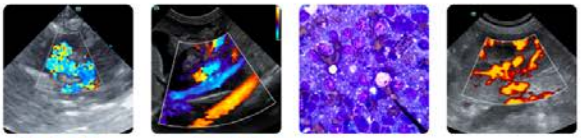

PATIENT

Shakira Zaldua

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

9.7 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Veterinary Wellness Center

REFERRING VET

Dr. Sepulveda

INVOICE

75027

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Chronic cystitis, Meds: Cefpo 100 mg

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 visible urethra appears normal.

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 or infarcts observed. Left kidney measured 4.4 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in the right kidney. The right kidney measured 4.5 cm.

Adrenal Glands

The caudal pole of the right adrenal gland is normal in size at 5.3 mm in width. The cranial pole is mildly enlarged at 11.1 mm in width. There appears to be a hypoechoic nodule present in the cranial pole that measures approximately 7.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.8 mm and the caudal pole measures 4.9 mm.

Spleen

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

Liver

The liver was diffusely enlarged and heterochoic. There are multifocal to coalescing hyperechoic ill-defined lesions present throughout the liver that are concerning for possible metastatic neoplasia. A primary tumor is not identified.

Gallbladder is moderately distended with anechoic bile as well as dependent 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. The stomach is empty. 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes.
- Right adrenal cranial pole nodule.
- Enlarged, heterochoic liver with ill-defined lesions.
- Gallbladder debris.

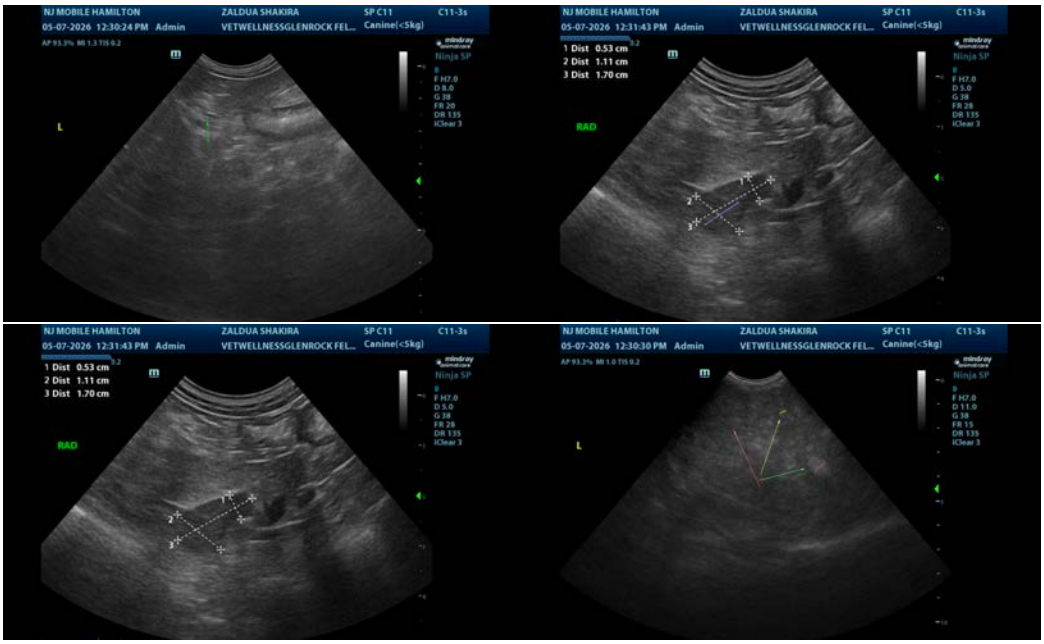
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal nodule is most likely an incidental finding. Consider screening the patient for functional adrenal disease. If clinically warranted, recommend low-dose Dexamethasone suppression test to rule out hyperadrenocorticism. Recommend obtaining a blood pressure for the patient. If the patient is found to hypertensive, then consider screening for a pheochromocytoma by submitting a urine metanephrine test.

It is unlikely that the right-sided adrenal nodule is malignant neoplasia and that what is seen within the liver represents metastatic adrenal carcinoma, but this cannot be ruled out. Recommend a fine needle aspirate of the liver, submitting for cytology to determine etiology. If aspirate is non-diagnostic, recommend a liver biopsy. A benign etiology such as regenerative hepatic nodules is considered unlikely in this case. An infectious etiology is possible, although considered unlikely. If liver aspirate shows pyogranulomatous inflammation, consider screening for diseases such as bartonellosis or any fungal disease common to the patient's geographic location.

Recommend 3-view chest radiographs to evaluate patient further for metastatic neoplasia or possibly to identify a primary tumor.

Given the appearance of both kidneys, recommend full staging, monitoring and managing the patient per IRIS guidelines.



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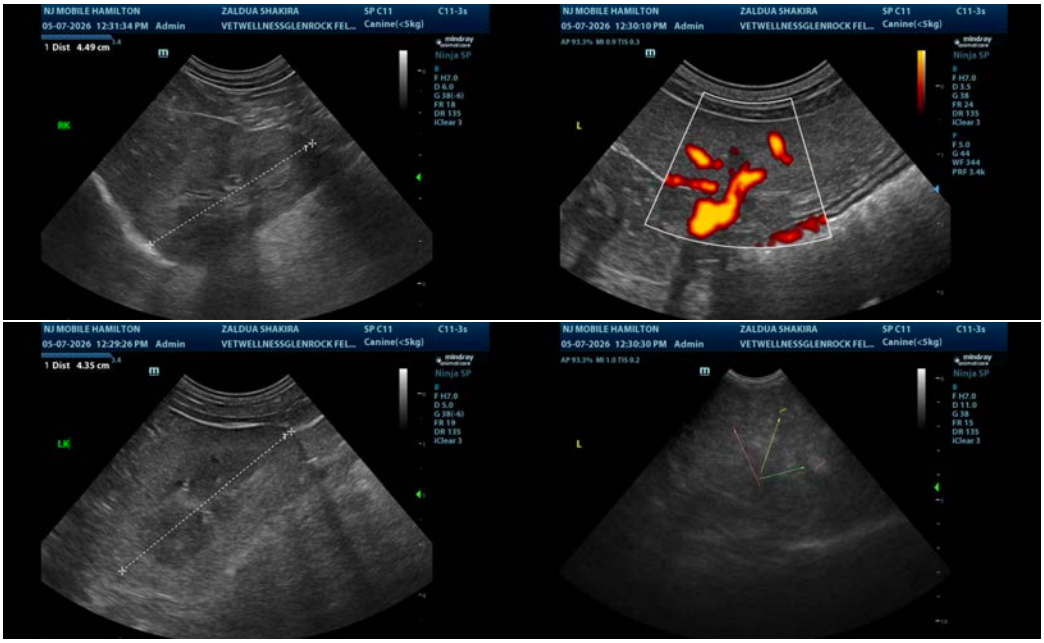

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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