



PATIENT

Bessie YNBF Rescue

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

8 years

WEIGHT

61.3 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Nada

INVOICE

74787

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Hx of cutaneous hemangiosarcoma which was removed May 2024, Regrew and removed again August 2025. (Left Inguinal area)
Abnormal PE/Chem/CBC/UA Results: Chem - Alb 1.7(L), A/G Ratio 0.5(L), Urea Nitrogen 32 (H), Bun/Creat Ratio 46(H). U/A - Trace Blood, WBC 4-10 (H), MA >30(H)

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 and structure. The cortices are hyperechoic with a loss of corticomedullary distinction. Normal cortex to medulla ratio. There was no pyelectasia and no pelvic dilation. The renal capsule was mildly irregular. The left kidney measured 6.44 cm and the right kidney measured 7.01 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. The left adrenal gland measured 0.56 x 2.7 cm. The right adrenal gland measured 0.79 x 2.9 cm.

Spleen

The spleen is slightly prominent and folded in some views. However, the capsule is overall smooth. The splenic parenchyma is slightly mottled and heterogenous with a diffuse reticular pattern. The splenic vasculature is normal and there is no evidence of congestion, spontaneous echo contrast or thrombosis.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls with contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.



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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 ileoceocolic 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.

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.

Free Abdomen

There was no lymphadenopathy and no free fluid noted.

ULTRASONOGRAPHIC FINDINGS

The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.

The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely, but cannot be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Additionally, UPC is recommended to evaluate the kidneys for potential protein losing nephropathy given the hypoalbuminemia.

Fine needle aspirates of the spleen 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.

Pre and post prandial bile acids are also indicated to evaluate the liver function as an underlying cause of the hypoalbuminemia.



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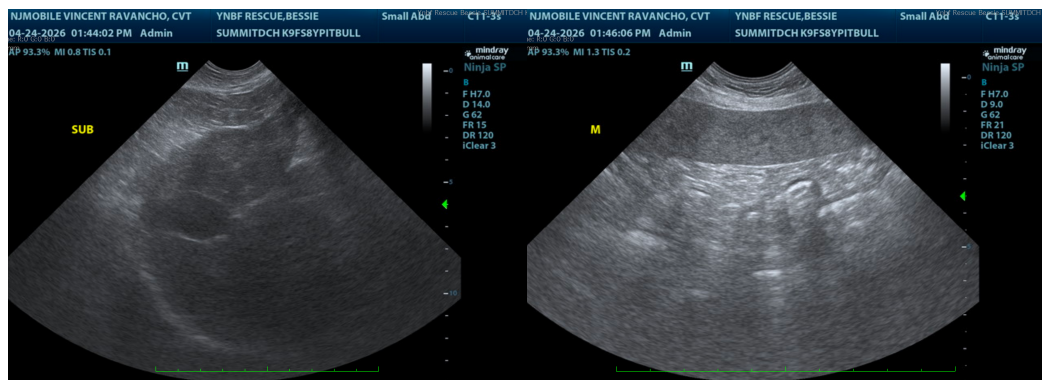
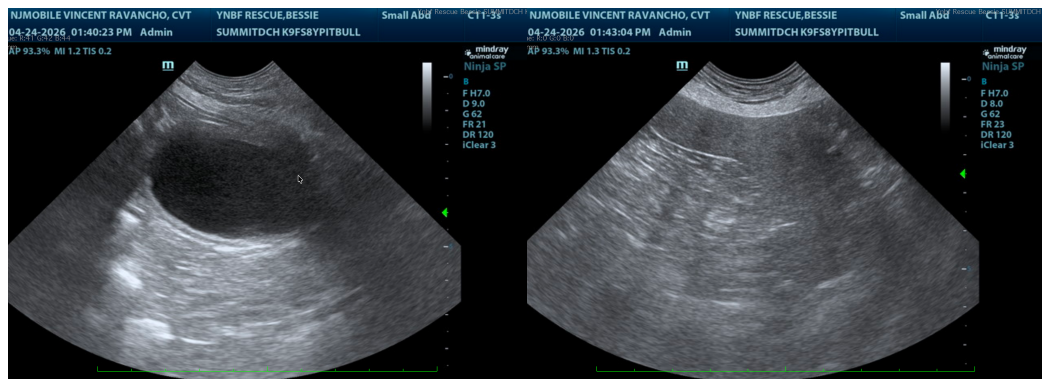
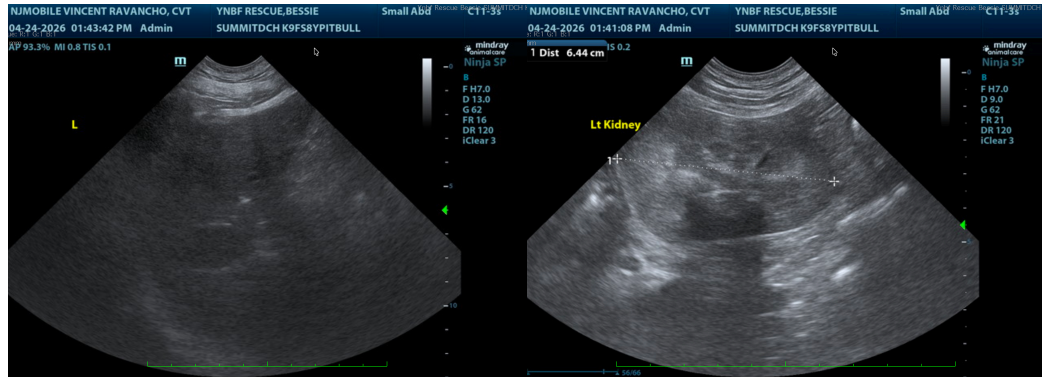
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Ultimately, a gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.





