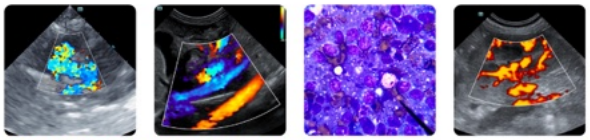


PATIENT

Tucker Meima

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered male

AGE

14 years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

69929

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: History of peripheral lymphadenopathy- biopsy and cytology consistent with reactive but they are persistently enlarged despite doxy Clinically has been good until recently- starting to eat less Chem- ALP 968, TP 7.7, K 5.7, Na/K 26, UPC 3.1, USG 1.020 T4 1.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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

Prominent appearance of the iliac lymph nodes but maintaining normal shape and echogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.6 cm, right measured 5.2 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, mild bilateral pyelectasia and irregular curvilinear capsule. No infarcts, mineralization or renoliths evident. A few, small cortical cysts are present in the left kidney. A large number of cortical cysts are present in the right kidney some resulting in bulging of the overlying capsule.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

Adrenal Glands

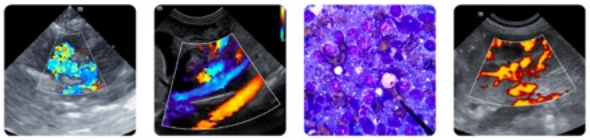
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.39 cm in length x 0.58 cm and 0.56 cm in width. The right adrenal gland was enlarged and measured 0.98 cm in width with a rounded shape and hypoechogenic appearance, but maintained normal position and appearance of the visible peri-adrenal vasculature.

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 1.2 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. Large, parenchymal cyst in the caudal aspect of the left lobe measuring 2.1 x 3.0 cm in size.



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Gallbladder

The gallbladder is full containing a small amount of non-adhered, 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.

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 appearance of the mesenteric lymph nodes but maintaining normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Right adrenomegaly.
- Iliac and mesenteric lymphadenomegaly.
- Hepatic cyst.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenomegaly would be incidental reactive hyperplasia associated with the patient's age, disease, stress and possibly emerging pituitary dependent Cushing's disease.

Etiologies for the Iliac and mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis, and possibly infiltrative neoplasia and most likely mirror peripheral lymphadenomegaly.

The hepatic cyst and gallbladder sediment can both be considered incidental findings.

Further assessment would be urine to cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded then further assessment of the elevated ALP activity would be

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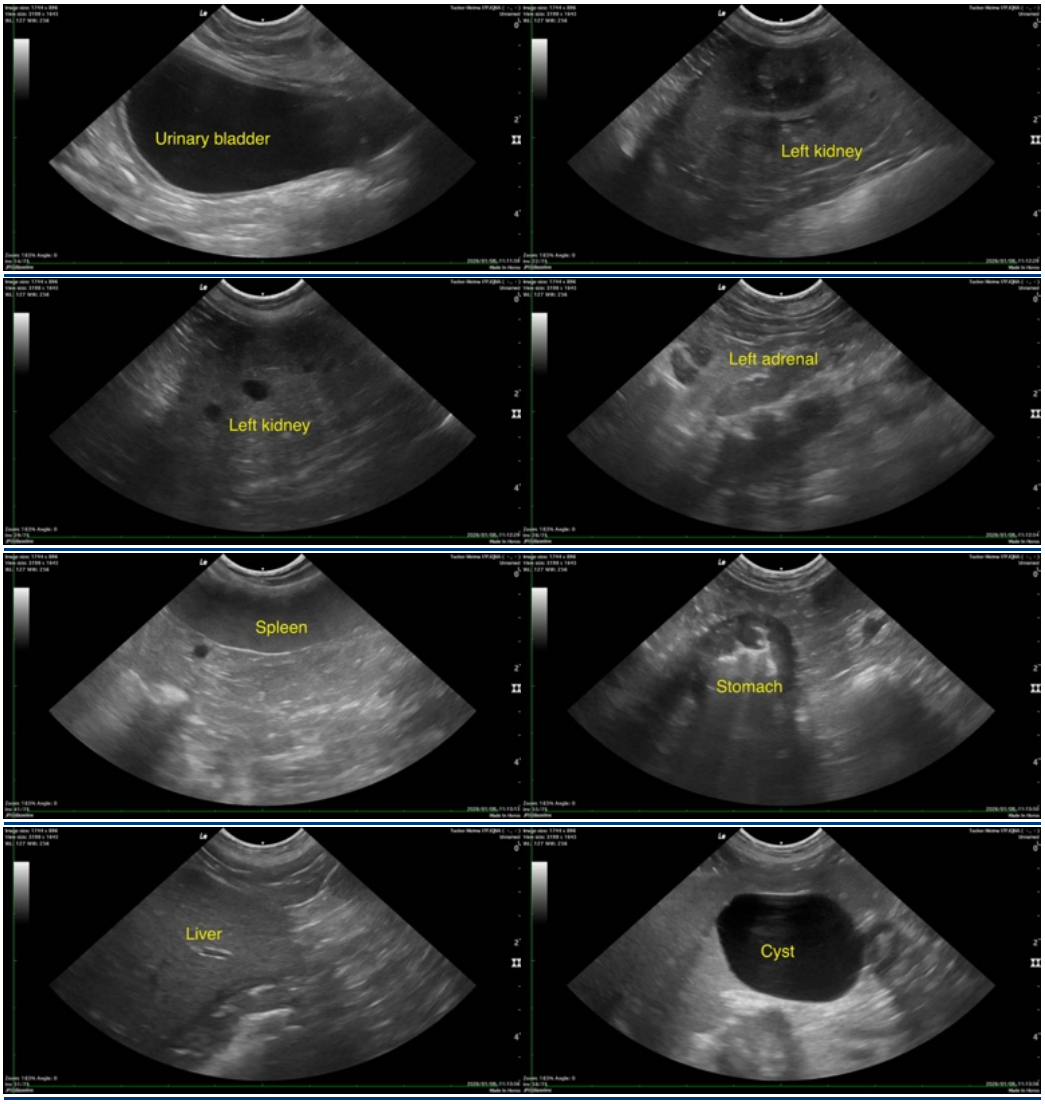
FNA cytology of the liver. However, a Tru-cut or wedge biopsy may be required for a final etiological diagnosis.

