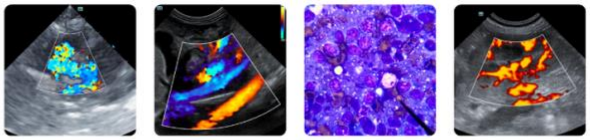

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Nikita Rink

SPECIES

Canine

BREED

Spaniel Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

19.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

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DATE

01/21/26

PRESENTING CLINICAL SIGNS

- Collapsing episode
- Anemia
- Weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is mild pyelectasia present measuring 0.30 cm in the transverse view of the left kidney. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 3.69 cm. The right kidney measures 6.2 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.68 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.54 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

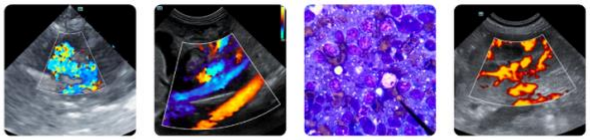
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal. Additionally, there is an approximately 1.2 cm in diameter mildly heterogenous noncapsule disrupting primarily hypo- to anechoic nodule in the mid to caudal spleen.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



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The visible gastric wall is largely normal in thickness and layering, except for within the mucosa, a discrete, approximately 1.0 cm x 1.4 cm mildly heterogeneous, but largely isoechoic nodule.The lumen is empty.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

Mesenteric and medial iliac lymphadenopathy are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The gastric mucosal nodule described above could represent a benign inflammatory change, polyp, etc., although earlier emerging infiltrative neoplasia can't be ruled out without tissue sampling. Similarly, the splenic nodule could represent a benign process such as a cyst, hematoma, extramedullary hematopoiesis, etc., although infiltrative neoplasia can't be ruled out without tissue sampling.
- Moderately heterogenous liver- These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Mildly mesenteric and medial iliac lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Age-related pancreatic remodeling- Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Age-related kidney changes with nonobstructive dystrophic mineralization bilaterally and mild pyelectasia in the left kidney.
- A mild amount of echogenic urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.
- A blood pressure is recommended if not recently evaluated.
- As is reportedly already planned, cardiac evaluation may be appropriate.
- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Ultimately, tissue sampling is recommended.
- Fine needle aspirates of the gastric wall nodule as well as the splenic nodule +/- liver could be considered if patient's coagulation status is appropriate.
- Alternatively, upper GI gastroscopy/endoscopy could be considered for further evaluation of the gastric and proximal small bowel mucosa as well as biopsies of the area.
- In the meantime, given the reported anemia and gastric change, empirical antacid therapy as well as empirical deworming with 5-day course of Panacur could be considered.

