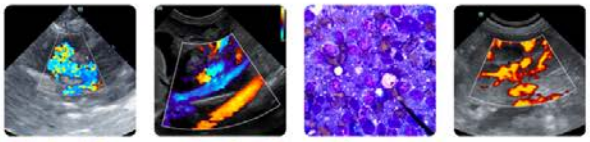


PATIENT

Wally Kiruthi

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

10 Years

WEIGHT

13.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Miranda Fritz

HOSPITAL NAME

Richmond Animal Hospital

REFERRING VET

Dr. Miranda Fritz

INVOICE

75569

DATE

5/30/26

PRESENTING CLINICAL SIGNS

P present for ADR on May 13th - shaking, uncomfortable, more anxious and hiding, increased appetite, firmer and more distended abdomen, and urinary accidents. On exam, p's potbellied, dehydrated, and overall uncomfortable. Diagnostics done and most significant finding were mild ALT elevation and an abnormal gallbladder on ultrasound - concerned for HAC with risk of gallbladder mucocele formation. Started p on ursodiol, famotidine, gabapentin, and bland diet. P clinically much improved but work up today to confirm HAC and start treatment. ACHT stim done yesterday and result in today confirm hyperadrenocorticism.

Abnormal PE/Chem/CBC/UA Results: PE: pot bellied, hepatomegaly, 3/4 periodontal disease CBC - mild thrombocytosis Chem - ALT elevated (158 U/L), globulins elevated (4.6) UA - USG 1.037, protein trace, all else wnl preACTH - 8.6 Post ACTH - 19.8

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.

The right kidney presents normal size (4.0 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

The left kidney presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

Adrenal Glands

The right adrenal gland is not seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.2 mm and the caudal pole measures 2.7 mm.

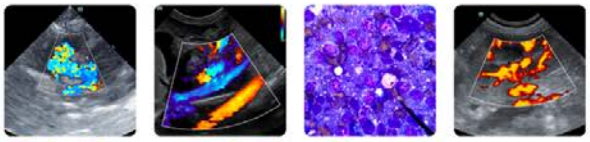
Spleen

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

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. There are multifocal hyperechoic lesions present throughout the liver parenchyma. These lesions are ill-defined. Two of the lesions measure 5.7 mm in diameter and 4.4 mm in diameter. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen



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to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.

Gastrointestinal

The stomach and 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. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly.
- Gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is consistent with a benign vacuolar hepatopathy possibly due to the gallbladder mucocele that is present. The hepatic lesions are most likely benign regenerative nodules. However, primary infiltrative neoplasia cannot be ruled out such as lymphoma or mast cell disease. Metastatic neoplasia is also possible yet unlikely. Recommend a fine needle aspirate of the liver to rule out a neoplastic cause.

The results of the ACTH stimulation test are interpreted as being in a gray area of the diagnosis of hyperadrenocorticism. Given that the left adrenal gland does appear normal in size and appearance, hyperadrenocorticism is less likely. However, given that the right adrenal gland is not seen, I cannot verify whether disease is present with the right adrenal gland that may suggest adrenal dependent hyperadrenocorticism. At this time, recommend performing a low-dose Dexamethasone suppression to definitively confirm whether the patient has hyperadrenocorticism. If hyperadrenocorticism is ruled out, I suspect patient's mildly elevated ALT is due to the gallbladder mucocele. If hyperadrenocorticism is determined to definitively be present, then consider re-imaging the area of the right adrenal gland to determine if a mass lesion may be present associated with it, causing hyperadrenocorticism.

In regard to the gallbladder mucocele, the gallbladder does not appear to need surgical resection at this time. Recommend medical management, consider starting Ursodiol and an antibiotic such as Amoxicillin for 6-8 weeks and rechecking lab work and gallbladder ultrasound to determine if improvement is seen.

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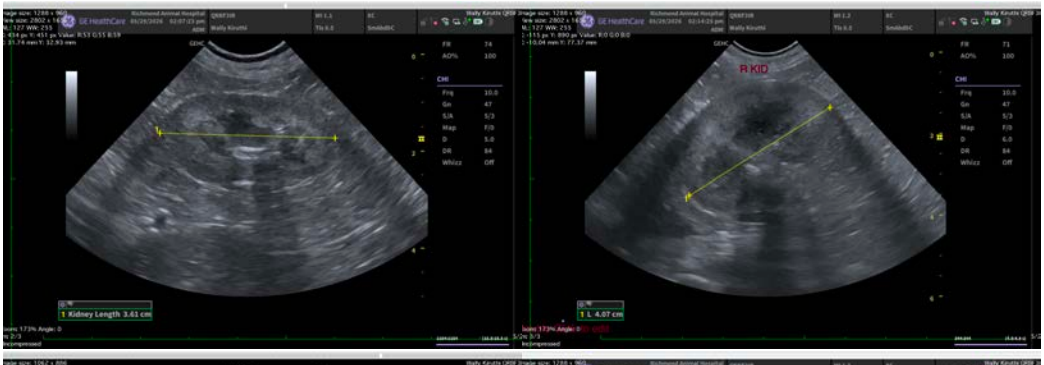

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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