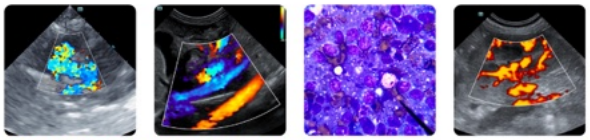


PATIENT

Harley Kaplan

SPECIES

Canine

BREED

Portuguese Water Dog

SEX

Spayed female

AGE

7 years

WEIGHT

49.6 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Werfal

INVOICE

70154

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Recent bloodwork reflects mild azotemia and mildly elevated SDMA. Patient has had chronic UTI's her entire life and has always had a low USG between 1.010 and 1.018. Her renal levels were normal last year but on high normal end. She currently does not have a uti or any proteinuria. She also has a mild hypoalbuminemia at 2.6. Last year was low normal at 2.7. She has experienced a unexplained gradual 7 lb weight loss over the last 6 months. She has a good appetite and only 1 transient 4 day duration episode of diarrhea so no ongoing gi signs other than weight loss. Ultrasound to assess kidneys and bladder for changes or possible causes of repeated utis. Also ultrasound to assess gi tract for any evidence of IBD or other cause for weight loss and mild low albumin. Bloodwork was performed as annual wellness, she is not clinically ill.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with an irregular appearance of the apical wall, but maintained normal thickness. The rest of the wall is of normal thickness with a smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.9 cm, right measured 5.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

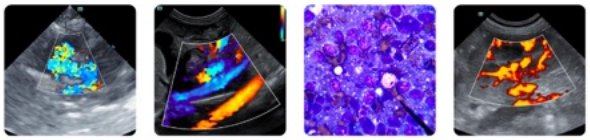
The adrenal glands are normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.58 cm in width. The right adrenal gland measured 1.43 cm in length x 0.48 cm and 0.54 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full with a scant amount of floating, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. The stomach measured 0.33 cm, duodenum measured 0.39 cm, small intestine measured up to 0.43 cm.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes measuring up to 0.4 x 1.2 cm in size, maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary blader pathology.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the appearance of the apical wall of the urinary bladder would be secondary to the chronic UTI. However, a low grade, chronic bacterial cystitis should still be considered.

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia highly unlikely differential diagnosis.

Although the GI tract appears ultrasonographically normal with the presenting clinical signs an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be urine and fecal analysis, urine culture, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

FNA cytology of the mesenteric lymph nodes and a catheter assisted aspirate/biopsy of the apical wall of the urinary bladder for cytology/histopathology and culture could also be considered.

