



PATIENT

General Thaddeus
Davis

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

8 Years

WEIGHT

83.4 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Jessica Boudreaux-
Milligan, DVM

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Yvonne Mercak, DVM

INVOICE

72542

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Pt presented to clinic for possible HW treatment. Progressively worsening non-regenerative anemia, weight loss and liver values that have elevated significantly after starting doxycycline (pet has been on before) and low dose prednisone (pet has been on before). Radiographs revealed lung changes and hepatomegaly with possible liver mass.

Abnormal PE/Chem/CBC/UA Results: 1-23-26: WBC 3.97, neut 2.08, PDW 8.0. BUN 71, ALP 1716, GGT 90, Chol 417. 1-11-26: RBC 5.54, HCT 38.7, Hgb 13.2, retic 11; Crea 1.8, BUN 45, SDMA 22, glob 4.3, trig 151. TT4 2.4, HW antigen positive. 1-11-26: U/A free catch USG 1.018, WBC 20-30, mod cocci and rare rods.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. In the ventral trigone region there is a small, rounded lesion that appears adhered to the bladder wall, most consistent with a small polypoid lesion/early mass effect measuring 0.73 cm x 1.17 cm. Additionally, there are views of an irregular hyperechoic structure in the dependent portion of the urinary bladder that has a somewhat polypoid like appearance or possibly could be consistent with dependent hyperechoic debris, measuring 1.2 cm x 1.45 cm.

The prostate is large (1.77 cm in height in the sagittal view), mottled and slightly irregular.

The left kidney has a normal shape and size (7.38 cm) with pyelectasia at 0.33 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (7.33 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 cm at the cranial pole and 0.52 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The spleen appears somewhat folded or curled in the abdomen.



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Liver

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In some areas it is difficult to discern spleen from hepatic tissue. No definitive mass lesions were observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid/ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.47 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Rounded trigonal structure visualized in the urinary bladder and a slightly irregular, hyperechoic dependent structure – Findings could be consistent with small polypoid lesions/early neoplastic lesions. The irregular structure could be consistent with adhered debris.
- Borderline large, slightly irregular, mottled prostate – Findings could be consistent with a patient neutered later in life with previous prostatic changes. Prostatic neoplasia cannot be definitively ruled out.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.



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- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous, rounded liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

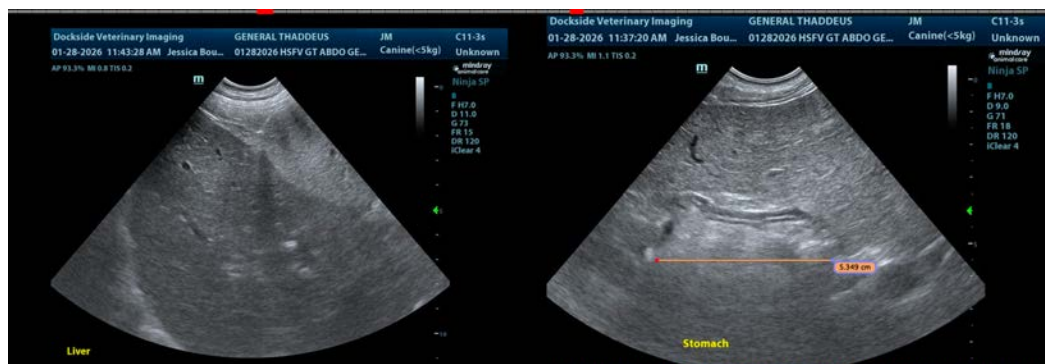
There is no evidence of free fluid or a focal mass effect to explain the anemia reported. Based on the information provided, this appears non-regenerative and could be due to an anemia of chronic disease, bone marrow issues, etc. Recommend a pathologist review of the blood smear and consider screening for other vector borne diseases such as babesia (if clinically appropriate).

There are two focal structures visualized in the urinary bladder. The trigonal lesion is more concerning for a possible early neoplastic lesion, although this could represent a polypoid lesion. At this time, it is small enough that sampling would be challenging. Recommend a urinalysis and culture, looking for evidence of an active infection and reevaluation of the urinary bladder in 6-8 weeks with doppler evaluation of both structures.

There are bilateral renal changes consistent with chronic renal disease. The pyelectasia could be due to PU/PD or possibly pyelonephritis (urine culture recommended above).

The spleen is large and somewhat mottled. This can be seen in this breed, but given the history provided, a fine needle aspirate may be of benefit. Additionally, the liver is large, heterogeneous and rounded. A distinct mass effect is not clearly visualized. This could be consistent with a vacuolar hepatopathy or other active hepatopathy. Additionally, the Doxycycline may be contributing to the liver enzyme elevations. Recommend a fine needle aspirate of the liver and discontinuation of the Doxycycline to see if liver values normalize.

