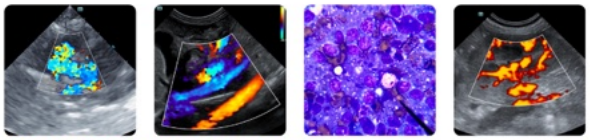


PATIENT

Lambeau Adams

SPECIES

Canine

BREED

Rat Terrier

SEX

Spayed female

AGE

14 years

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Sondel

INVOICE

69427

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: here for dental, pre-op bw has abnormalities
Abnormal PE/Chem/CBC/UA Results: ALP= 455 BUN=65 creat=3.2 UA pending

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 4.2 cm, right measured 4.7 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left worse than right) and an irregular capsule. No infarcts, mineralization or renoliths evident. A few, bilateral, cortical cysts are present measuring up to 0.9 cm in size.

Adrenal Glands

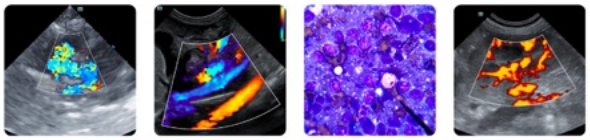
The adrenal glands are enlarged, but maintained a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.66 cm x 0.65 cm in width. The right adrenal gland measured 0.72 cm x 0.57 cm in width.

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 1.3 cm in width. Incidental myelolipoma is present.

Liver

Normal size with a diffuse, mottled, echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, small, hypoechogenic parenchymal nodules were noted and measured up to 0.3 cm in size. No 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. The small intestine measured up to 0.44 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Hepatopathy.
- Hepatic nodules.
- Bilateral adrenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease although the pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis should still be considered.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

The most likely etiology for the hepatic nodules would be nodular hyperplasia.

The most etiology for the bilateral adrenomegaly would be reactive hyperplasia with disease, stress a differential diagnosis.

Emerging pituitary dependent Cushing's disease would be a less likely differential diagnosis.

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The gallbladder sediment is most likely an incidental finding.

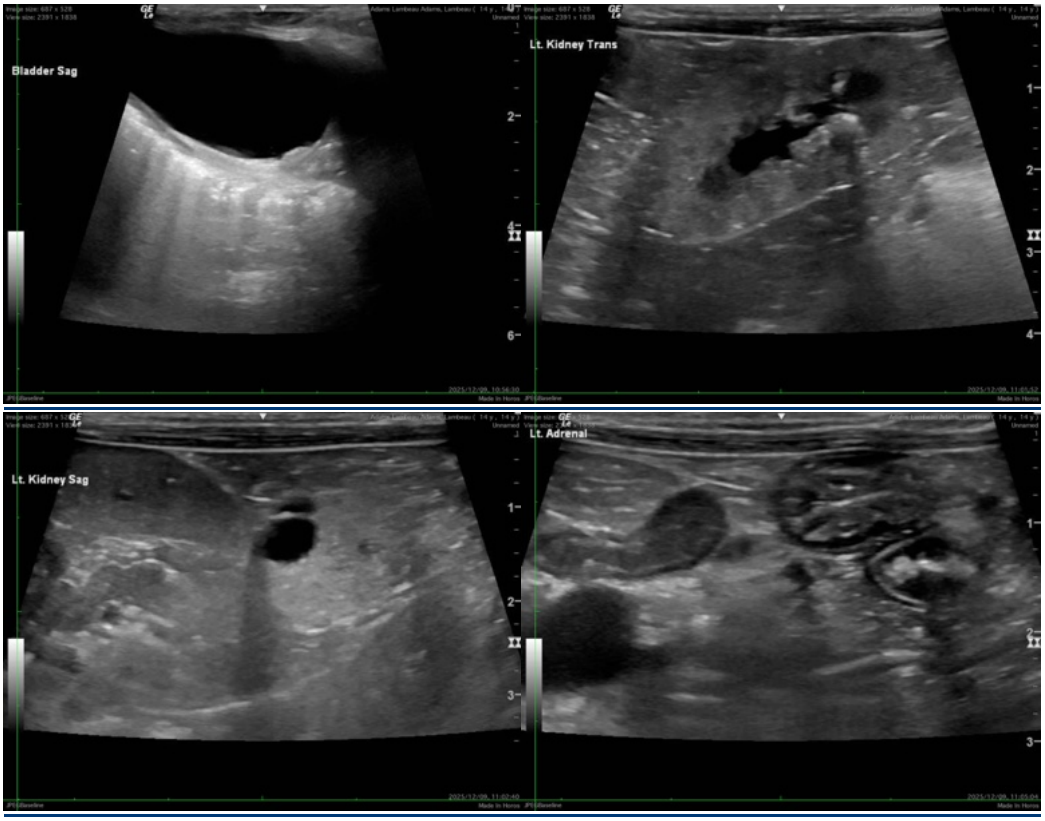
Further assessment of the renal disease would be urinalysis, urine culture, UPC (if culture and sediment is negative) and blood pressure measurements.

