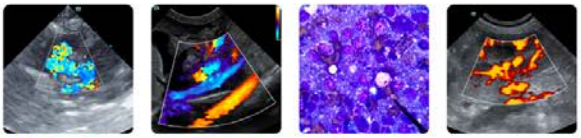


PATIENT

Otter Gardner

SPECIES

Canine

BREED

Water Spaniel

SEX

Neutered Male

AGE

13 Years

WEIGHT

42 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Kylie Chciuk

INVOICE

72247

DATE

12/2/25

PRESENTING CLINICAL SIGNS

Anemic, lethargic, diarrhea, pale mm, inappetence, elevated WBC's. Dorsal displacement of intestines on x-rays. Current Meds: Clavamox, fortiflora, Cerenia

Abnormal PE/Chem/CBC/UA Results: Elevated WBC's; Anaplasma (+)

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 very large amount of echogenic non-shadowing debris, as well as a small amount of dependent mineral “sand”. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is symmetrically enlarged, measuring 4.2 cm x 5.5 cm in size, with a diffusely mixed, heterogeneous, hypoechoic appearance and multifocal cystic appearing areas, the largest of which measures approximately 2.0 cm in diameter and appears to contain mineral foci.

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 no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 5.48 cm. Right kidney measures 5.55 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.2 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

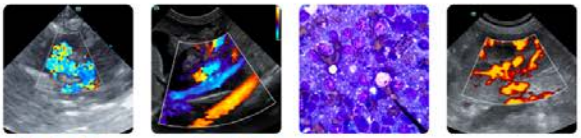
Spleen

The 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), except for an approximately 1.0 cm x 1.4 cm non-capsule disrupting, hypoechoic nodule near the cranial aspect of the spleen. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is diffusely moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. More focally in what appears to be the left lateral liver is an approximately 3.0 cm x 3.2 cm, slightly more heterogeneous, almost cystic appearing emerging mass-like area. 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. 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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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.

Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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 prostate could represent a benign process such as bacterial prostatitis, fungal prostatitis, or infiltrative uroepithelial neoplasia can't be ruled out without tissue sampling.
- A very large amount of urinary bladder debris, including some mineral/sand debris.
- The splenic nodule could represent a benign process such as nodular hyperplasia, extramedullary hematopoiesis, etc. However, infiltrative neoplasia including metastatic disease can't be ruled out.
- Similarly, the heterogeneous liver including the cystic appearing emerging mass-like lesion could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, cysts, hematomas, hepatoma/adenoma, other, although infiltrative neoplasia including primary hepatocellular neoplasia versus metastatic disease versus other can't be ruled out without tissue sampling.
- Moderately reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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SECONDARY FINDINGS

- Age related kidney changes.

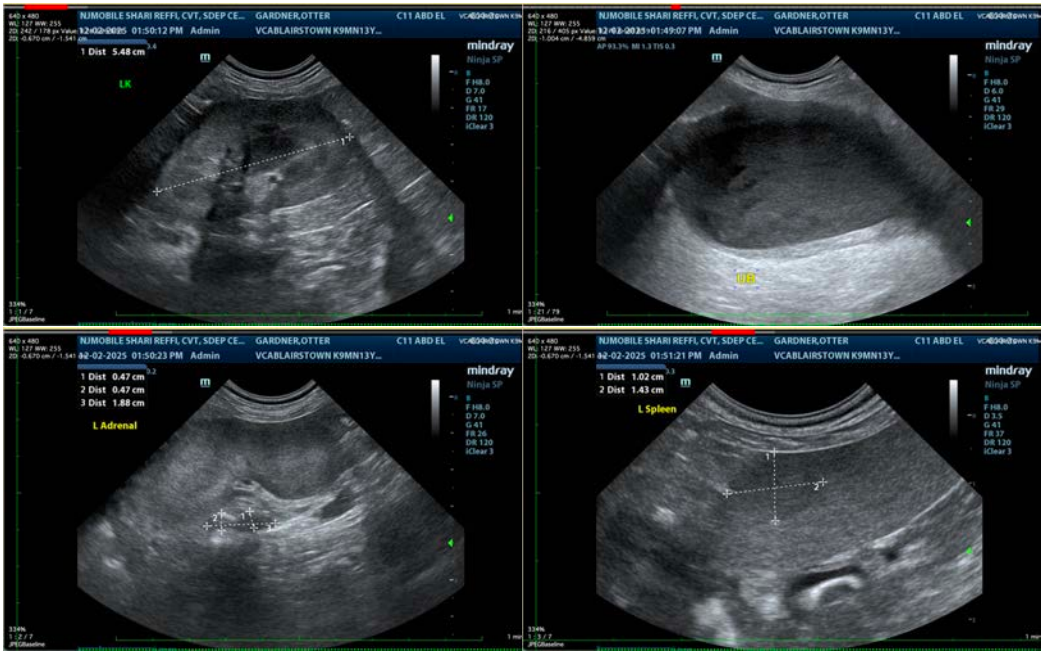
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