The prostate is mottled and large for a neutered pet with some irregularity. I suspect this is due to late neutering and previous prostatic disease, but if this does not fit with the history or there is concern for lower urinary tract, early prostatic neoplasia cannot be ruled out and a fine needle aspirate could be considered.





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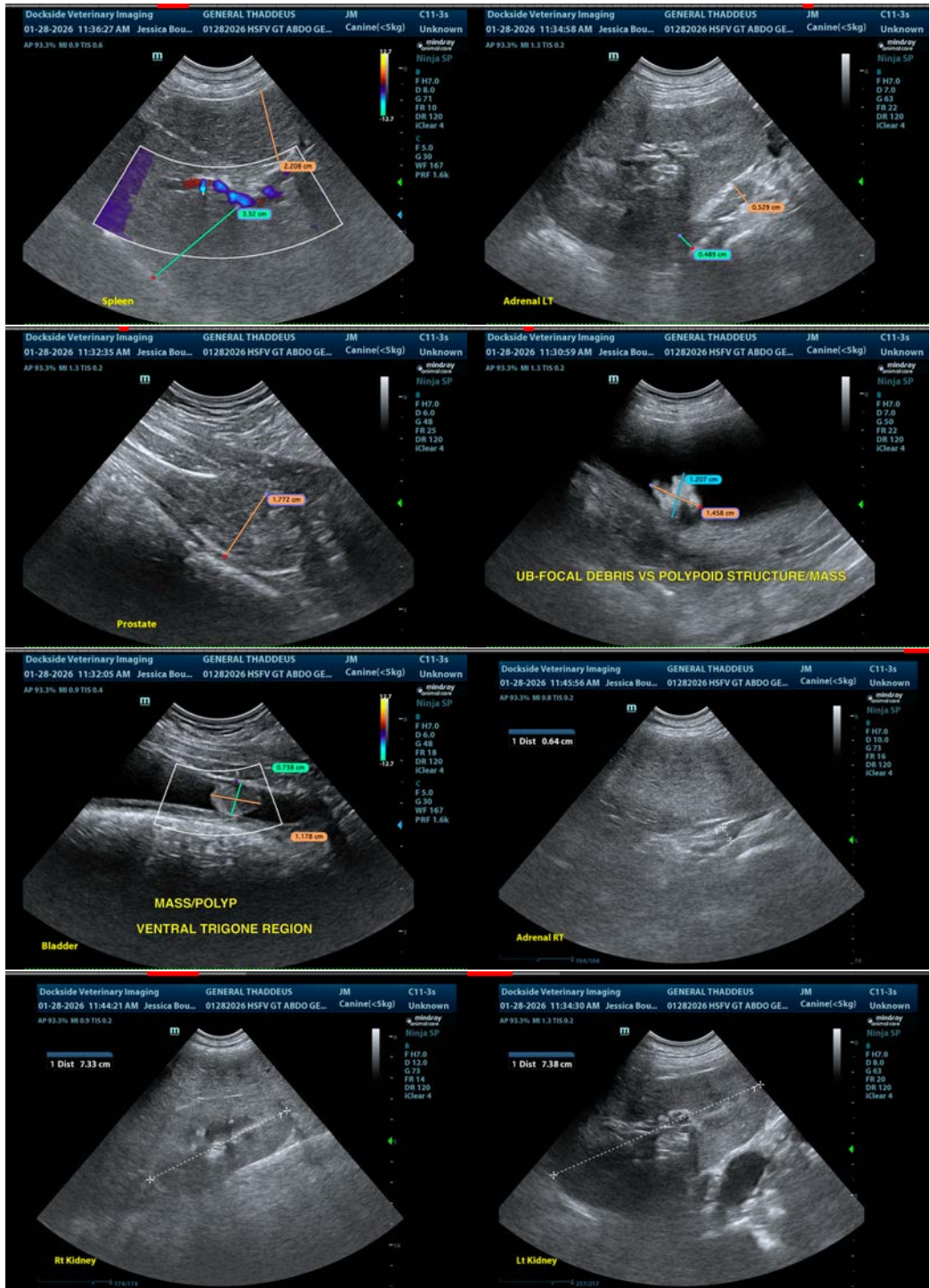
Yvonne Mercak, DVM

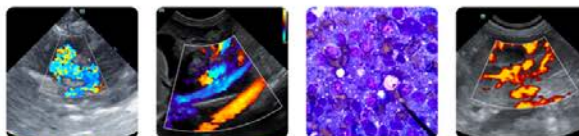
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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