



PATIENT

Gotsman Belyavsky

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Intact Male

AGE

Not Provided

WEIGHT

7.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

Lake Bonavista Animal
Clinic/Dr. Joanna Pytko

INVOICE

75415

DATE

5/23/26

PRESENTING CLINICAL SIGNS

Chronic unilateral cryptorchidism with progressive weight loss, variable appetite, PU/PD, intermittent vomiting, urinary incontinence, elevated liver enzymes, hypoalbuminemia, hyperglobulinemia, and leukocytosis on recent bloodwork. Concern for hepatobiliary disease and possible retained testicular neoplasia.

Abnormal PE/Chem/CBC/UA Results: Marked elevation in liver enzymes (ALT, ALP, AST, GGT) with mild hyperbilirubinemia, consistent with significant hepatobiliary/cholestatic disease. Mild hypoalbuminemia and hyperglobulinemia noted. Mild inflammatory leukogram characterized by neutrophilia/monocytosis. Renal values and PSL within normal limits. Urinalysis showed mild proteinuria and bilirubinuria with adequate urine concentrating ability. Low-normal T4 likely consistent with euthyroid sick syndrome.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, 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 measured 5.8 cm. Right kidney measured 5.4 cm.

Reproductive System

Normal size and appearance of the prostate with a regular curvilinear capsule and normal appearance of the periprostatic tissue. The gland measures approximately 2.2 cm x 2.5 cm in size. Paraprostatic cyst measuring approximately 2.0 cm x 2.0 cm is evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.42 cm and 0.43 cm in width. Right measures 0.64 cm in width.

Spleen

Normal size (1.2 cm in width) 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.

Liver

Normal size, with diffuse mottled echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

Full containing large 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 ingesta present within the stomach, compatible with a recent meal.

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.

Irregular, mottled echogenic, poorly vascularized mass in the caudal abdomen, measuring approximately 3.2 cm x 4.0 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Caudal abdominal mass.
- Hepatopathy.
- Gallbladder sediment.
- Paraprostatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the caudal abdominal mass would be neoplastic transformation of the retained testicle with granulomatous disease being a possible differential diagnosis.

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

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

Further assessment would include 3-view thoracic radiographs and FNA cytology of the caudal abdominal mass and the liver. A tru-cut or wedge biopsy of the liver may, however, be required for a final etiological diagnosis.

Ideal therapy would be a laparotomy to remove the abdominal mass, obtain a wedge biopsy of the liver, and drain the paraprostatic cyst.

Specific therapy would be dependent on an etiological diagnosis.



