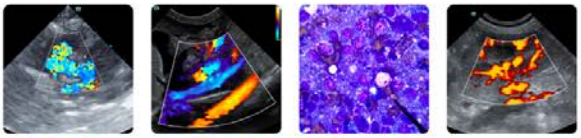

PATIENT

Escrow Sandt

SPECIES

Canine

BREED

Greyound

SEX

Spayed Female

AGE

12 Years 3 months

WEIGHT

63.8 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Magnolia Veterinary Practice

REFERRING VET

Dr. Goldstein

INVOICE

71691

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Proteinuria and borderline hypertension. Hx of pancreatitis. Current Medications: Pheno

Abnormal PE/Chem/CBC/UA Results: Leukocytosis characterized by neutrophilia, Tbil 1; PLI 764 (Sept); UA: Proteinuria; UPC 3.2; USG 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a decrease in corticomedullary junction definition. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. There are mild microcystic cortical changes as well as mild dystrophic mineralization present bilaterally. The renal pelvis has several partially shadowing structures that are suspected to be nephroliths. However, thre is no evidence of obstructive disease noted at this time. Left kidney measures 6.49 cm. Right kidney measures 6.77 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.67 cm x 2.4 cm. Right measures 0.66 cm x 2.8 cm.

Spleen

The majority of the splenic parenchyma is smooth and homogeneous and hyperechoic to the renal cortices. There is a single ill-defined heterogeneous lesion at the tail of the spleen with mixed hypo- and hyperechoic nodular changes within. This lesion distorts the otherwise smooth splenic capsule. The vasculature is normal with no signs of congestion, spontaneous echo contrast or thrombosis.

Liver

The liver is subjectively slightly prominent, with slightly rounded margins or contour. The parenchyma is mildly hyperechoic with ill-defined hypoechoic changes throughout the parenchyma. There is a single anechoic to cystic structure noted within the left liver. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Other

There are mildly prominent jejunal lymph nodes with a normal length to width ratio and isoechoic parenchyma. There is no significant free peritoneal effusion noted, and the abbreviated cardiac scan reveals no evidence of a heart base mass effect.

ULTRASONOGRAPHIC FINDINGS

- The bilateral changes to the kidneys are considered most likely age related degenerative changes. Given the history of proteinuria, glomerular disease cannot be definitively excluded. However, with the borderline hypertension this should also be considered a possible underlying etiology.
- The ill-defined heterogeneous splenic mass at the tail of the spleen may represent benign changes such as lymphoid hyperplasia or extramedullary hematopoiesis. However, infiltrative neoplastic disease can't be definitively ruled out.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Repeat of a systemic blood pressure should be performed if not already done.

Fine needle aspirates of the spleen and liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

New Jersey Mobile
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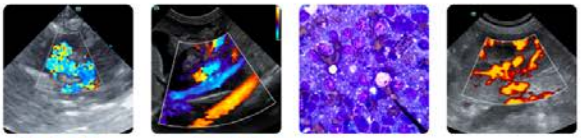

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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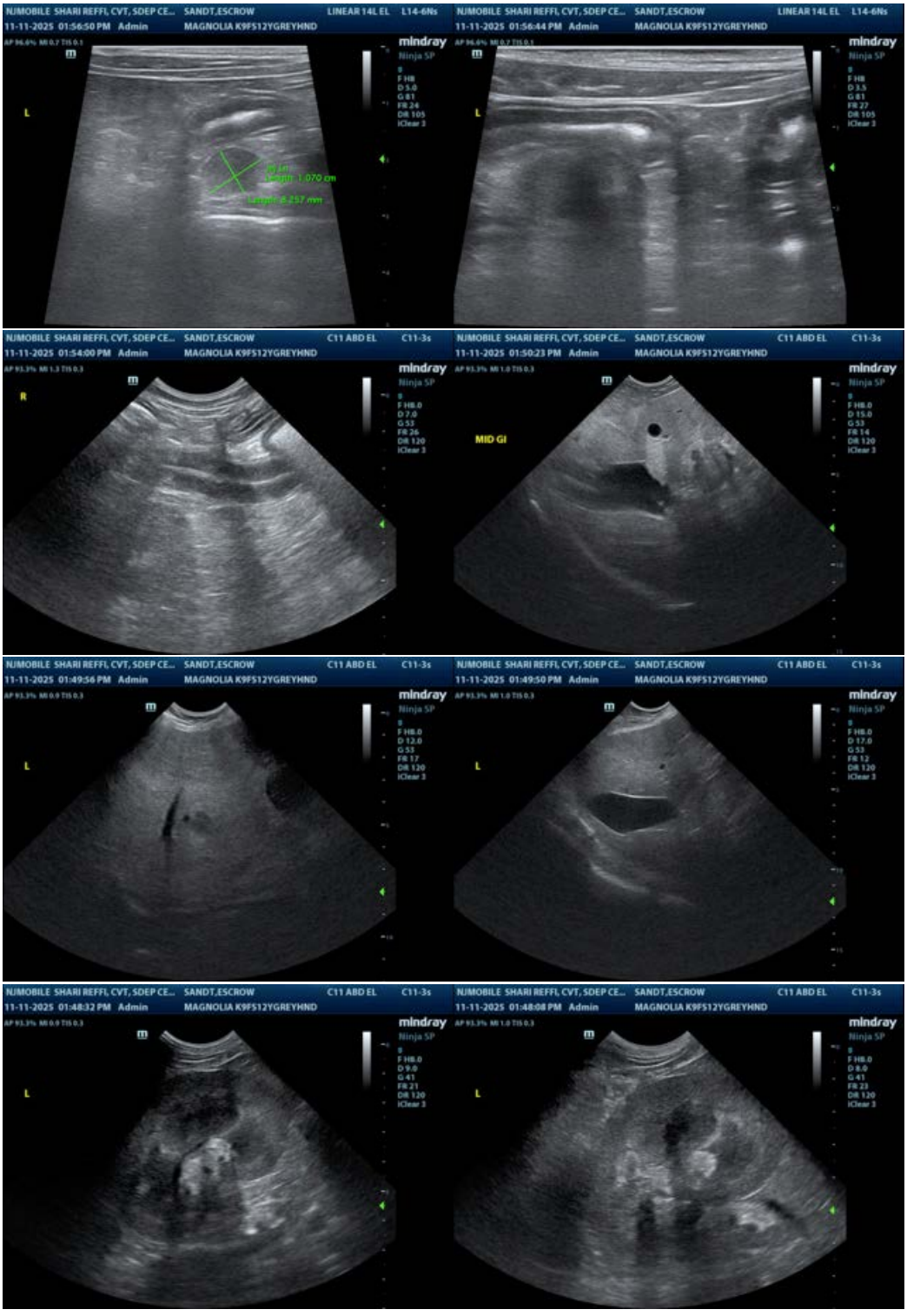

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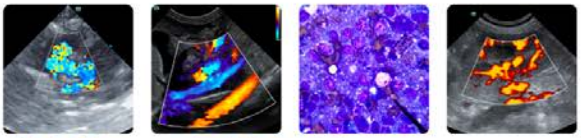

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

info@SonoPath.com