PATIENT

Bubba Kuczkuda

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

13 years

WEIGHT

15.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

69785

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Previous AIHA Calcium oxalate bladder calculi lethargy, anorexia Unremarkable Physical exam Medications: Potassium citrate, enrofloxacin, cyclosporin for KCS
Abnormal PE/Chem/CBC/UA Results: Albumin = 2.6 Glob = 4.6 ALT = 386 AlkPhos = 981 WBC = 16.6. neut = 13,944 Urinalysis = WBC (21-50). RBC = 4-10 SpGravity = 1.019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened and irregular appearance of the apical and dorsal wall measuring up to 0.7 cm with the rest of the wall having a normal thickness and smooth appearance. 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 4.3 cm, right measured 4.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, or mineralization evident. Bilateral, small, non-obstructive renoliths are present. A large cortical cyst was evident on the cranial pole of the left kidney measuring 2.6 cm in size. Normal color flow pattern is evident in both kidneys.

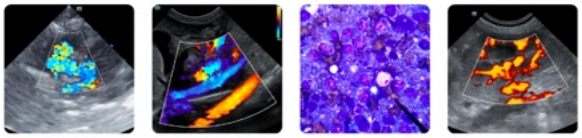
The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

The adrenal glands are bilaterally enlarged with a slight rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.26 cm in length x 0.76 cm and 0.59 cm in width. The right adrenal gland measured 2.66 cm in length x 0.79 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 0.8 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. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate amount of both adhered and non-adhered, hyperechogenic sediment with the adhered sediment arranged in an early stellate pattern. 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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Hepatopathy.
- Urinary bladder thickening.
- Emerging mucocele.
- Renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

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Etiologies for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and emerging neoplasia.

The renoliths can be considered incidental findings.

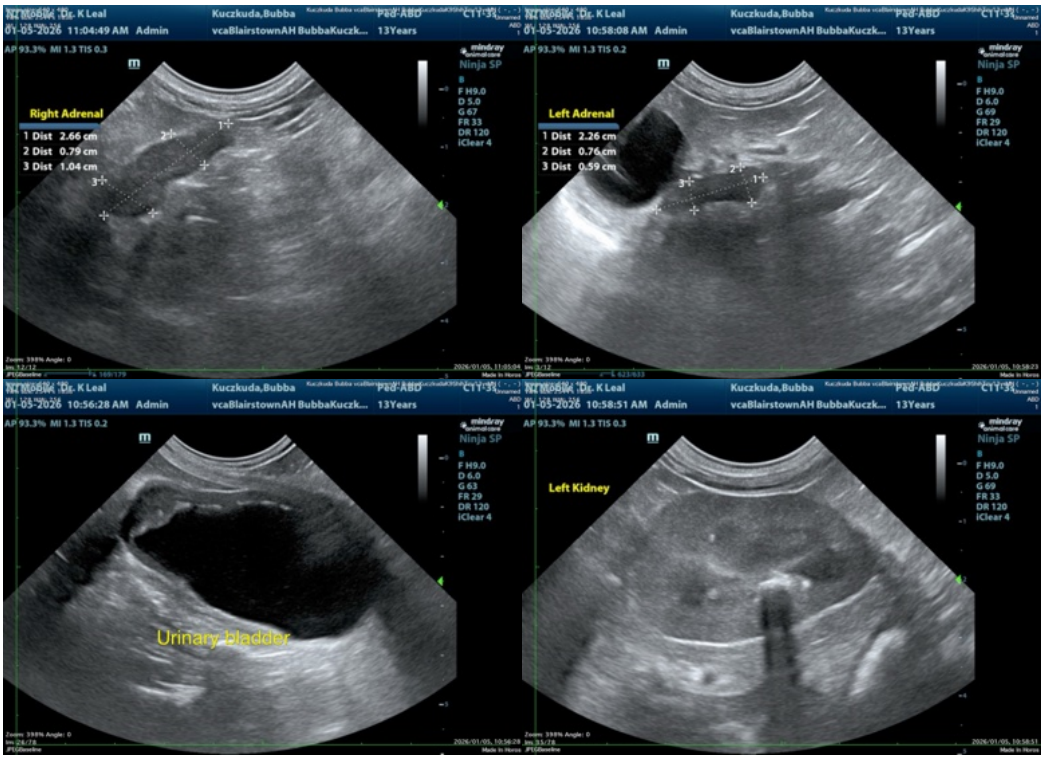
Further assessment would be urine to cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded, then further assessment of the hepatopathy would be FNA cytology; however, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of the urinary bladder thickening would be urine culture and BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the mucocele and hepatopathy that can be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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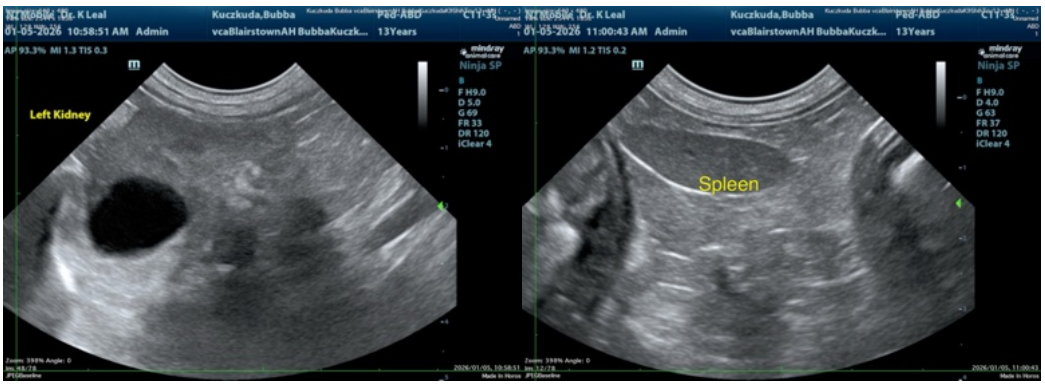