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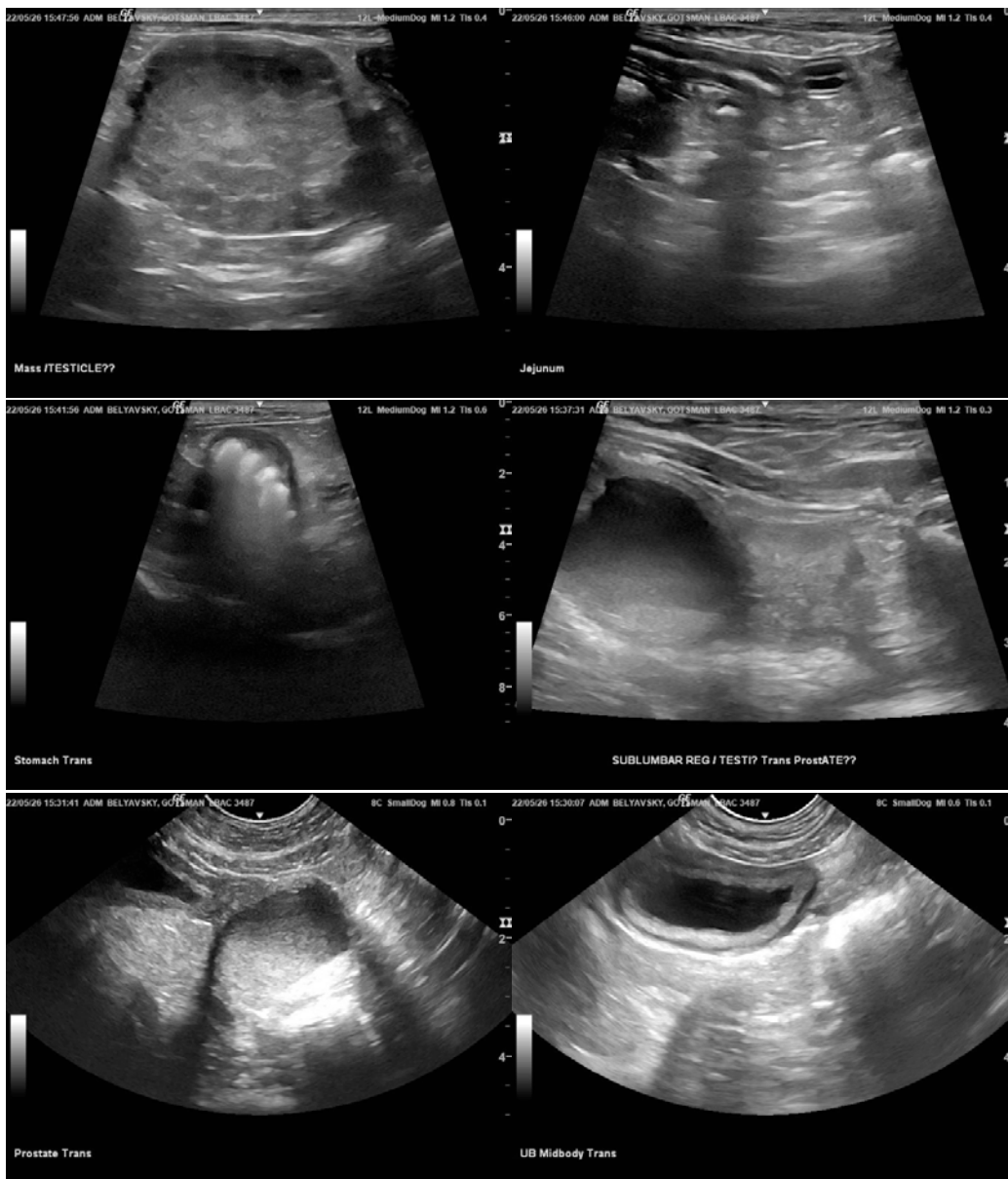
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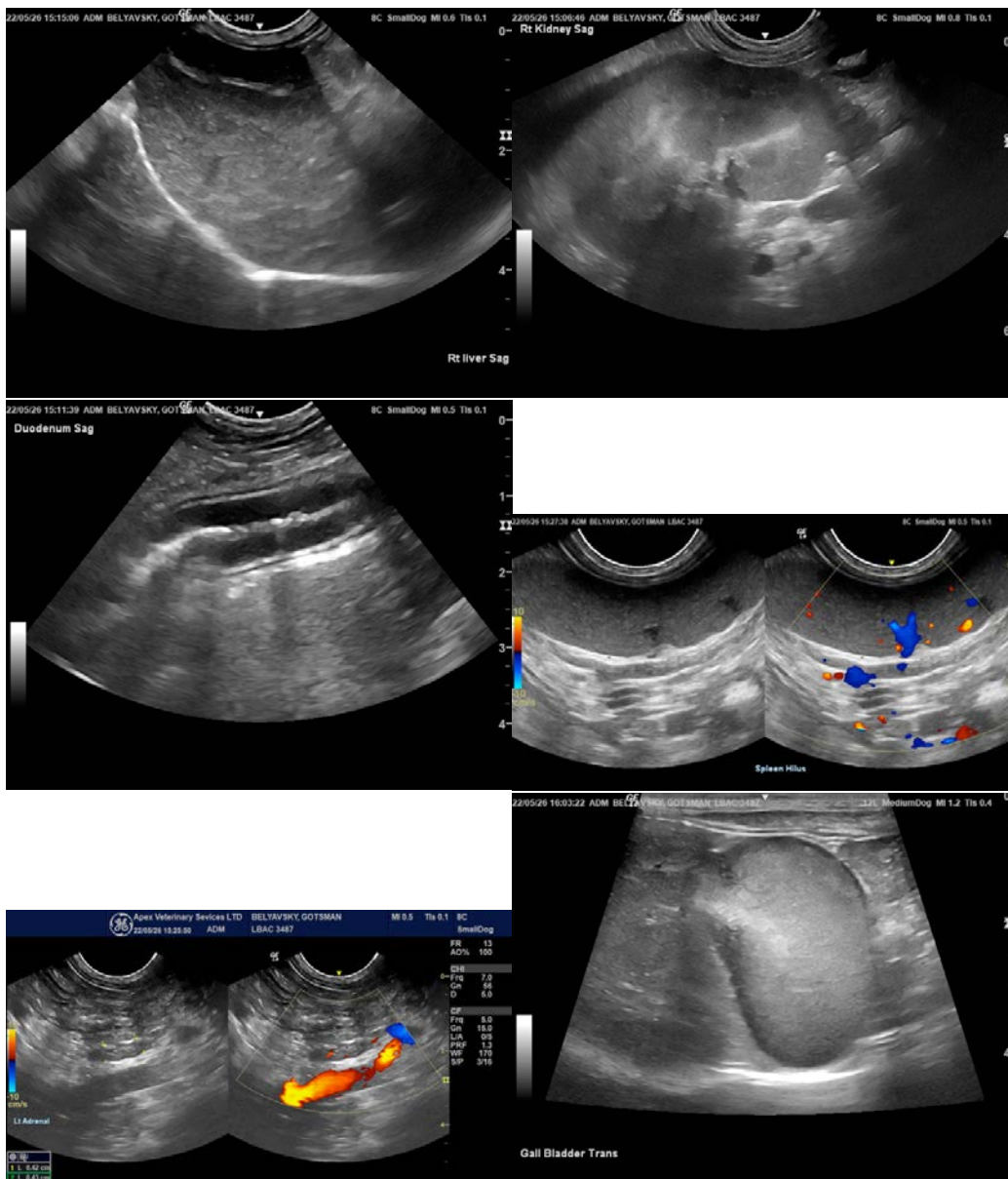