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

Further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.



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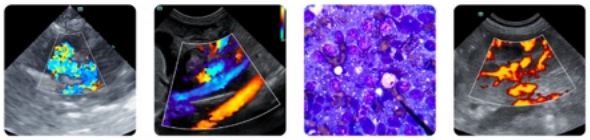

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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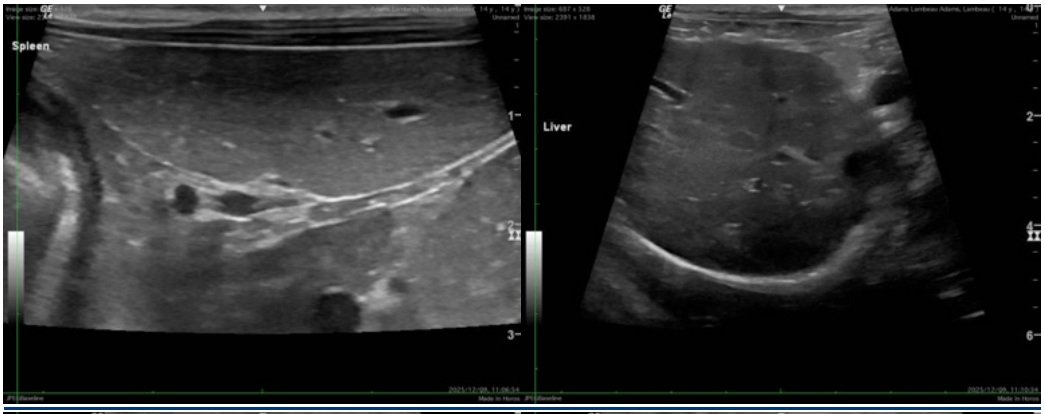

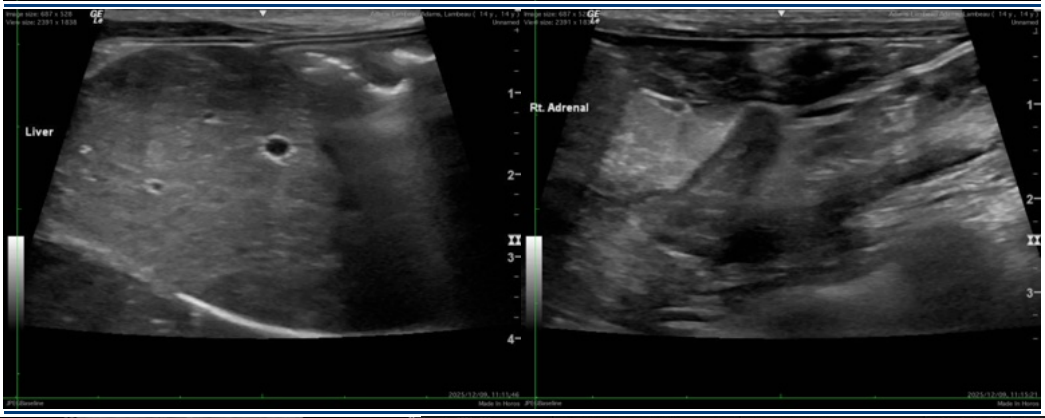

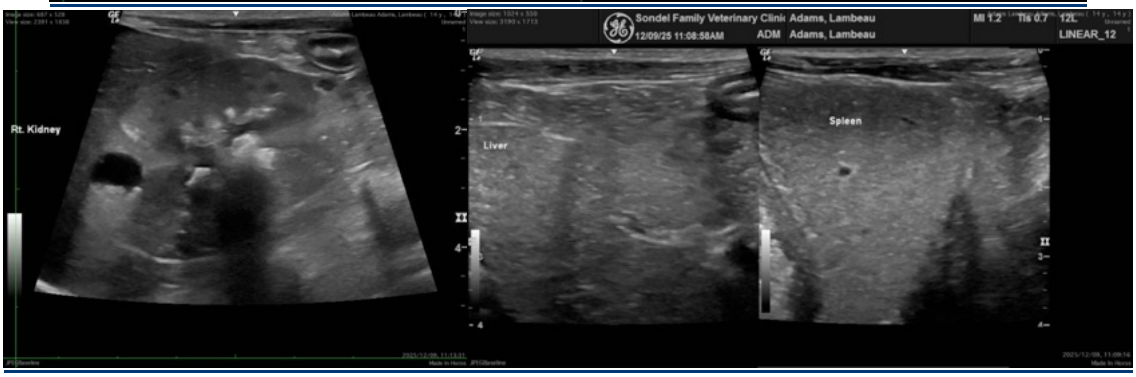

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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