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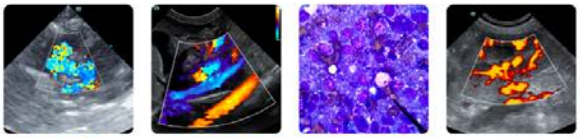


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Tank Calhoun

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

14 Years 10 Months

WEIGHT

57 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

74723

DATE

4/23/26

PRESENTING CLINICAL SIGNS

P presented for US due to hematuria and elevated liver enzymes

Abnormal PE/Chem/CBC/UA Results: CPL normal, Lym 0.83, ALT 266, ALKP 592, GGT 38, UA 50 wbc, >50 rbc, proteinuria usg 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a moderate amount of both floating and dependent hyperechogenic sediment, a normal thickness and smooth appearance of the wall.

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

Normal size of the iliac lymph nodes, measuring 0.60 cm x 0.80 cm, with a slightly rounded shape but maintaining a normal echogenic appearance. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 6.2 cm. Right kidney measures 6.3 cm.

Reproductive System

Small, hypoechogenic prostate measuring 1.1 cm in width.

Adrenal Glands

Bilaterally enlarged, with a slightly rounded shape, but maintaining a normal echogenic appearance, and position and appearance of the visible periadrenal vasculature. Left measured 3.14 cm in length x 1.04 cm and 1.63 cm in width. Right measured 2.1 cm in length x 0.85 cm and 1.15 cm in width.

Spleen

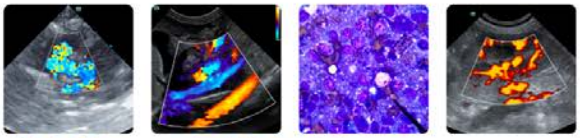
Normal size (1.9 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipomas present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver

Normal size, with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few small, hypoechogenic parenchymal nodules were noted measuring up to 1.0 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Hepatic nodules.
- Urinary bladder sediment.
- Bilateral adrenomegaly.
- Prominent iliac lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia being highly unlikely differential diagnoses. The most likely etiology for the hepatic nodules would be nodular hyperplasia. Etiologies for the urinary bladder sediment would be hematuria (as per the patient's history), crystalluria, and bacterial cystitis.

Etiologies for the adrenomegaly would be age related reactive hyperplasia, disease stress, and possibly emerging pituitary dependent Cushing's disease.

The most likely etiology for the iliac lymph nodes would be reactive hyperplasia.

Further assessment would be urine culture and urine cortisol to creatinine ratio. If the latter is abnormal, then adrenal function testing (ACTH stimulation/LDDS test) would then be indicated. If Cushing's disease has been excluded, then further assessment of the hepatopathy and the hepatic nodules would be FNA cytology of the liver. A tru-cut or wedge biopsy of both may, however, be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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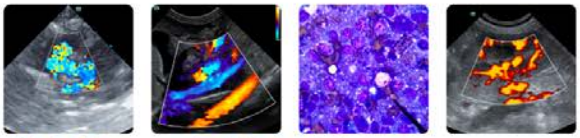

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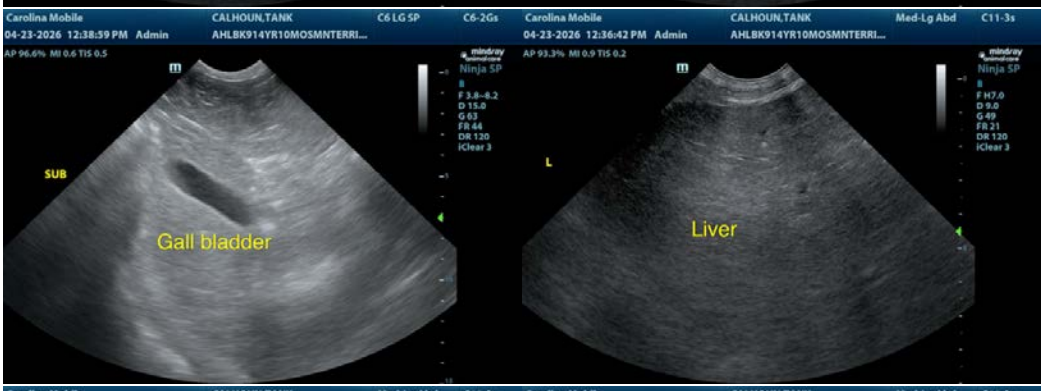

