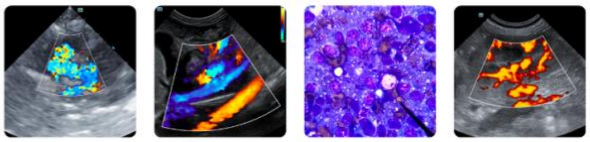


PATIENT

Binky Fogler

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13

WEIGHT

5.8

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr Branning

INVOICE

22325

DATE

12-23-25

PRESENTING CLINICAL SIGNS

History: Low PCV and platelets
Abnormal PE/Chem/CBC/UA Results: PCV 37% platelets 60,000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. At the cystourethral junction, a 0.46 x 0.34 cm nodule is arising from the mucosal surface. The remaining bladder wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed.

The left kidney is normal in size (3.07 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.13 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.50 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is overall enlarged, with smooth peripheral contours. A 2.5 cm isoechoic swelling, with hyperechoic areas, is observed approximately mid-spleen. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic rtos. A 1.07 x 0.81 cm hypoechoic nodule is observed at the caudal aspect, approximately mid-liver. The remaining parenchyma is relatively homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

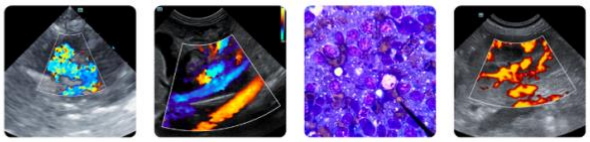
The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of hyperechoic, gravity-dependent debris/sludge/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.



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Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic swelling could be consistent with a benign process (i.e., lymphoid hyperplasia, myelolipoma, extramedullary hematopoiesis, other). Alternatively, an emerging tumor is possible.
- The diffuse hepatic parenchymal changes are most consistent with a vacuolar hepatopathy (i.e., idiopathic/endocrine) with a lower possibility of inflammatory disease, infiltrative neoplasia, hepatotoxicosis, or other hepatopathy). Correlation with the patient's liver values is recommended. The hypoechoic hepatic nodule trends toward the benign (i.e., regenerative nodule) with a lower possibility of an emerging tumor.
- The nodule at the cystourethral junction of the urinary bladder could be consistent with an emerging tumor (i.e., transitional cell carcinoma), focal cystitis, other.

Secondary Findings

- Bilateral nonspecific age-related renal changes with trace left pyelectasia
- Gall bladder sludge/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- Consider fine-needle aspiration of the splenic swelling (if clotting status can be stabilized). A 25-gauge needle should be used.
- Other considerations for the anemia and thrombocytopenia include the following:

1. CBC with clinical pathology review
2. Reticulocyte count
3. Comprehensive tick panel
4. +/- bone marrow aspirate

- Regarding the urinary bladder nodule, consider a urine BRAF test to further evaluate for lower urinary tract neoplasia. It should be noted that a positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer, and further testing (i.e., biopsies) may be necessary to get a definitive diagnosis.

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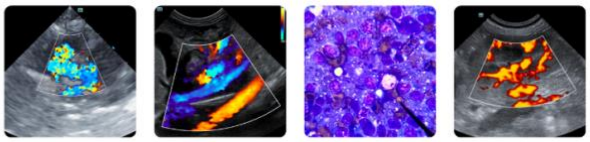

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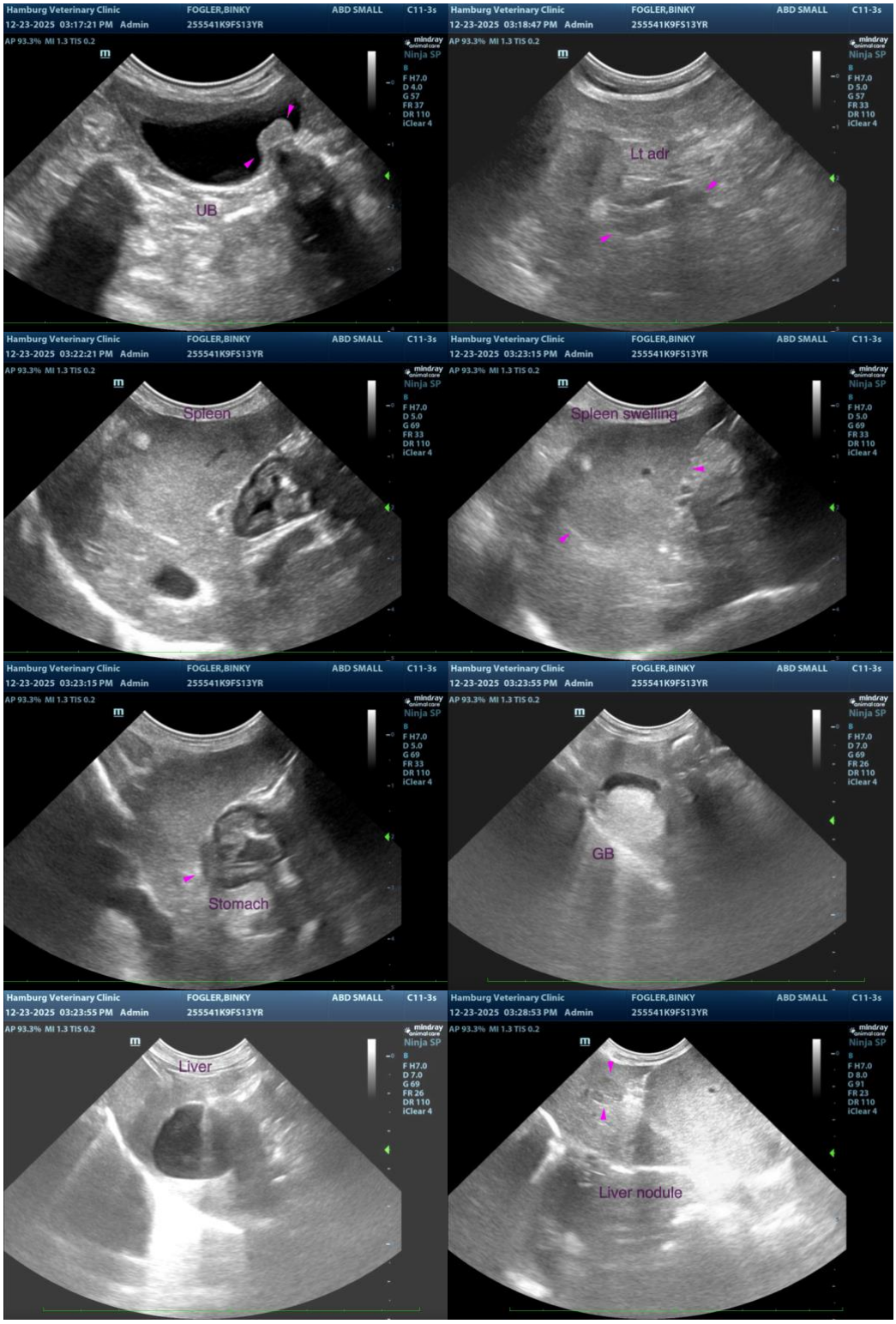
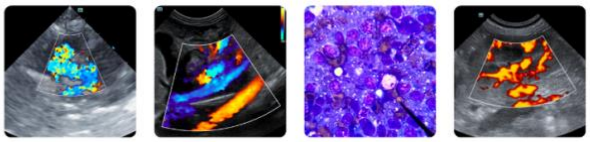


The information and recommendations provided are based on the images presented by the referring



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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com