



PATIENT

Kush Zepeda

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed female

AGE

14 years

WEIGHT

46 lbs

PRESENTING CLINICAL SIGNS

History: PU/PD and weight loss for the last 1 months. No vomiting or diarrhea. Our wt history shows gradual weight loss over the last 2 years from 57.2 pounds 12/2023, 51.6 pounds 8/2024 and 46 pounds.

11/2025 Exam- severe dental disease grade 3/4, hind limb arthritis and mild muscle wasting. Chemistry CPK 33, Urine spgr. 1.018 CBC WBC 5,700, N3,477, L 1,767, M 285, E 171

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.

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

Normal renal size (left measured 6.0 cm, right measured 6.5 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. Normal color flow pattern is evident in both kidneys.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laurel Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

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Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.6 cm in width. The right adrenal gland measured 0.8 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 1.5 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, irregular, cystic mass adjacent to the gallbladder, but not involving the gallbladder measuring 3.0 x 4.0 cm in size. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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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. A moderate amount of ingesta is present within the stomach compatible with a recent meal.

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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatic mass would be organized hematoma, granuloma, cystadenoma/adenocarcinoma and emerging primary hepatocellular carcinoma.

The gallbladder sediment is most likely an incidental finding.

It is highly unlikely that the hepatic mass would be the etiology for the weight loss or the polyuria/polydipsia. With the presenting clinical signs differential diagnosis to consider would be early chronic kidney disease, underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease and possibly intrathoracic pathology.

