

PATIENT

Reeci Pulcastro

SPECIES

Canine

BREED

Pit

SEX

Spayed female

AGE

9 years

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Edlred

INVOICE

75201

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to historical elevation in liver values
 ALKP 1757, ALT 260, AST 79, Chol 440, Ca 12.4, Glob 3.7, TP 7.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with an irregular, hyperechogenic mass on the dorsal wall measuring 1.2 x 3.9 cm in size. The rest of the wall is of normal thickness with smooth appearance of the wall. A small amount of floating hyperechogenic sediment, no 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 6.7 cm, right measured 5.9 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. A few, small cortical cysts are present (right worse than left) No infarcts, mineralization or renoliths evident. Normal color flow pattern is noted in both kidneys.

Adrenal Glands

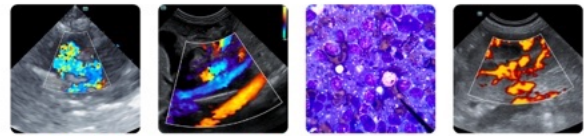
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.53 cm in length x 0.82 cm and 0.68 cm in width. The right adrenal gland revealed a mottled echogenic mass that measured 3.0 cm in length x 1.6 cm in width, maintaining normal position and appearance of the visible peri-adrenal vasculature.

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 2.6 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, prominent 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 normal anechoic bile. 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

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Urinary bladder mass.
- Right adrenal mass.
- Urinary bladder sediment.

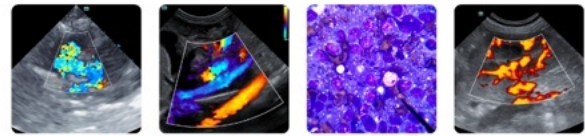
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right adrenal mass would be non-functional carcinoma and pheochromocytoma.

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with cholangiohepatitis a possible differential diagnosis.

Etiologies for the urinary bladder mass would be neoplasia, granuloma and possibly chronic bacterial cystitis.

Etiologies for the urinary bladder sediment would be incidental debris, hematuria, crystalluria and possibly bacterial cystitis.



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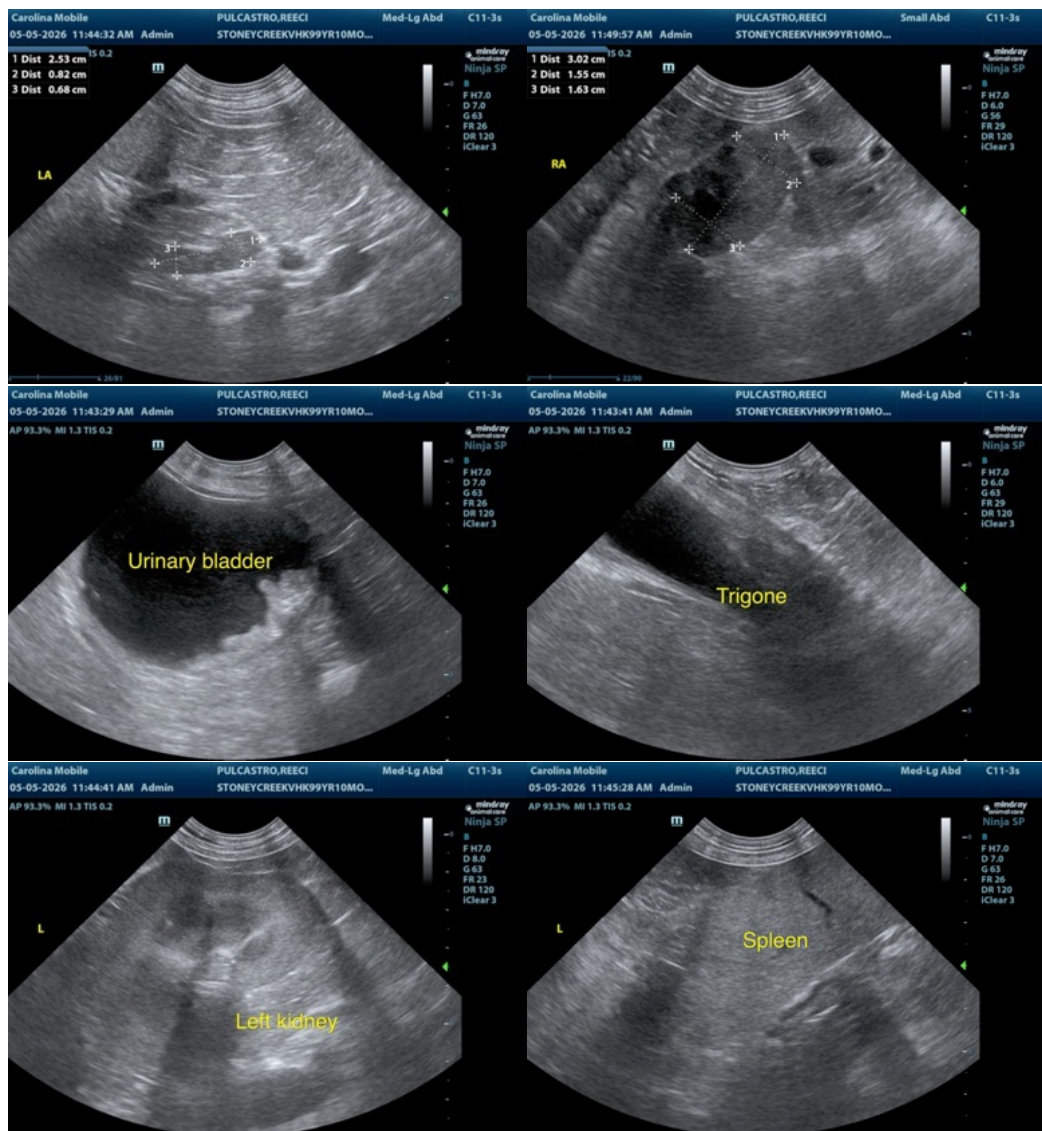
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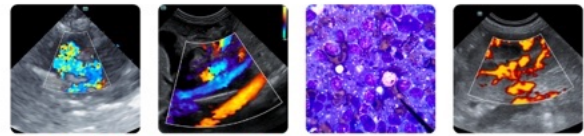
Further assessment of the urinary bladder mass would be urinalysis, urine culture and BRAF analysis and/or catheter assisted aspirate/biopsy for cytology/histopathology and culture.

