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FOSTERING THE ART OF VETERINARY MEDICINE™

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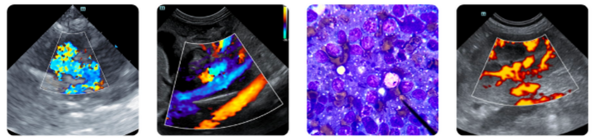


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Zsa Zsa Huber

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

13y

WEIGHT

51 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Readdy

INVOICE

13278

DATE

3/13/26

PRESENTING CLINICAL SIGNS

History:

- P came in 2/24/26 to establish with us, has history or weakness in rear end and is on Rimadyl and amantadine. Administered Librela.
- Weakness in rear legs worsened and was rechecked on 3/10/26.
- P had developed diarrhea, vomiting and urinary incontinence. Bloodwork was run and urine ran in house and UTI was found. P started on Enrofloxacin and Fortiflora.
- Due to bloodwork P has started SQ fluids (700 mls LRS) for past 2 days and Abdominal ultrasound was ordered.

Abnormal PE/Chem/CBC/UA Results: Albumin - 2.6, Globulin - 4.5, ALT - 243, ALKP - 159, BUN - 54, Creat- 3.6, SADMA - 19.9, WBC - 19,000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size in tone presented mildly thickened urinary bladder wall primarily visualized in the dorsal apical urinary bladder. Dorsal apical wall measured 0.88 cm. Maintained homogeneous echogenicity with mild asymmetrical luminal surface contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. No evidence of pathology in the trigone and cystourethral junction. The visible proximal urethra presented overtly normal in structure to a depth of 3.0 cm. Mild, non-dependent particulate urine sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the aortic trifurcation was free of pathology.

Normal size with asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Cortical infarcts were noted. The left kidney measured 5.8 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

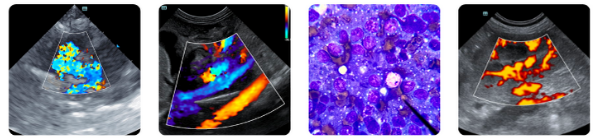
The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size with mild asymmetrical capsule contour exhibiting mild heterogeneous parenchyma. Solitary, non-capsule deforming, non-homogeneous, hyperechoic to centrally cystic cranial lateral nodule was present measuring 2.2 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-



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dependent, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic gastric fluid and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi-formed to soft feces in lumen.

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened urinary bladder with urine sediment - suggestive of cystitis pattern, minor potential for emerging neoplastic criteria
- Moderate chronic degenerative renal changes with cortical infarcts
- Non-homogeneous to cystic splenic nodule – cystic hyperplasia, hematopoiesis, granuloma, hematoma, emerging neoplastic splenic nodule or tumor not definitively excluded
- Mild hepatopathy exhibiting parenchymal remodeling – subjective benign
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointetsinal tract/colon with mild retained gastric fluid and semi-formed/soft fecal matter
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S 7 days post completion of current antibiotic and +/- screening BRAF assay if evidence of persistent or progressive urine incontinence is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastro protectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Although considered less likely, screening cortisol level to rule out colitis disease is suggested. Initial sonographic monitoring of the splenic nodule for evidence of progression is recommended.

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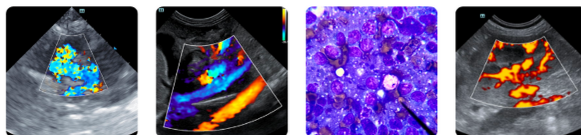

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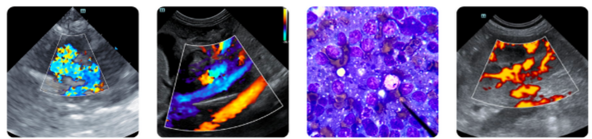

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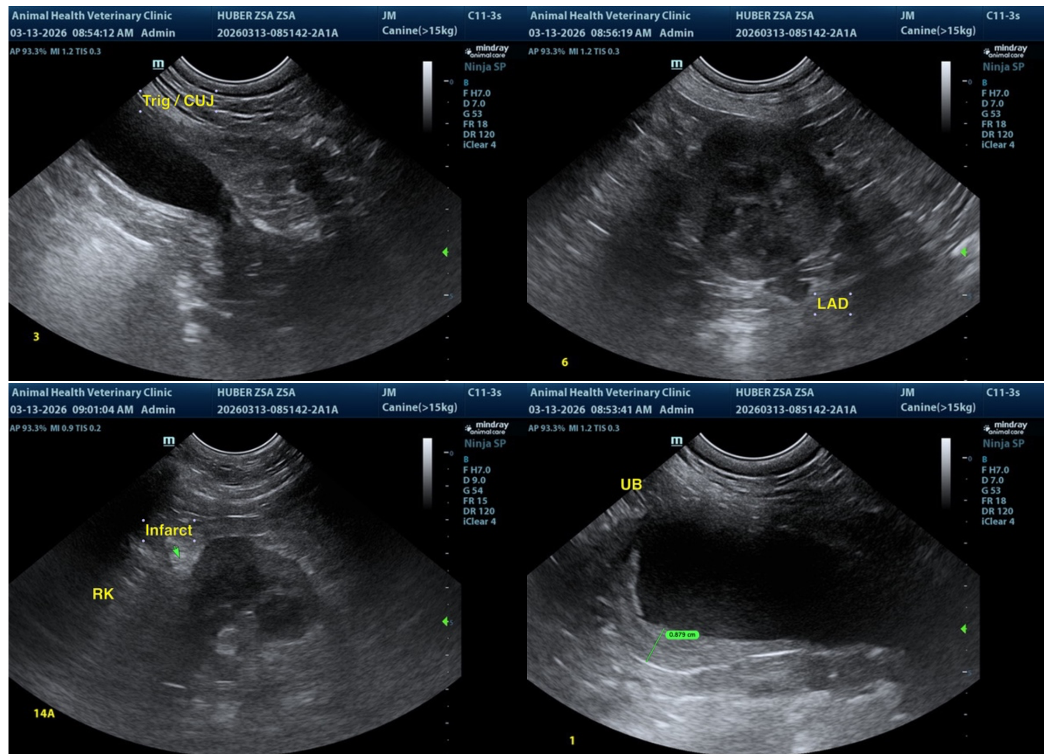

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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