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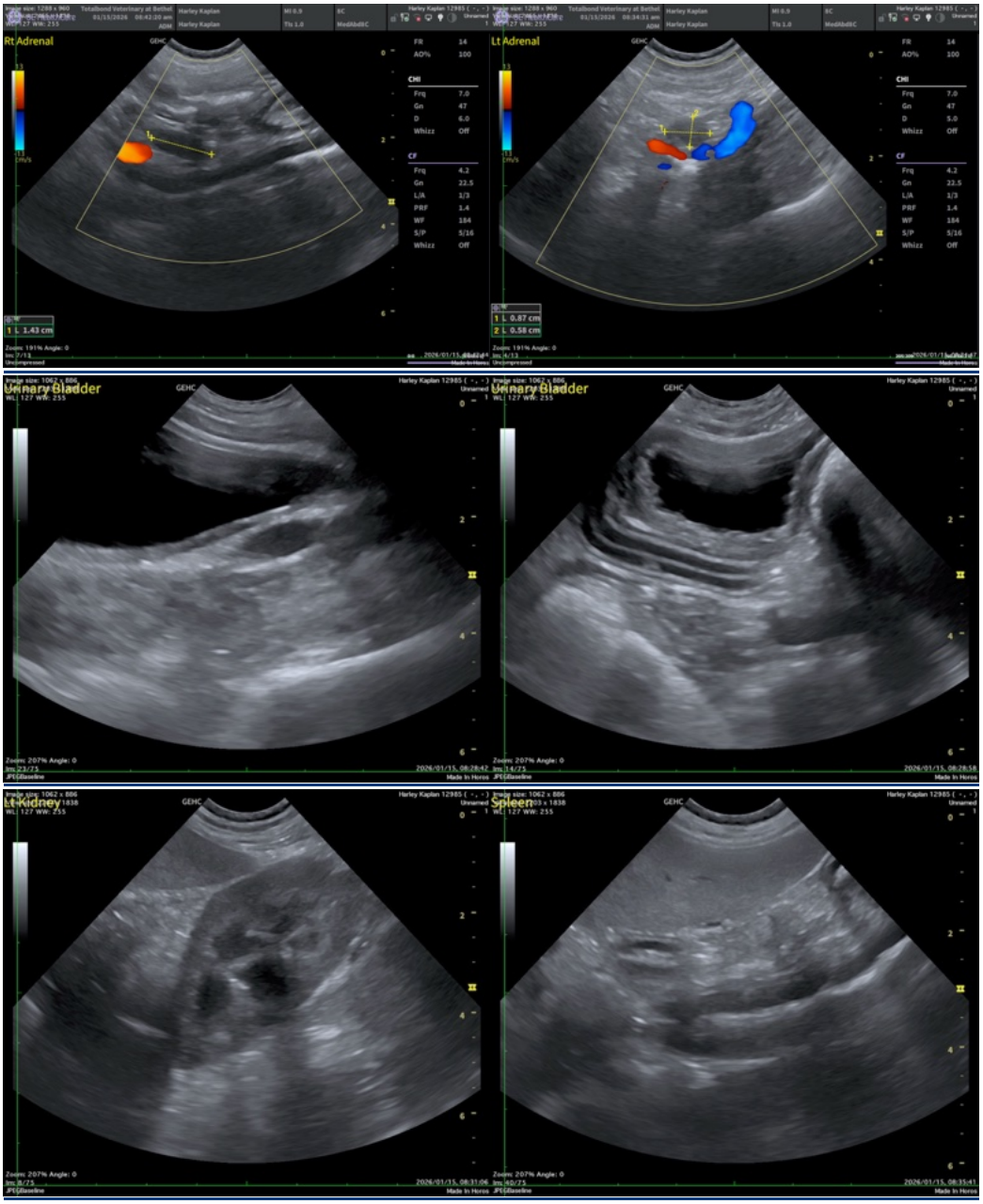
Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered for the enteropathy would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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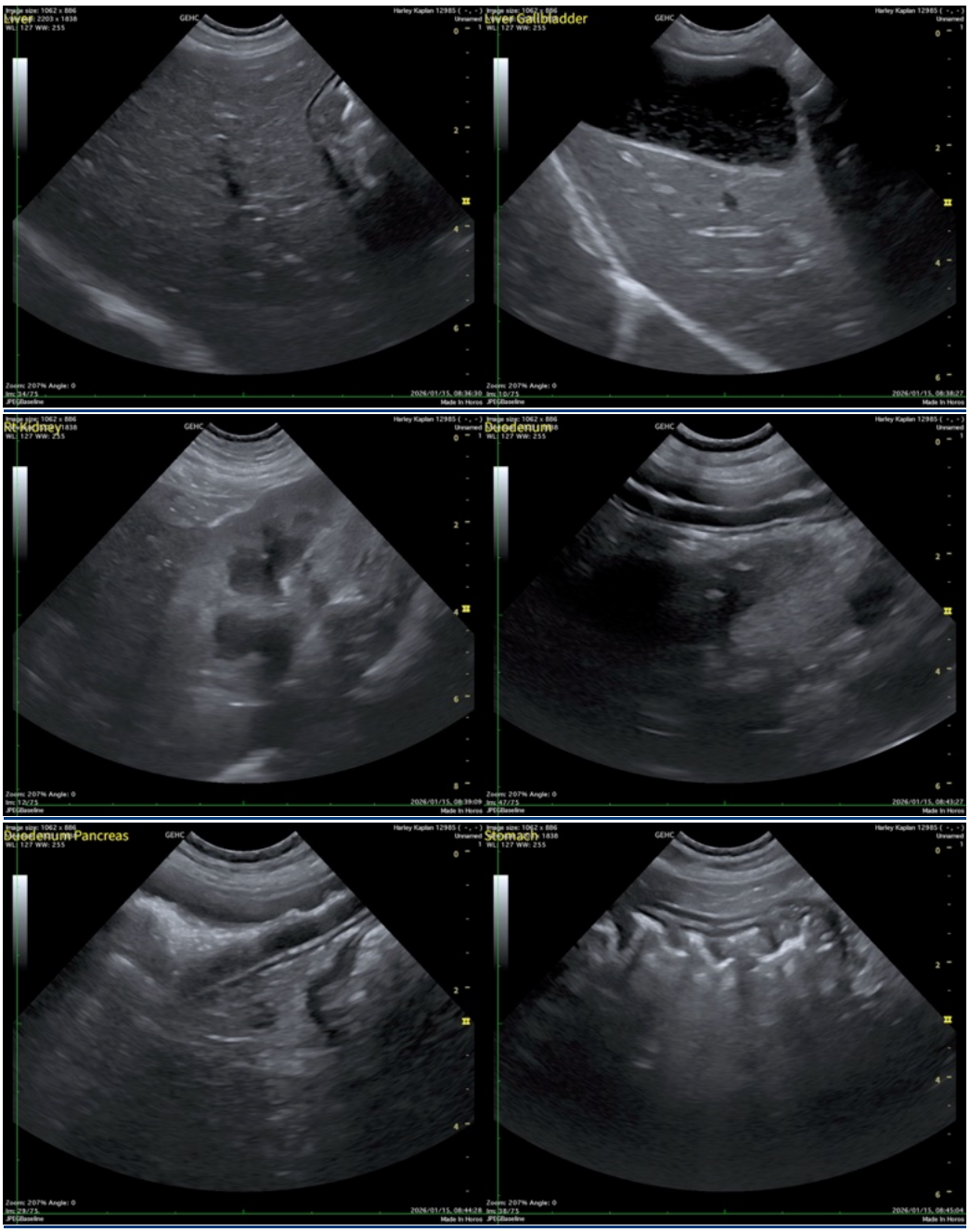