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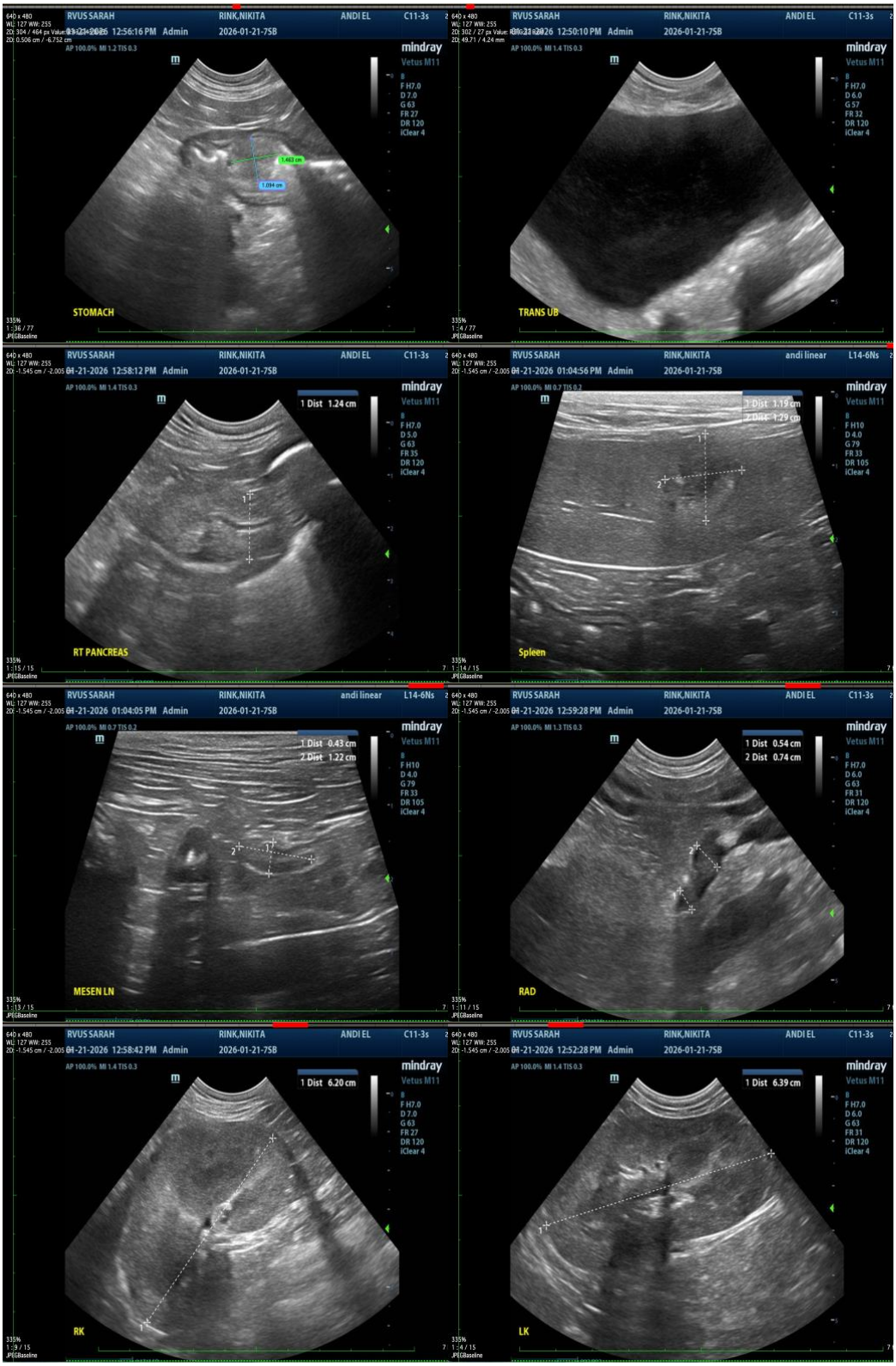

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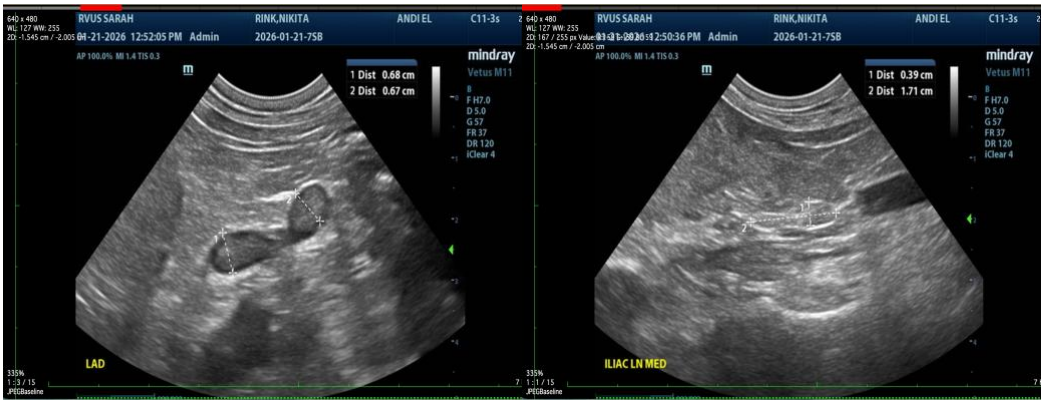

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com