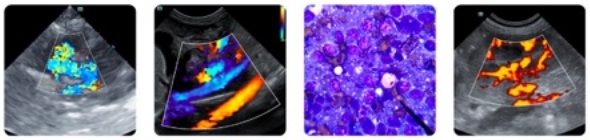


PATIENT

Marley Giles

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

14 years

WEIGHT

17.46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashely Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

75101

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History of increased liver enzymes and renal values since 12/2025. Anemia since 12/25 Poor appetite. Popliteal Lymphadenopathy diagnosed 1-13-2025. Originally started with 200cc SQ fluids Jan 2026, increased to 300cc SC fluids Mar 2026.
Taking Prednisolone 5mg 1t PO BID started Dec 2025
Abnormal PE/Chem/CBC/UA Results: 3-15-2026: Superchem: GLOB 4.0 H, AST 289 H, ALT 1885 H, ALKP: 7709 H, GGT 452 H, BUN 136 H, CREA 4.1 H, SDMA 75.7 H, BUN/CREA ratio 33, Phos 7.3 H, Calcium 12.1 H, Magnesium 2.9 H, Cholesterol 368 H CBC: RBC 4.4 L, HGB: 10.1 L, HC 34 L, MCHC 29 , PLATELET COUNT: 895 H, NEUTROPHILS: 78%, EOS: 0% L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant 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 4.8 cm, right measured 4.9 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

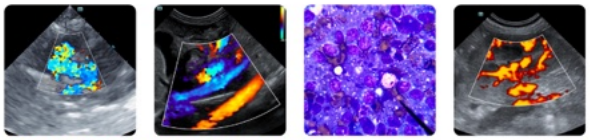
The prostate is small and hypoechogenic.

Adrenal Glands

The adrenal glands were bilaterally enlarged, but maintained a normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Small, hyperechogenic parenchymal nodule in the caudal pole of the left adrenal gland measured 0.2 cm in size. The left adrenal gland measured 0.59 cm and 0.91 cm in width. The right adrenal gland measured 0.96 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.



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Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. A few, small, hypoechogenic parenchymal nodules measuring up to 0.9 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.

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. Moderate amount of fluid and ingesta is present in the stomach.

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.
Left adrenal nodule.
Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

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The appearance of the kidneys would be consistent with chronic kidney disease and in line with the patient's history.

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

The most likely etiology for the left adrenal nodule would be incidental, non-functional adenoma.

The most likely etiology for the hepatic nodules would be nodular hyperplasia. The gallbladder sediment can be considered an incidental finding.

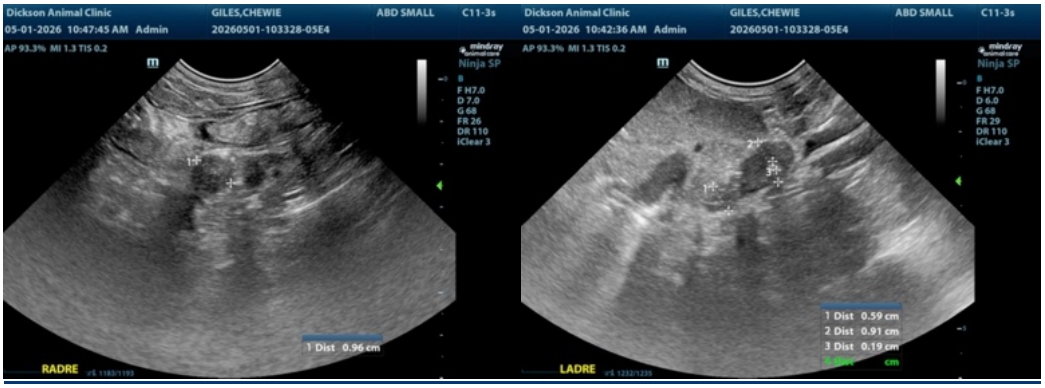
Further assessment of the renal disease (if not already done) would be urinalysis, possibly urine culture, UPC and blood pressure.

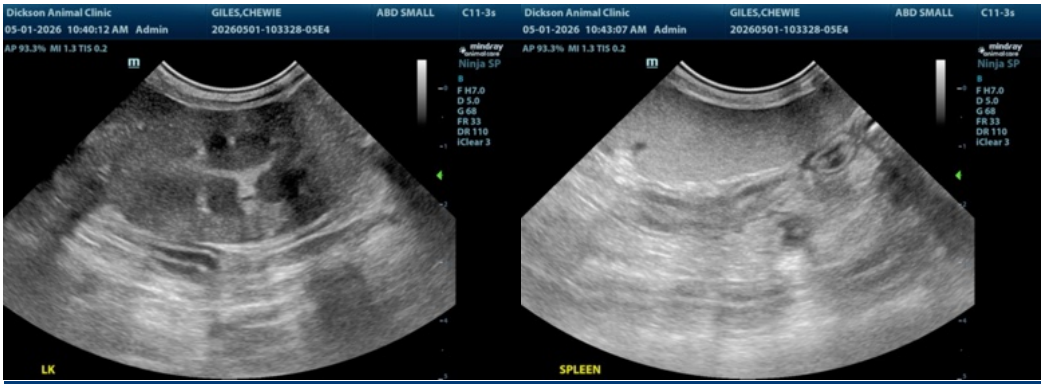
Further assessment of the hepatopathy and hepatic nodules would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

If there are compatible clinical signs and physical examination findings of Cushing's, then further assessment of the adrenomegaly would be adrenal function testing (ACTH stimulation/LDDST).