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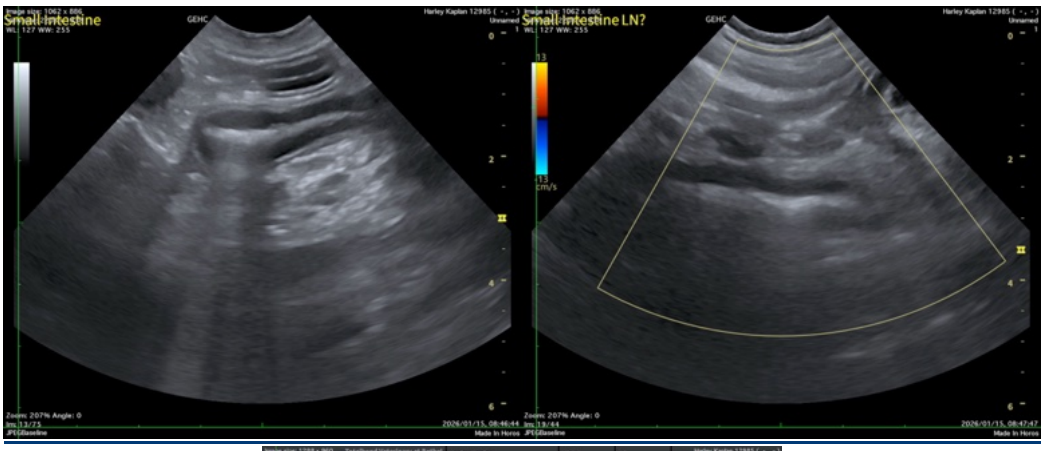

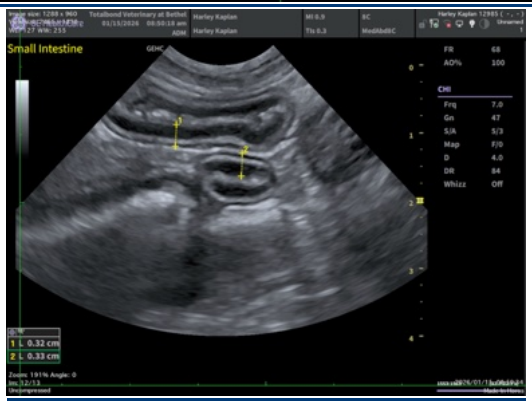

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com