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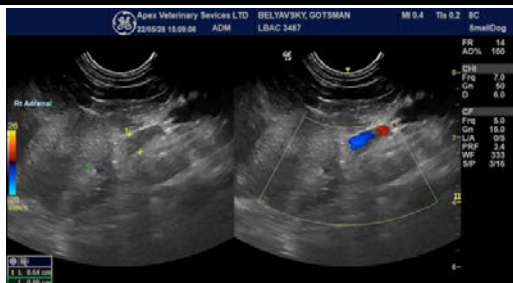
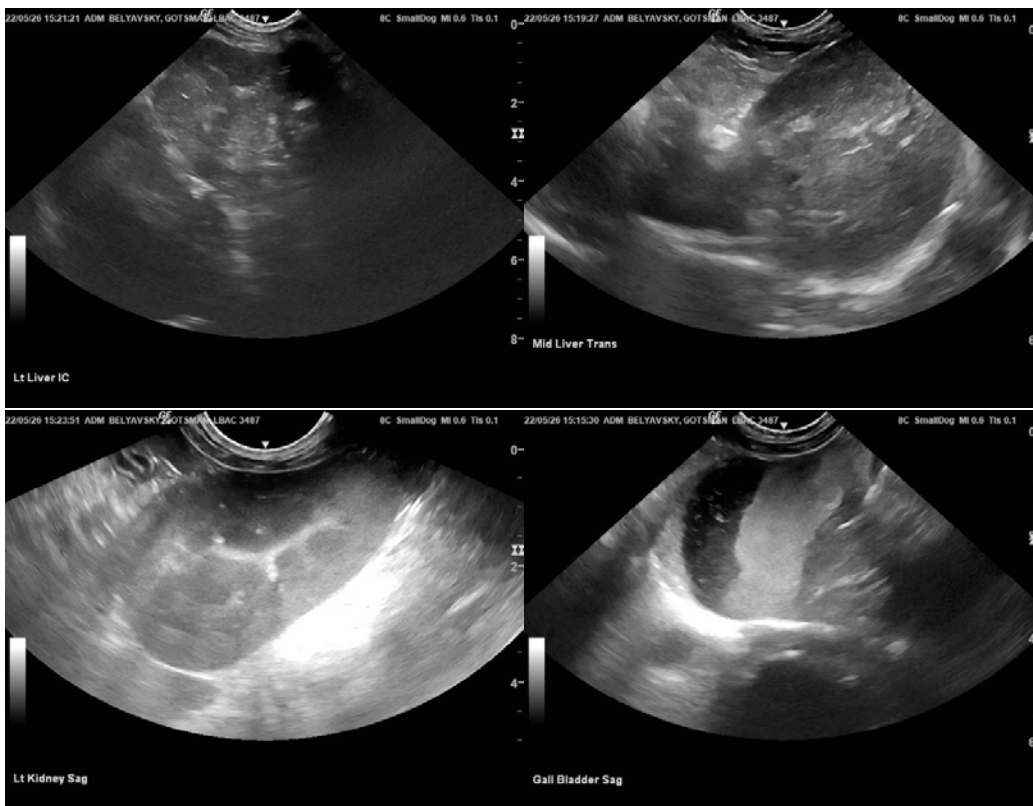
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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