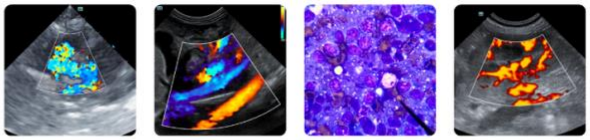


PATIENT

Jedediah Riley

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered Male

AGE

11 Years

WEIGHT

69.6 Pounds

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great and Small VC, Corvallis

REFERRING VET

Dr. Brent Sadahiro

INVOICE

35545

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Examined 1 week ago for evaluation of seizure episode
- acute onset diarrhea but improving
- Splenic or liver mass noted on brief U/S @ time of exam.
- Hx of significantly elevated liver values

Abnormal PE/Chem/CBC/UA Results: Severe generalized OA, focal splenic or liver mass noted PE BW: CHEM: Hepatopathy Alt 597 Alk Phos 2899 GGT 38 Chol 602 Phos 6.1 Psl 298 CBC: Mild leukocytosis -Neutrophilia 12936 -Monocytosis 1344 T4: 1.3ug/dL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (7.98 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (7.82 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.68 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

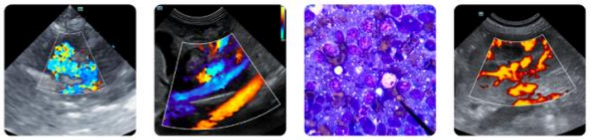
Right adrenal gland is normal in size (0.46 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 5.0 cm in diameter, very mildly heterogenous hypoechoic non-capsule-disrupting mass in the mid spleen.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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 pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The splenic mass could represent a benign cyst, hematoma, extramedullary hematopoiesis, nodular hyperplasia, etc., or infiltrative neoplasia, such as round cell neoplasia, even sarcoma versus other, can't be ruled out without tissue sampling.
- Emerging gallbladder mucocele- 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the splenic mass are recommended if patient's coagulation status is appropriate. Alternatively, or if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned splenectomy +/- liver biopsy and cholecystectomy could be considered.

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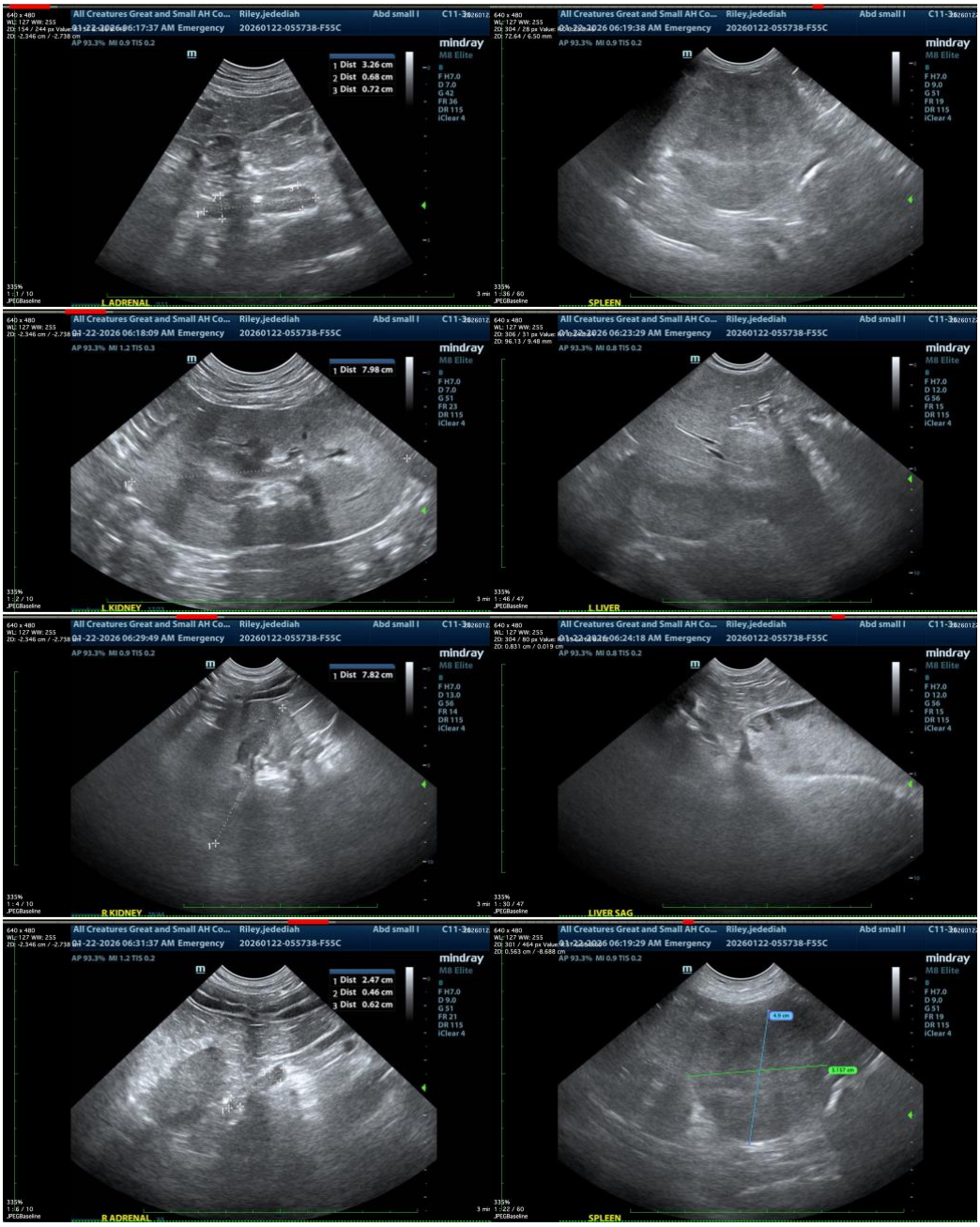
In the meantime, further recommendations regarding the emerging mucocele are largely dependent on clinical signs, etc. In a clinically well patient, medical management, such as hepatic nutraceuticals, i.e., ursodiol, could be considered while monitoring for improvement versus progression, which would alter the recommended treatment plan.



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.

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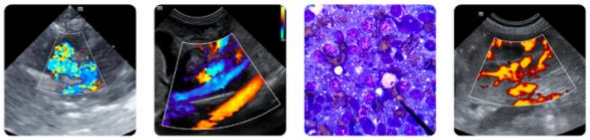

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

info@sonopath.com