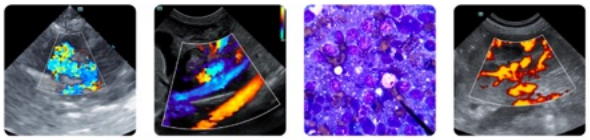




**PATIENT**

Tonka Wanta

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ukachi Ugorji

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Jansen

**INVOICE**

68285

**DATE**

11/3/25

## PRESENTING CLINICAL SIGNS

History: Chronic elevated liver values. P has been on a immunosuppressive dose of Prednisone since January, P is also on Atopica, Denamarin and Ursodiol.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

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 6.3 cm, right measured 6.1 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.

The prostate is small and hypoechogenic measuring 1.0 cm in width.

### *Adrenal Glands*

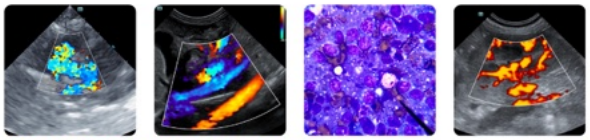
The adrenal glands are bilaterally small in size and dorsoventrally flattened, but maintained a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.31 cm and 0.26 cm in width. The right adrenal gland measured 0.28 cm and 0.34 cm 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 1.8 cm in width.

### *Liver*

Normal size with a diffuse increased echogenic appearance, decreased 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 containing a moderate 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*

Enlarged mesenteric lymph nodes measuring up to 0.6 x 1.6 cm in size, but maintained normal shape and echogenic appearance.

A small amount of ascites is present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Mesenteric lymphadenomegaly.
- Bilaterally small adrenal glands.
- Ascites.
- Urinary bladder sediment.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy and small adrenal glands would be idiopathic Cushing's disease secondary to the cortisone therapy.

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

The ascites can be ascribed as secondary to the hepatopathy and mesenteric lymphadenomegaly.

The most likely etiology for the urinary bladder sediment would be incidental debris with bacterial cystitis and crystalluria a less likely differential diagnosis.

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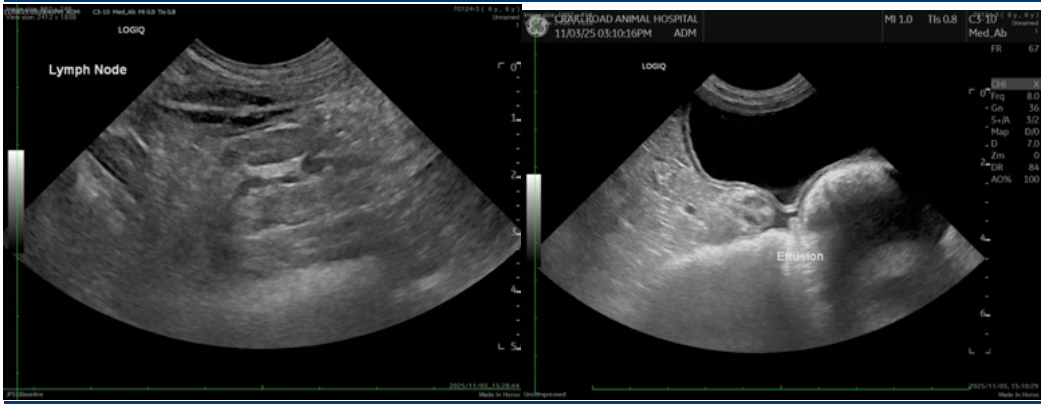
The gallbladder sediment can be considered an incidental finding.

Further assessment that can be considered would be FNA cytology of the liver and mesenteric lymph nodes.

Further specific therapy would be dependent on an etiological diagnosis.





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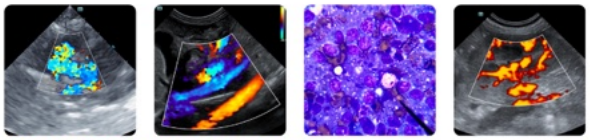

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Educational Teleconsultation Services™

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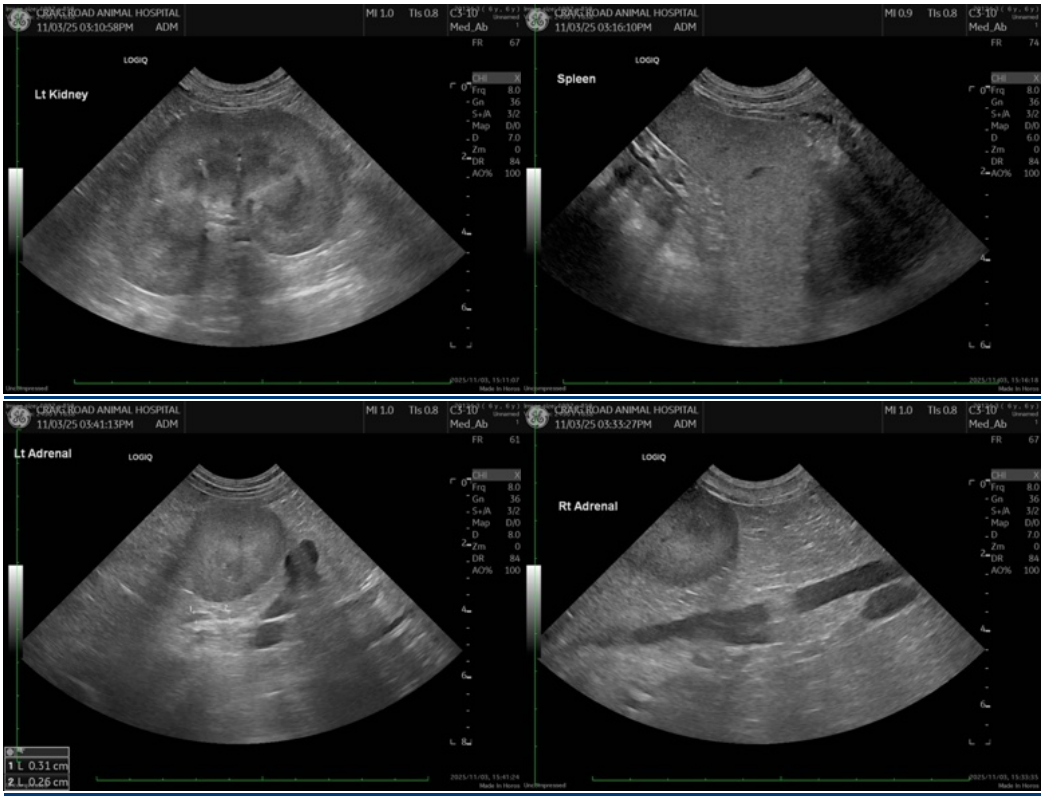


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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