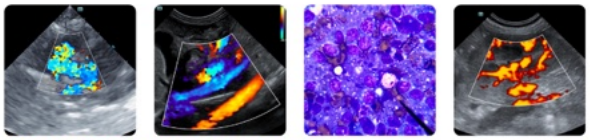


PATIENT

Yoshi Millner

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered male

AGE

12 years

WEIGHT

10.3 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Pamela Veldman

HOSPITAL NAME

Antler Hill VS

REFERRING VET

Dr. Ritson-Bennett

INVOICE

71065

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Previous history of acanthomatous ameloblastoma, was successfully resected 3 years ago
- Recently has had significant weight loss of unknown origin
- Had presented originally for seeming tense in his abdomen
- Mildly elevated BUN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.46×2.71 cm. Cortical thickness is 0.47 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. A cortical cyst measuring 0.80×0.88 cm is present. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.42×2.49 cm. Cortical thickness is 0.50 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

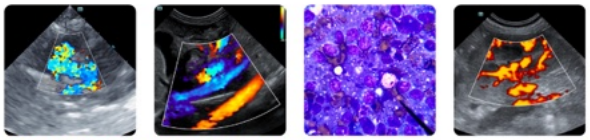
Both adrenal glands have a normal shape and echogenicity. The left adrenal gland measures 0.41 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.60 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

Splenic thickness measures 1.79 cm. The splenic parenchyma has normal echogenicity and a fine homogeneous echotexture, with a small hyperechoic focus measuring 5.45×4.36 mm. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat, with a normal echotexture. Multiple small hepatic cysts are present, the largest measuring 3.41×2.51 cm and 2.56×2.90 cm. One cyst appears to contain



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mildly turbid internal material on a single video clip; however, this finding is not consistently visualized and may be artifactual. No hepatic lymphadenopathy is identified.

The gallbladder lumen is moderately distended. The gallbladder wall is thin. A moderate amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and moderately folded, with preserved wall layering and a mural thickness of 1.54 mm. The pylorus measures 4.24 mm.

Duodenal wall thickness measures 3.52 mm. Jejunal wall thickness measures 3.68 mm. Ileal wall thickness measures 1.93 mm. Wall layering is preserved throughout. No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.

The colonic wall measures 0.74 mm, with formed fecal material present within the descending colon.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Multiple hepatic cysts, largest measuring up to 3.41×2.51 cm.

SECONDARY FINDINGS

- Left renal cortical cyst measuring 0.80×0.88 cm.
- Small focal hyperechoic splenic lesion.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography does not identify a mass lesion, infiltrative abdominal process, lymphadenopathy, or effusion to explain the patient's significant weight loss or subjective abdominal tension. No ultrasonographic evidence of metastatic disease is identified, and there are no findings to

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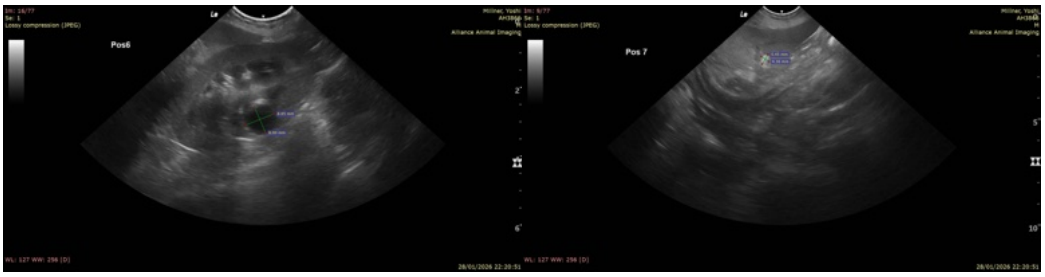
suggest recurrence or spread related to the patient's prior acanthomatous ameloblastoma, which is a locally aggressive but non-metastatic tumor.

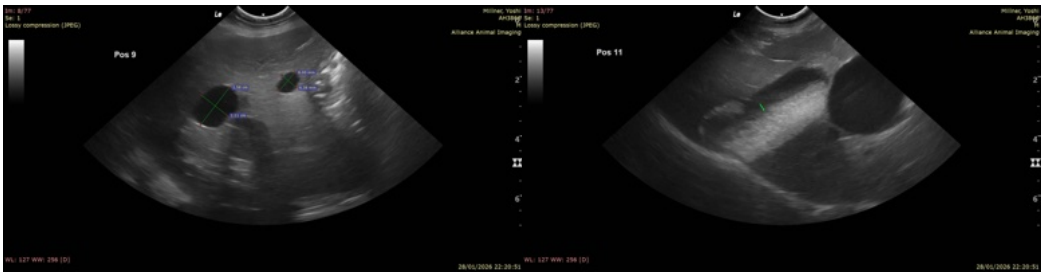
The presence of multiple hepatic cysts is most consistent with benign, acquired cystic change in an older dog. The questionable mildly turbid content noted within one cyst on a single clip is not consistently reproducible and may represent artifact rather than true intracystic complexity.

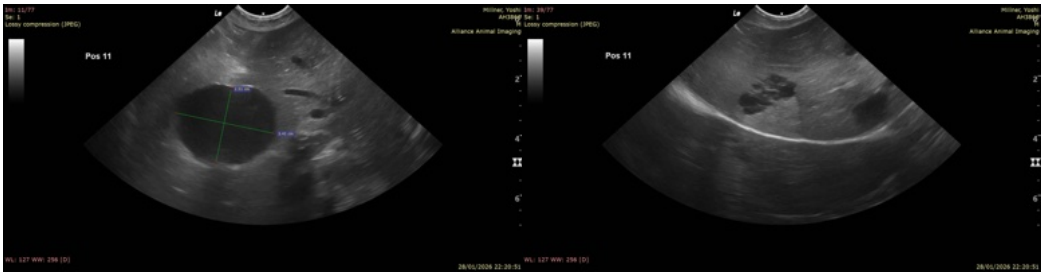
A small renal cortical cyst is present and is most consistent with an incidental, age-related benign cyst. A focal hyperechoic splenic lesion is also identified and is most consistent with a benign incidental finding, such as focal fibrosis, myelolipoma or nodular hyperplasia.

Recommendations

- Monitoring of incidental cystic lesions: No immediate intervention is indicated for the hepatic or renal cysts. Periodic imaging may be considered if clinical signs evolve, but these findings are unlikely to be clinically relevant at this time.
- Gallbladder monitoring.
- Further diagnostics guided by clinical progression: If weight loss persists or worsens, additional diagnostics such as thoracic imaging, endocrine testing, or gastrointestinal function testing may be more informative.







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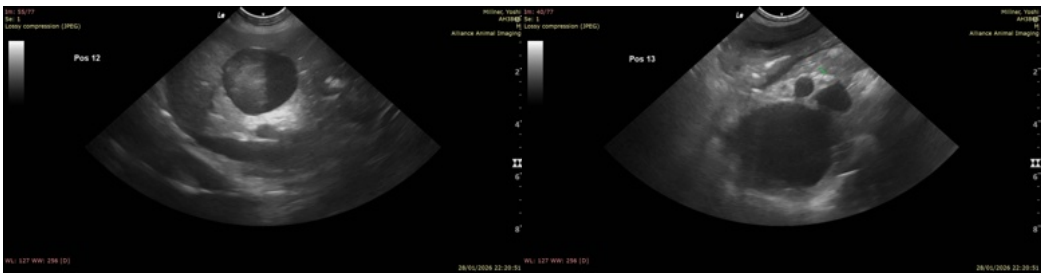

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com