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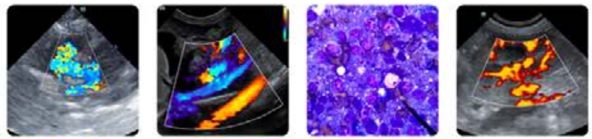


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Lucky Young

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

15 Years

WEIGHT

18 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

75618

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes, USG: 1.016, 3+ proteinuria, LDDS consistent with Cushing's Disease.

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 prostate appears normal and measures 1.3 cm in width. It appears symmetrical with uniform echogenicity.

The right kidney presents normal size with normal shape and architecture. There is mild loss of corticomedullary distinction. Mild renal pelvic dilation noted at 1.8 mm in width. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measures 4.34 cm.

The left kidney presents normal size with normal shape and architecture. There is moderate to marked loss of corticomedullary distinction. Mild renal pelvic dilation noted at 1.5 mm in width. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 4.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.1 mm and cranial pole measures 6.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 8.0 mm.

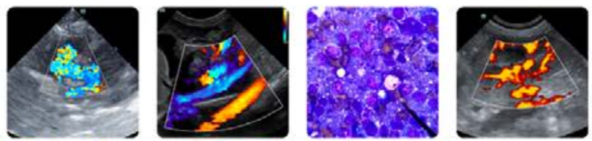
Spleen

Spleen is subjectively large in size (2.5 cm in diameter) with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal.

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.



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Gastrointestinal

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

Pancreas

The area of the left pancreas is seen, no pathology noted.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with pelvic dilation and nephrolithiasis.
- Large, heterogeneous spleen.
- Hyperechoic hepatomegaly.
- Gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

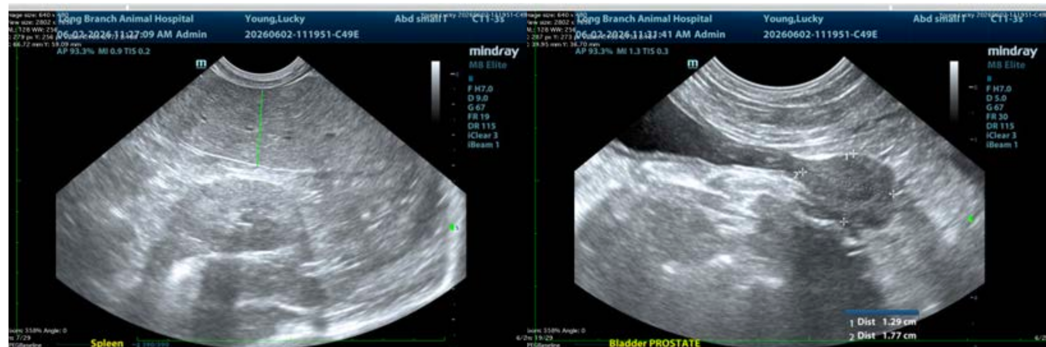
It appears that the patient has pituitary dependent hyperadrenocorticism.

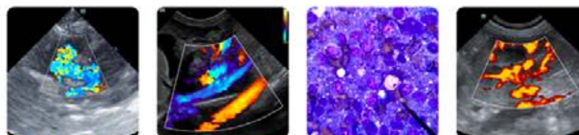
The appearance of the liver is consistent with a benign vacuolar hepatopathy most likely caused by the patient's diagnosed hyperadrenocorticism.

The gallbladder mucocele is most likely caused by patient's diagnosed hyperadrenocorticism. Recommend treating with Ursodiol at 15 mg/kg by mouth split into two daily doses for 6-8 weeks and treating the patient's hyperadrenocorticism with Trilostane at 1 mg/kg by mouth given twice daily, rechecking the appearance of the gallbladder 2-3 months into treatment.

The appearance of the spleen may be a normal age related variation. However, infiltrative neoplasia such as lymphoma or mast cell disease is possible. Consider a fine needle aspirate of the spleen with submission for cytology to rule out infiltrative neoplasia.