Management of the renal disease would be feeding a renal diet, enteric phosphate binders, and possibly ace inhibitor or receptor blocker.

Symptomatic management of the hepatopathy and the gallbladder sediment would be the use of Ursodiol with regular monitoring of the liver enzyme activity.





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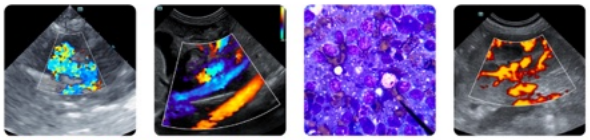

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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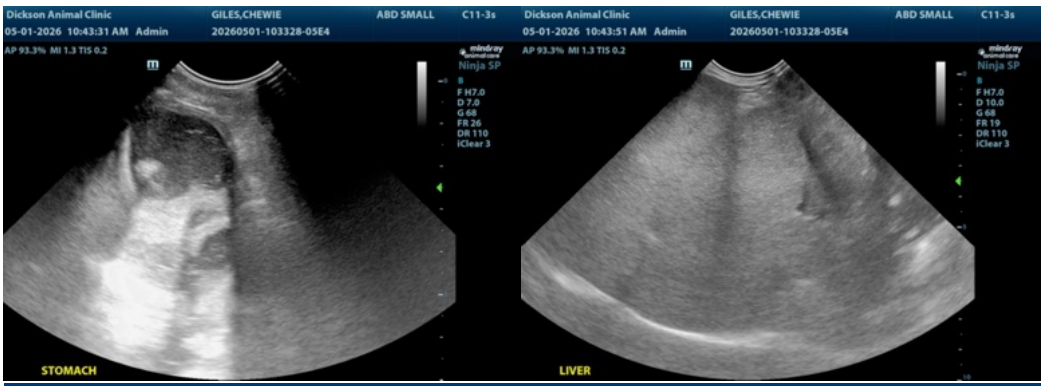

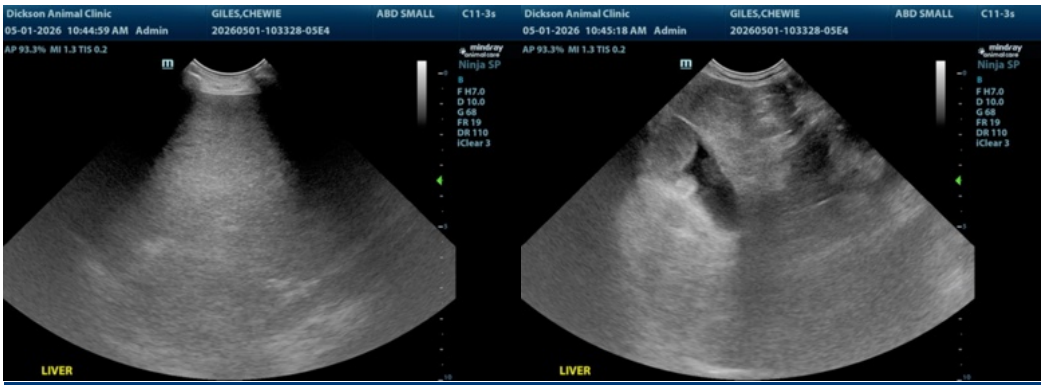

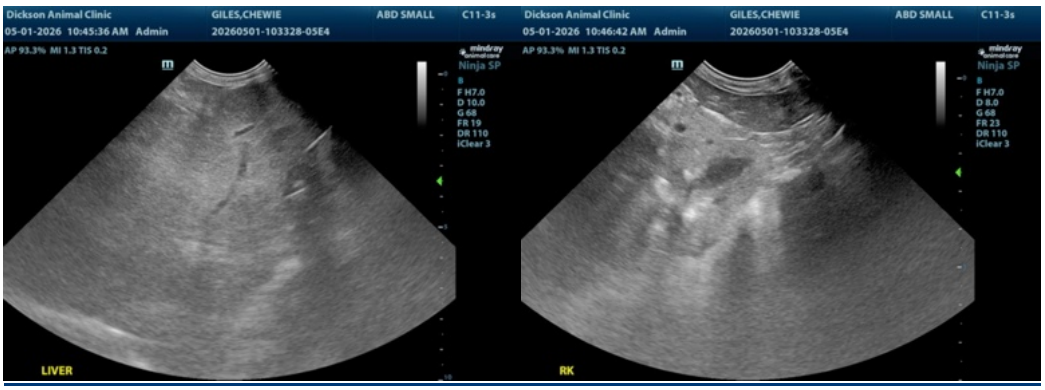

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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