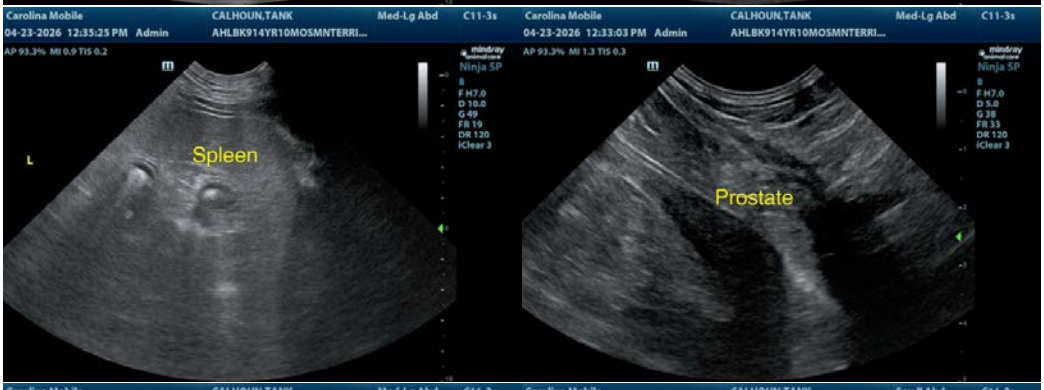

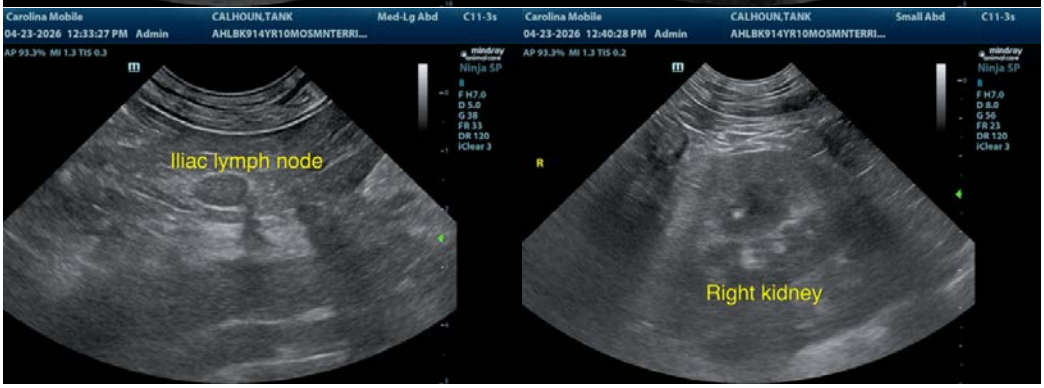

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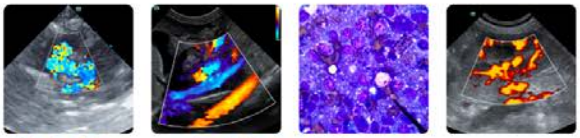

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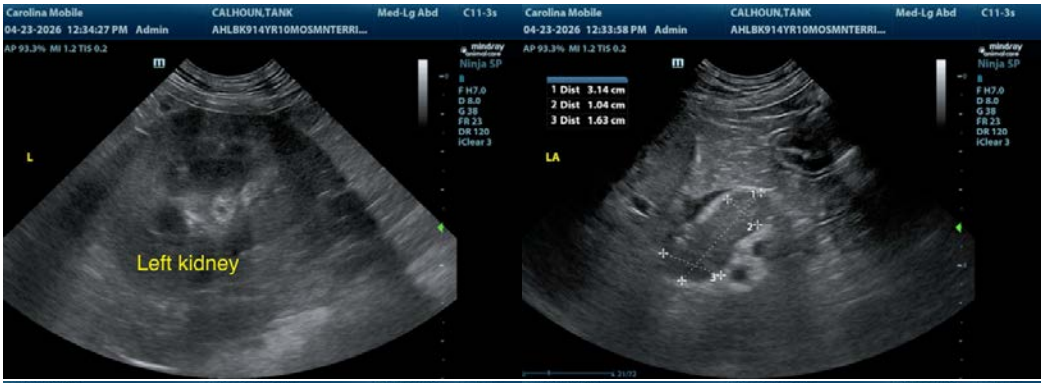

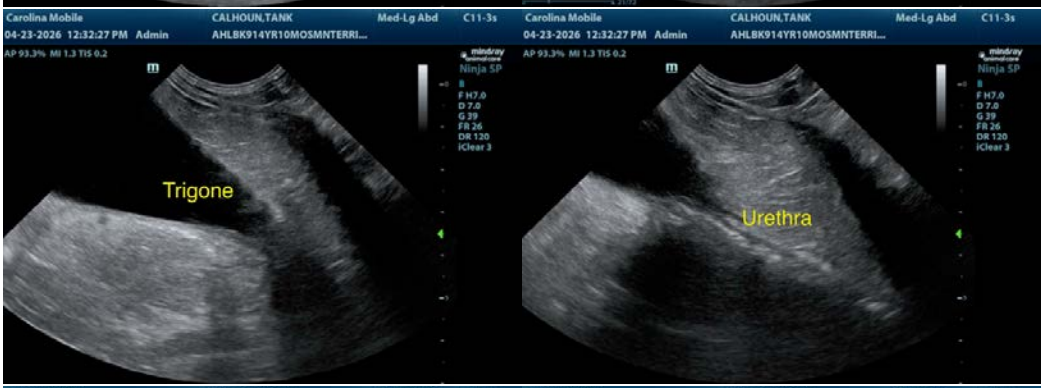

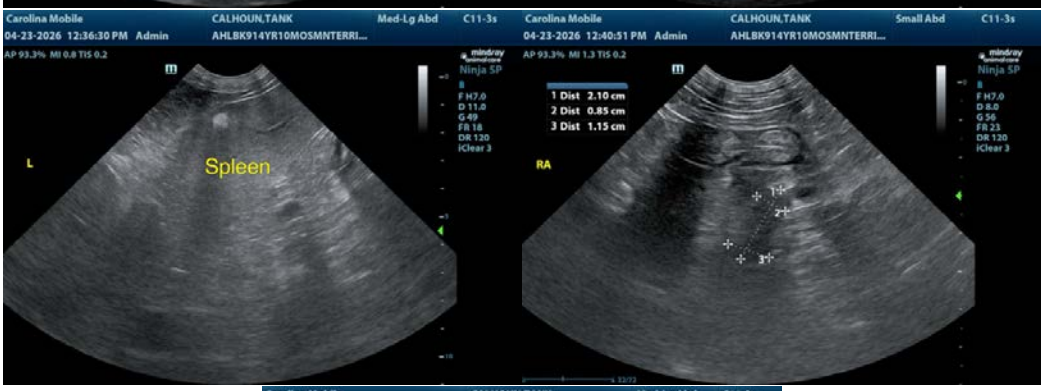

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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