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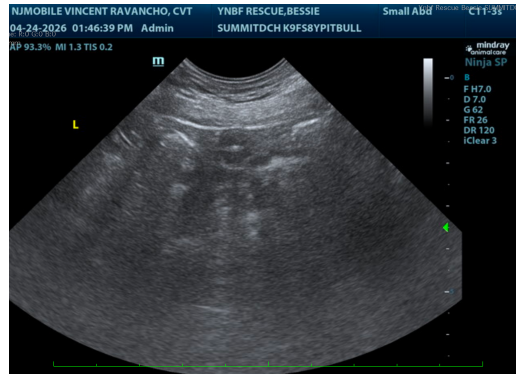
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

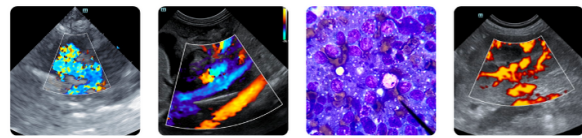
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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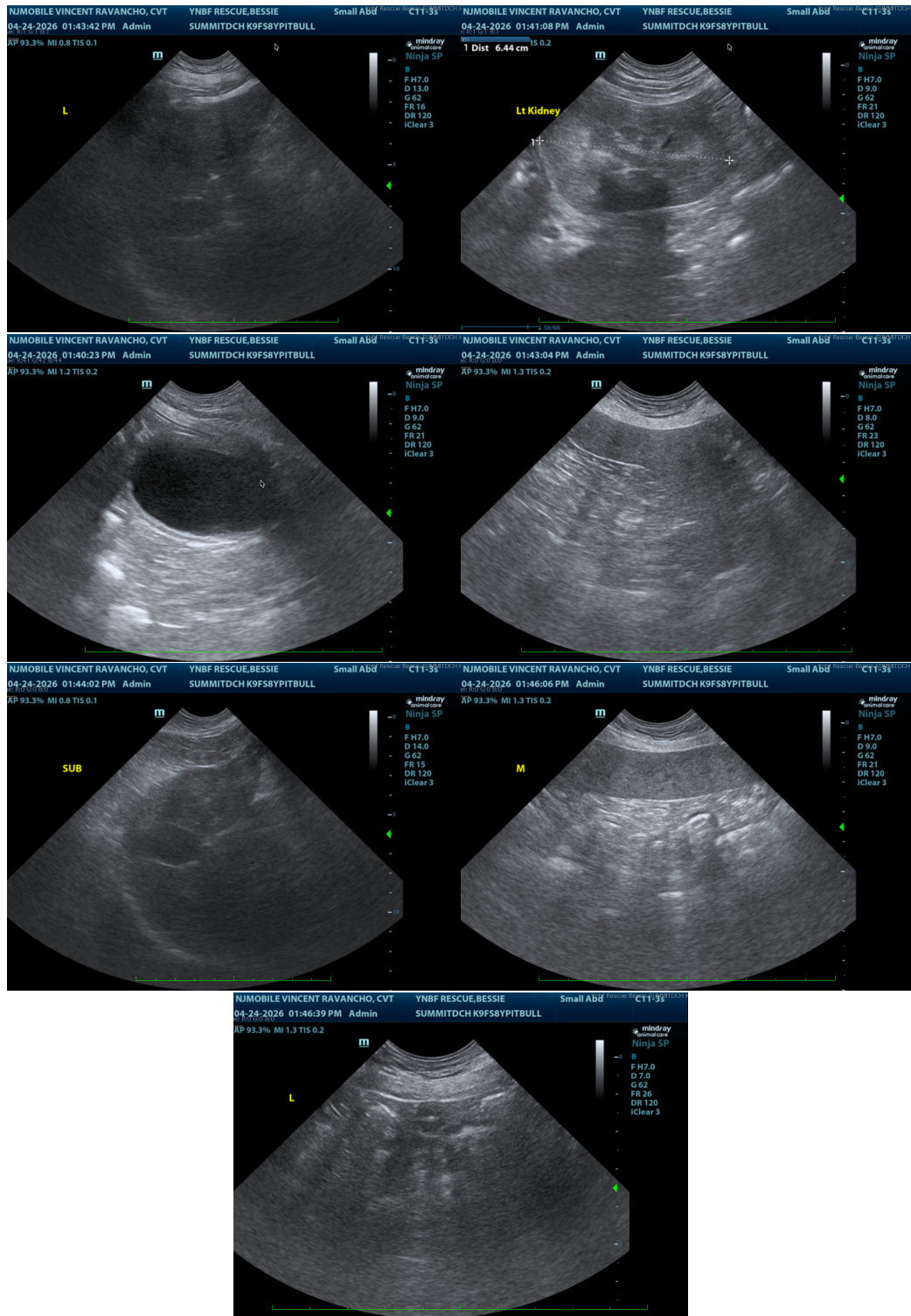
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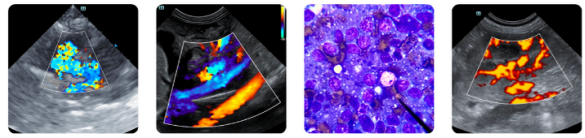
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