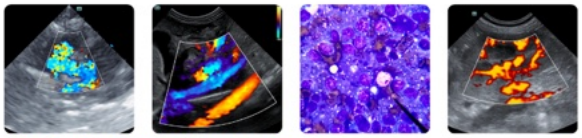


PATIENT

Kuna Demo

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

29 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Calise/Ammeraal

INVOICE

73554

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- Noted bloating. Urinating, eating/drinking a lot.
- Patchy alopecia, thinning haircoat. Hind end muscle wasting. Pendulous abdomen
- AlkPhos = 389 ALT = 209 Urinalysis: Rods >100, WBC 2-3 UPC = 6.0 SpGravity = 1.011

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is noted.

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 5.1 cm, right measured 5.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

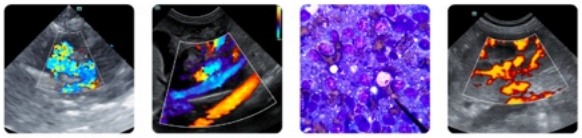
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.5 cm in length and 0.59 cm in width. The right adrenal gland was irregular with mottled echogenic mass that measured 3.14 cm in length x 1.73 x 1.84 cm in width. The right adrenal gland maintained normal position. No obvious invasion into the surrounding, visible periadrenal 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 1.3 cm in width.

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Focal, parenchymal cysts were noted in the right lobe adjacent to the gallbladder measuring 2.0 cm in size. Normal appearance of the hepatic and portal vasculature.



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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.

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

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the right adrenal mass would be neoplasia and with the presenting clinical signs a functional carcinoma even though the left adrenal gland appears normal.

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

The hepatic cyst can be considered an incidental finding.

The most likely etiology for the urinary blader sediment would be bacterial cystitis as per the patient's urinalysis findings.

Further assessment would be adrenal function testing (ACTH stimulation/LDDST) and possibly FNA cytology of the right adrenal gland and liver.

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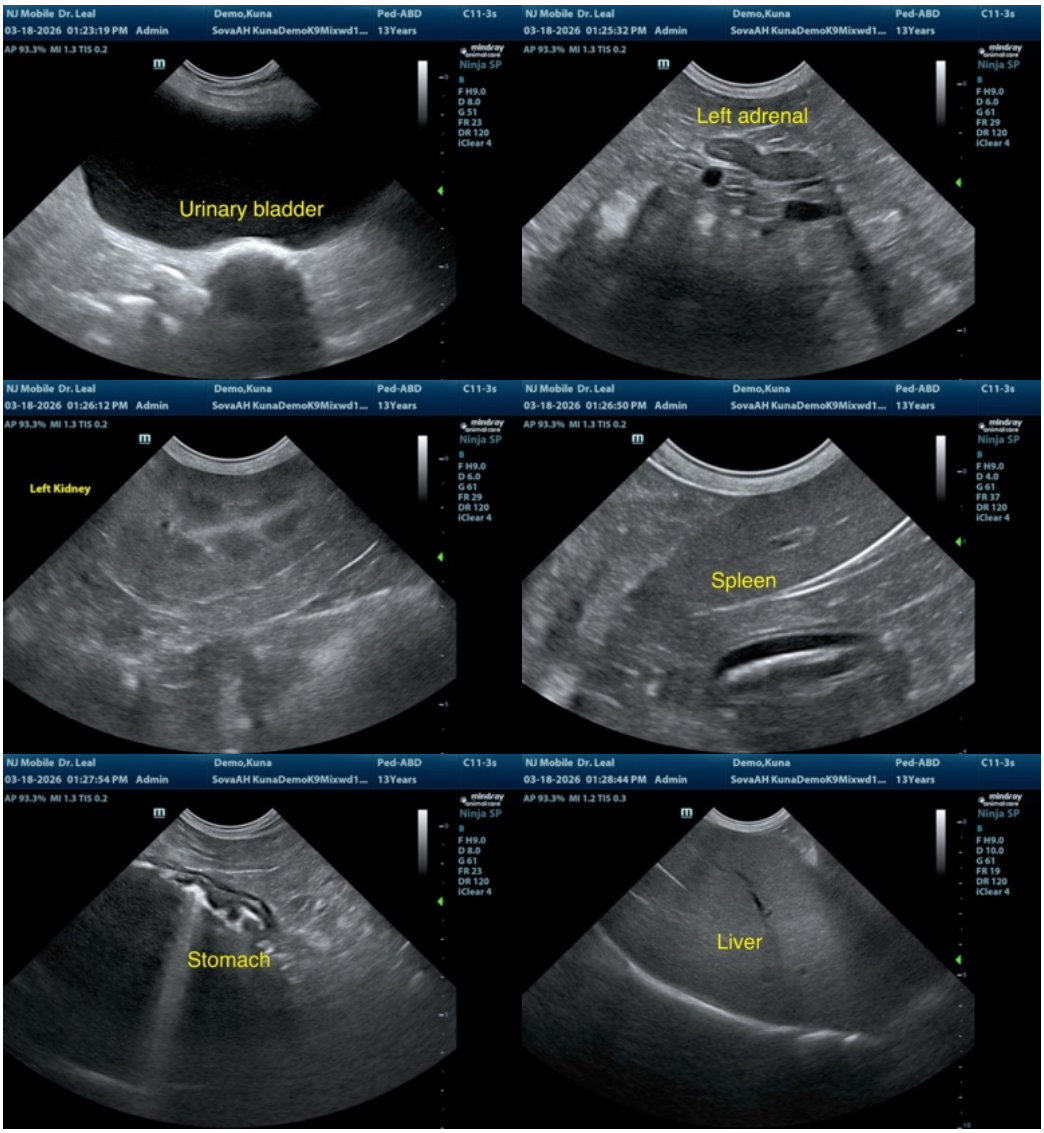
Urine culture would also be recommended.

