with the gallbladder may be due to bacterial cholangitis. Recommend gallbladder aspirate via ultrasound guidance with submission of bile for aerobic and anaerobic bacterial culture and cytology. Recommend starting the patient on antibiotic such as Amoxicillin and also starting Ursodiol at this time pending results of bile culture and cytology. Given that the patient's bilirubin is not elevated at this time, it does not appear the gallbladder is obstructed, and cholecystectomy is not necessarily recommended at this time. Medical management has a possibility to resolve patient's gallbladder disease. Recheck the gallbladder in 4-6 weeks via ultrasound. If it still has a similar appearance and has not improved with medical management, then at that time consider cholecystectomy, or if the patient becomes more ill and it is suspected that the gallbladder is the cause, then cholecystectomy could be performed. If cholecystectomy is performed, recommend submitting the gallbladder for histopathology and bacterial culture.

No obvious cause for the patient's anemia is seen on this exam. Given that the anemia is regenerative and the MCV is elevated, disease such as immune mediated hemolytic anemia should be considered as a cause of the anemia. It is not suspected that the patient's gallbladder disease is the cause of the anemia.

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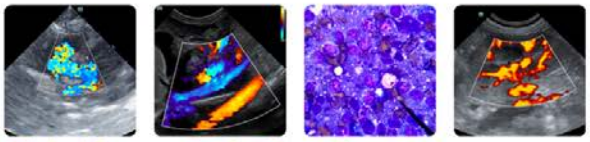

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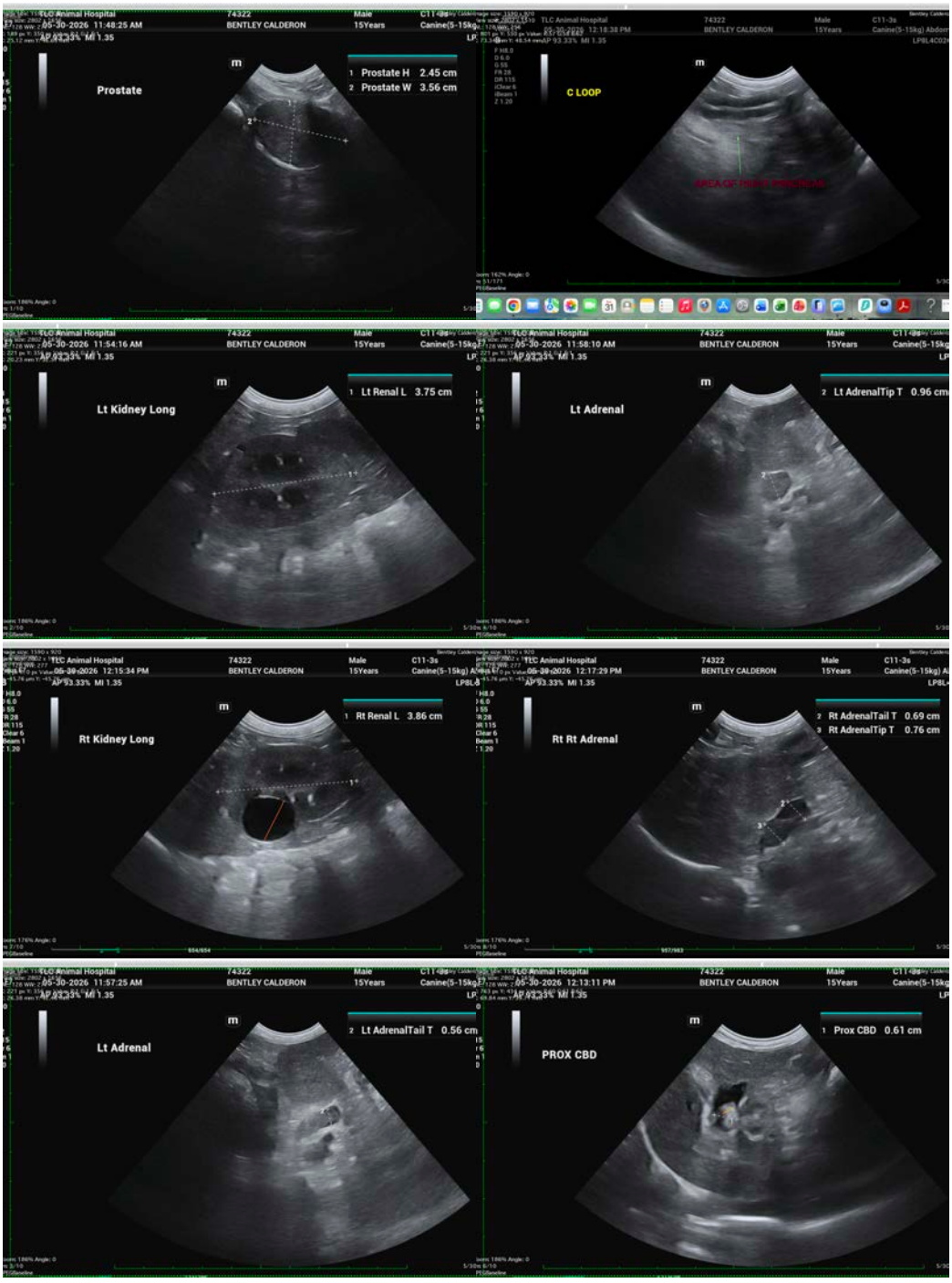

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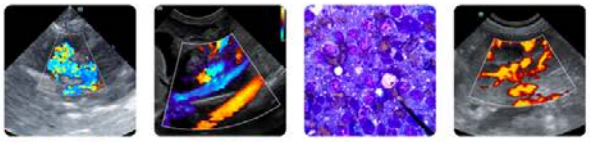

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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