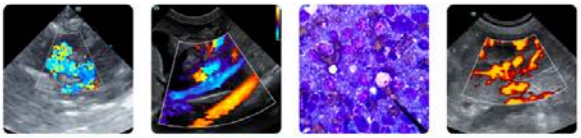
Urinalysis and urine culture, if indicated based on urinalysis results, are recommended. Submission of urine to look for BRAF gene mutation, which is associated with urinary bladder/prostate cancer, could be considered. Other diagnostic options include traumatic catheterization, fine needle aspirate (with small risk of tumor seeding/trailing) or cystoscopy for further sampling. In the meantime, empirical therapy with a broad-spectrum antibiotic (or ideally an antibiotic based on culture and sensitivity results) as well as an anti-inflammatory (unless otherwise contraindicated based on patient co-morbidities) may begin to help alleviate clinical signs.

Fine needle aspirates of the spleen and liver are recommended if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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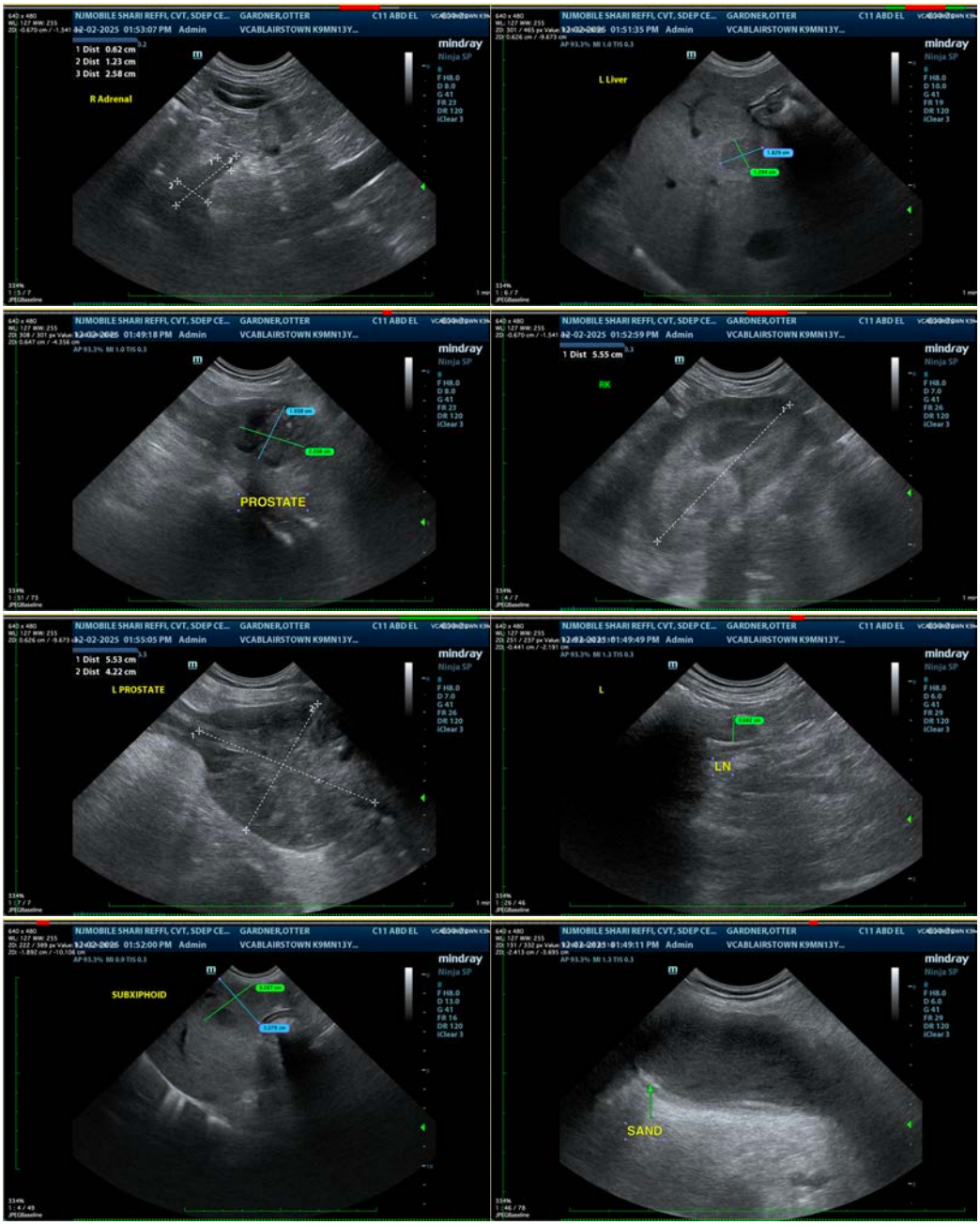

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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