If surgery is being contemplated for the right adrenal mass then a CT scan would be recommended.



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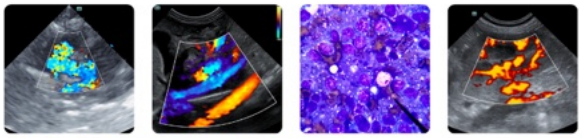

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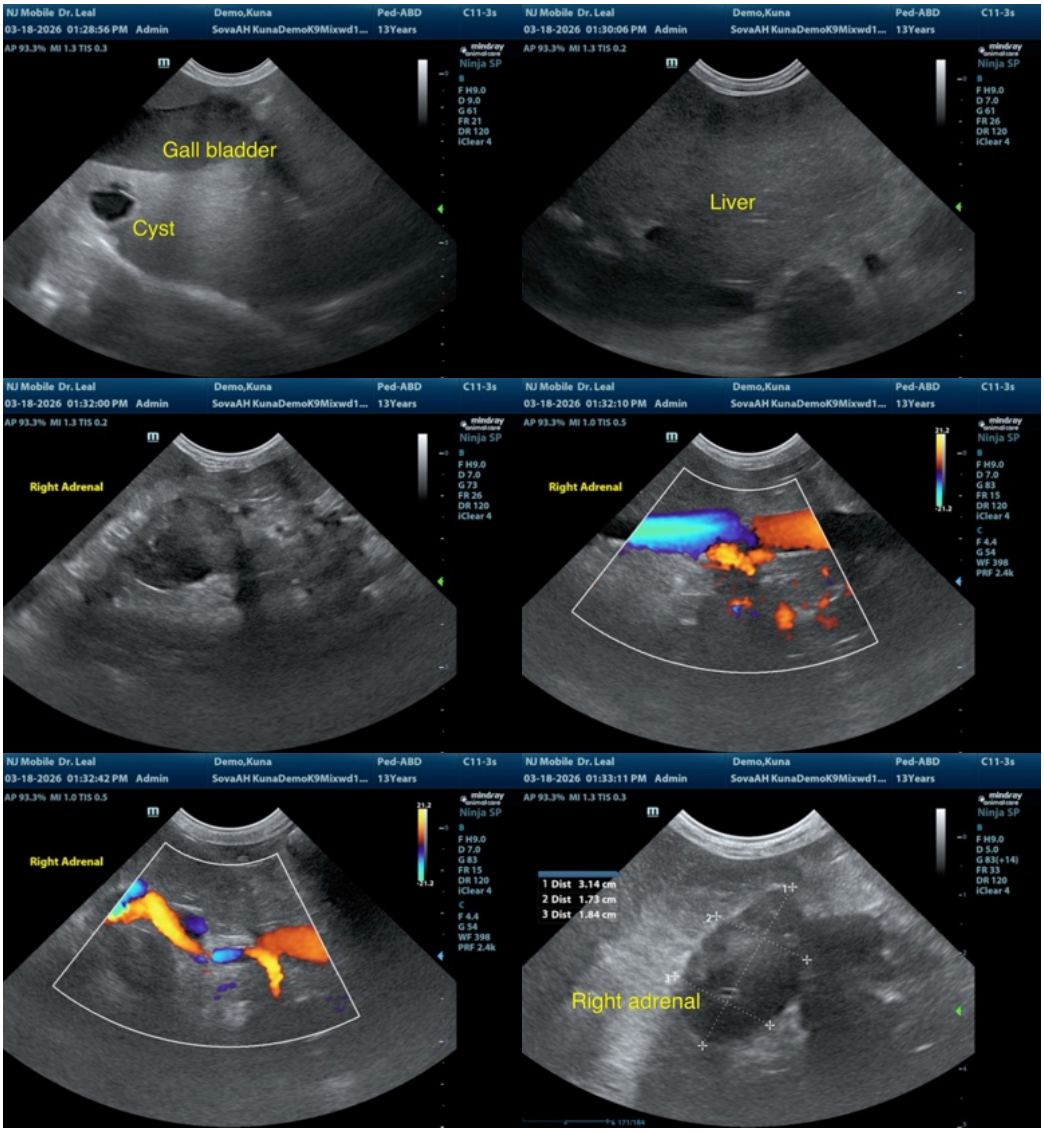

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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