FNA cytology of the iliac and mesenteric lymph nodes could also be considered.

Further assessment of the peripheral lymphadenomegaly would biopsy with histopathology.

Specific therapy would be dependent on an etiological diagnosis.



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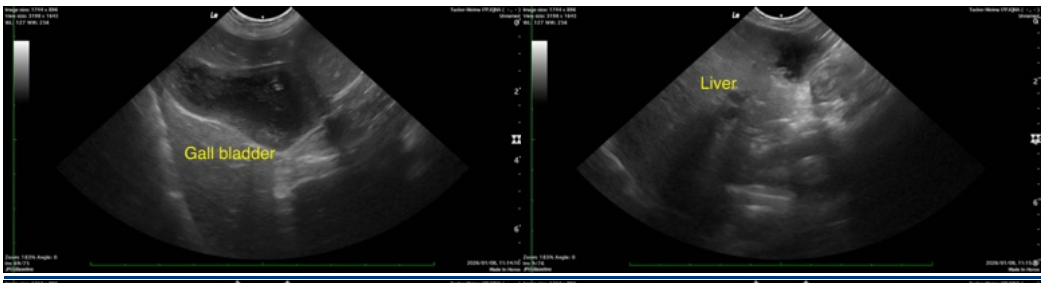

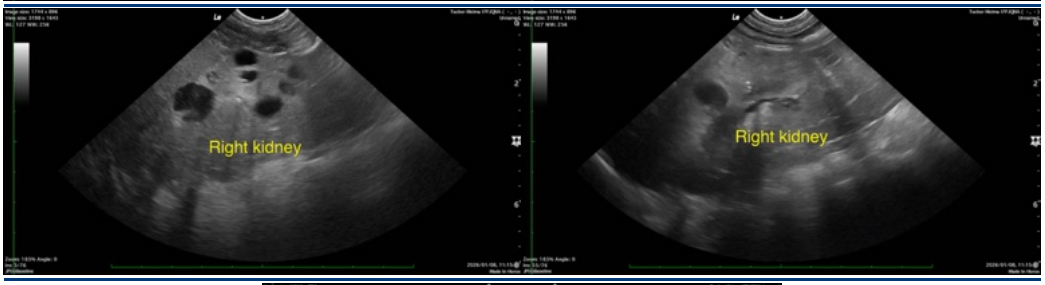

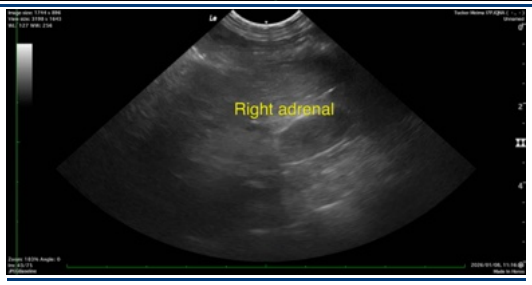

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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