Further assessment of the right adrenal mass would be urine/plasma catecholamine assay and possibly FNA cytology.

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.





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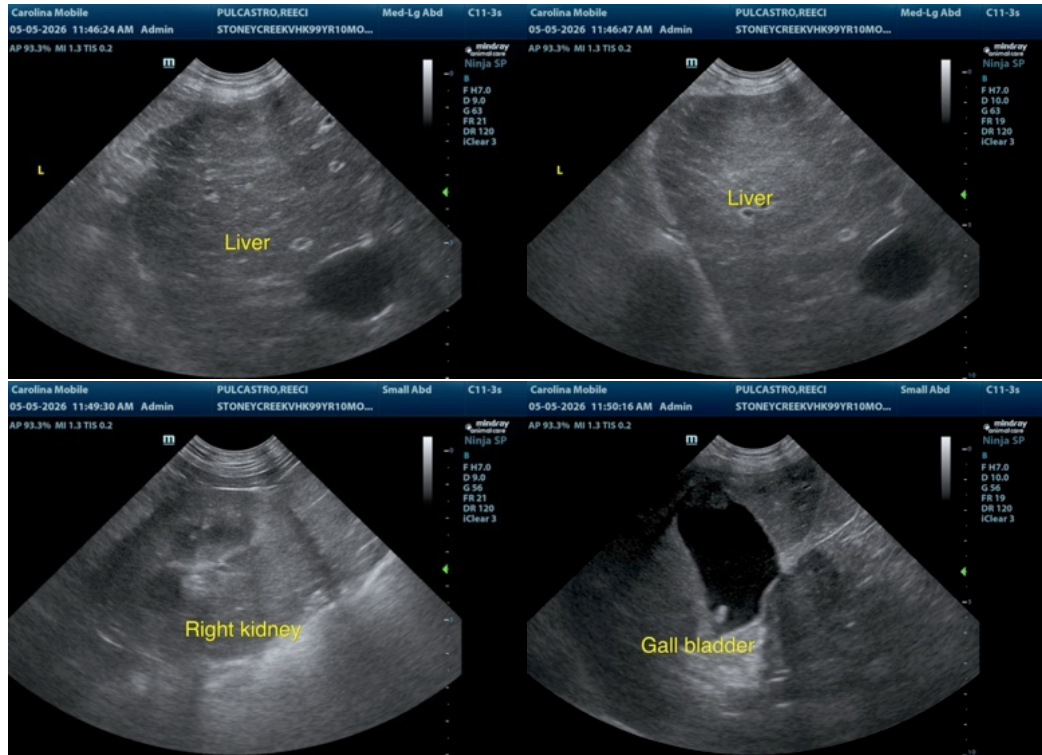
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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