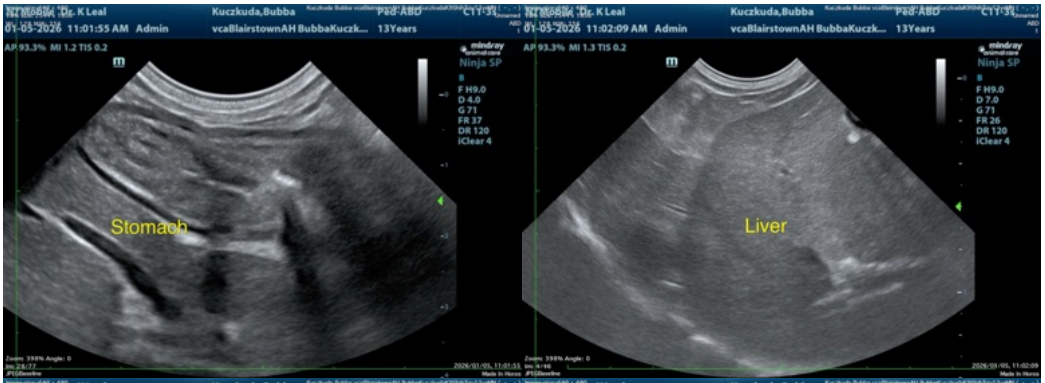

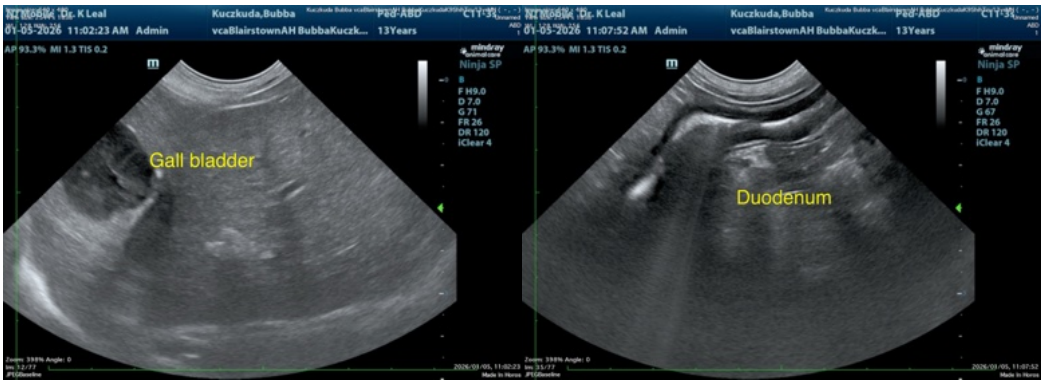

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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