Further assessment that can be considered would be fecal analysis, survey thoracic radiographs, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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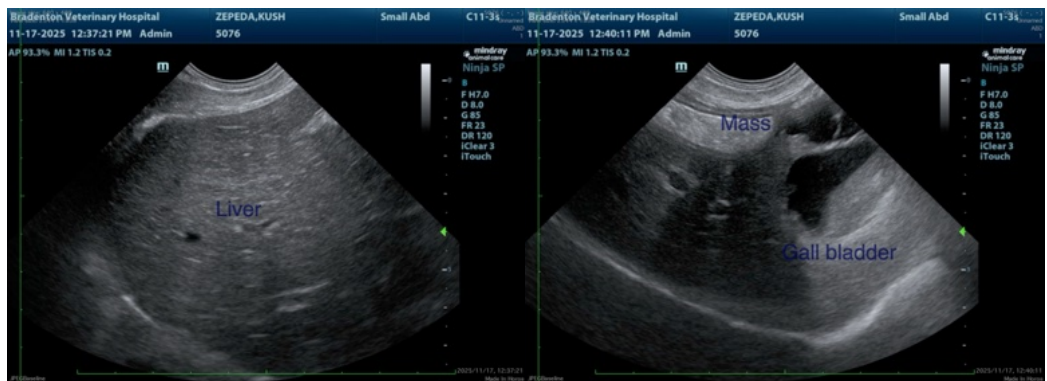
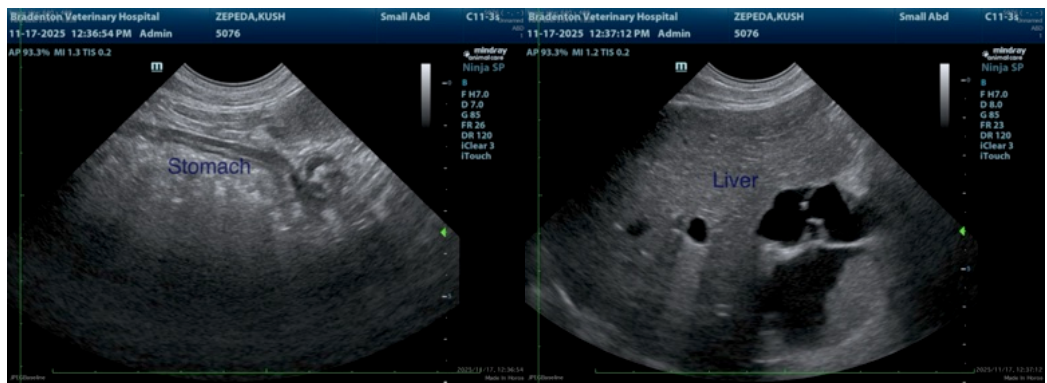
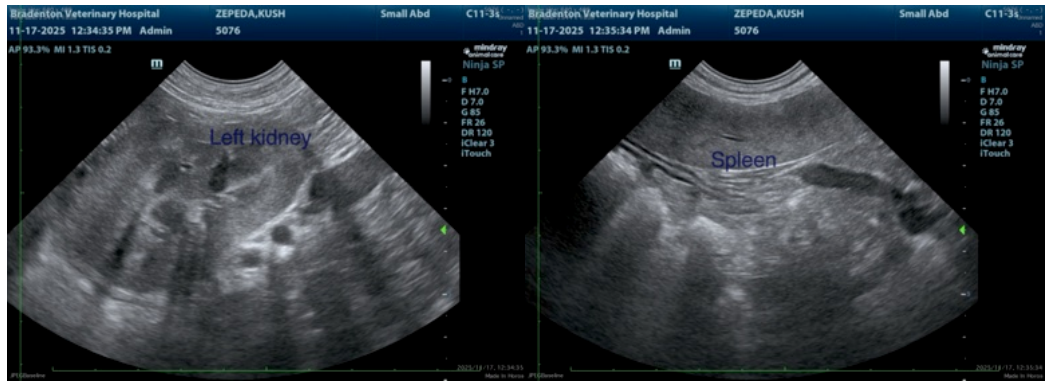
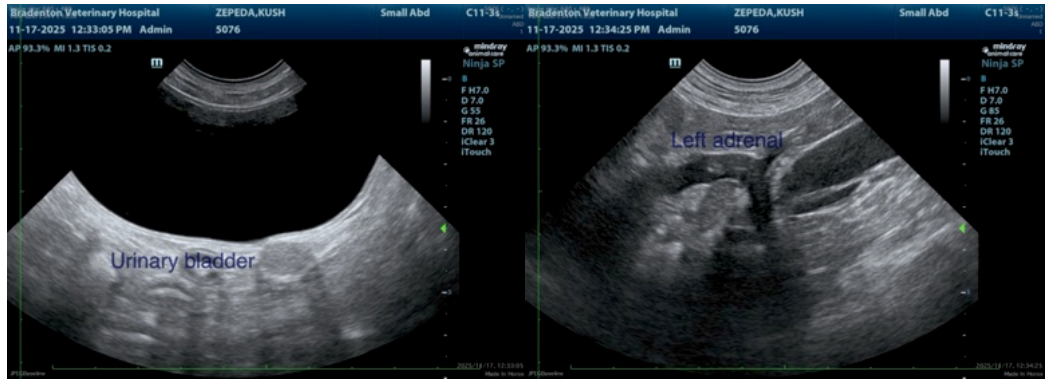
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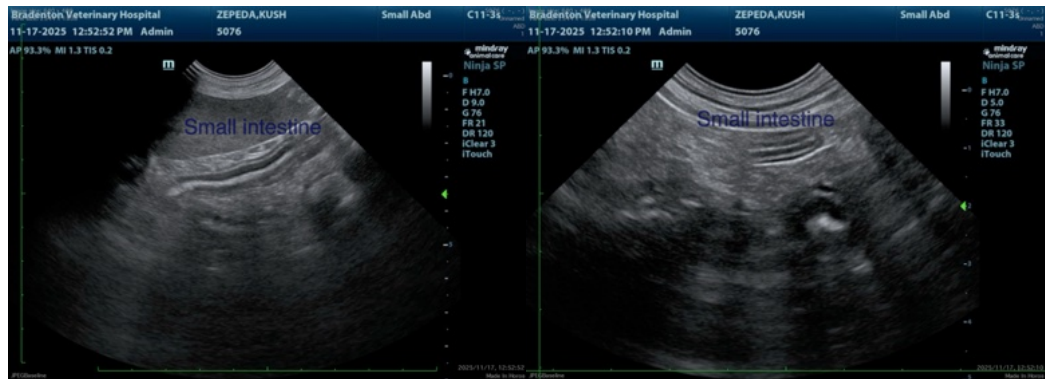
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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