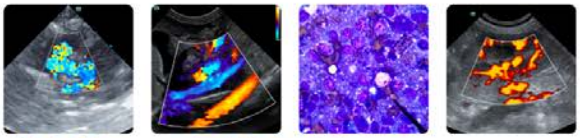

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Chloe Kenner

SPECIES

Canine

BREED

Border Collie x

SEX

Spayed Female

AGE

14 Years

WEIGHT

38.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hello Vet Pet Wellness Center

REFERRING VET

Dr. Mullen

INVOICE

72102

DATE

1/8/26

PRESENTING CLINICAL SIGNS

Cardiovascular: Grade 4/6 systolic murmur, PMI left, no arrhythmia, mildly muffled heart. Abdomen: Full cranial abd, no specific masses or organomegaly, comfortable on palpation, subj. less thickening of intestines than prev. exam on 12/22: mildly tense for abdominal palpation, intestines mildly thickened and fluid/gas filled. no areas of dilation palpated. Meds: Propectalin gen 5cc by mouth every 8 hours as needed for diarrhea

Abnormal PE/Chem/CBC/UA Results: 12/16/25: PLT 138 low (165-430)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

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. No infarcts observed. Punctate non-obstructive mineral densities are noted in the left kidney, as is trace pyelectasia. Left kidney measured 6.32 cm. Right kidney measured 5.37 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.66 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. Additionally, off the mid medial aspect of the spleen, resulting in a capsular bulge, is an approximately 5.1 cm x 6.1 cm homogeneous, iso- to hypoechoic mass. Splenic vasculature appears normal.

Liver

The 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. There is an approximately 0.70 cm in diameter anechoic density in the mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

PRIMARY FINDINGS

- The splenomegaly and splenic mass could represent a benign process such as extramedullary hematopoiesis, lymphoid hyperplasia, etc., although infiltrative neoplasia such as round cell neoplasia versus other can't be ruled out without tissue sampling.

SECONDARY FINDINGS

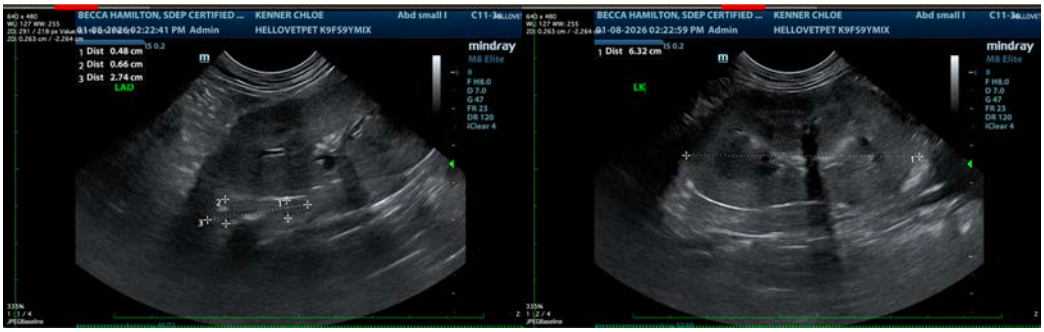
- Age related kidney changes with non-obstructive mineral densities and trace pyelectasia in the left kidney.

- Suspect incidental hepatic cyst.

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 spleen are recommended if patient's coagulation status is appropriate.



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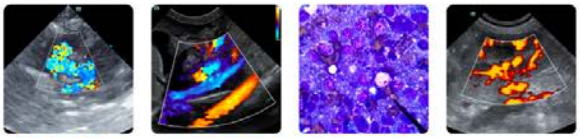

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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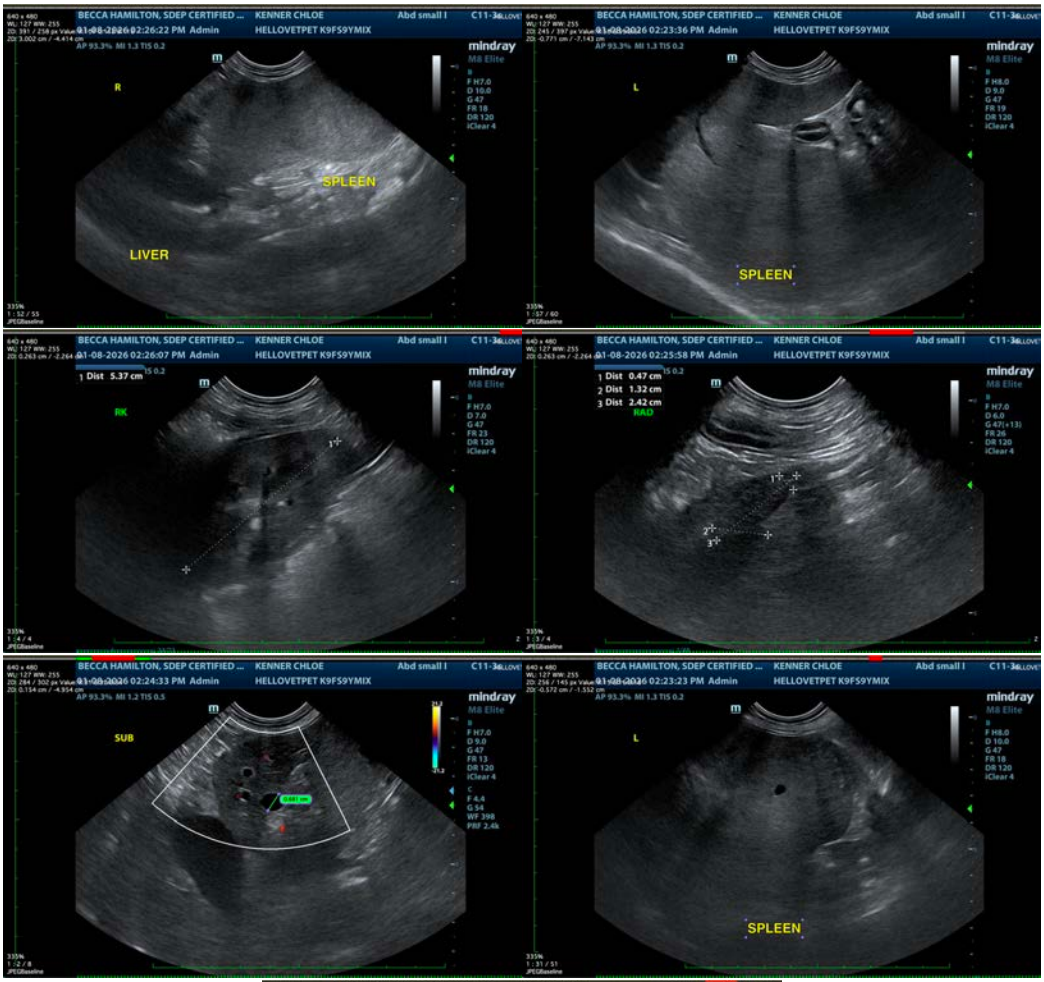

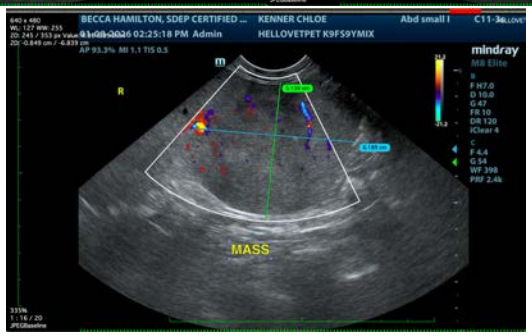

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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