The renal pelvic dilation is most likely due to patient's diagnosed hyperadrenocorticism causing PU/PD. I suspect polyuria is the cause of patient's renal pelvic dilation. However, pyelonephritis cannot be ruled out. If owner's report that patient is not PU/PD, then recommend submitting a urine culture to rule out possible pyelonephritis as cause of renal pelvic dilation. Given the appearance of both kidneys, recommend full staging, monitoring and managing per IRIS guidelines.





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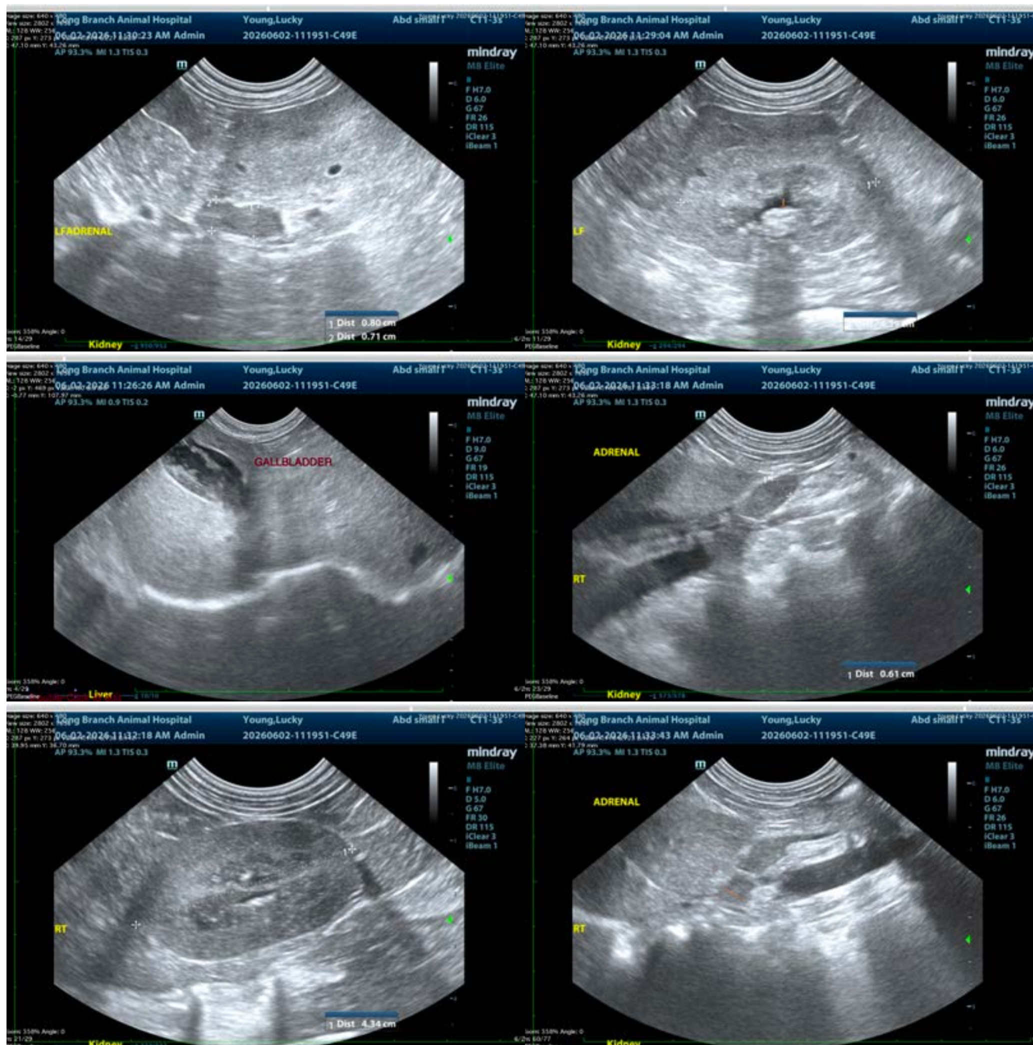

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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