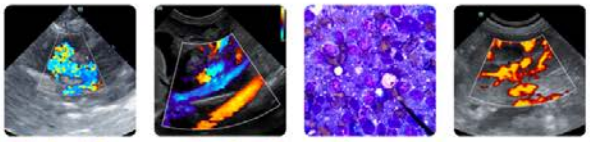


PATIENT

Olivia Garcia

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

21 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jenny Russell

HOSPITAL NAME

Southwest Texas Veterinary Medical Center

REFERRING VET

Dr. Tracy Colvin

INVOICE

72689

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Olivia has been seen for a chronic cough since April 2025. She is currently on pred 5mgs every day and promethazine/codine pro. She returned December 23 for increase in cough- rads showed bronchointersitial pattern, miravista fungals negative and POCUS lungs- one rocket ventral left chest otherwise dry, abdomen 3-4 cm round mass on spleen noticed rec diagnostic ultrasound again and aspirates; on previous diagnostic ultrasound mass not present. Cough has returned to baseline with doxy therapy.

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. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 4.5 cm. Right kidney measures 4.24 cm. Pinpoint non-obstructive mineral densities are noted bilaterally.

Adrenal Glands

The right adrenal gland is subjectively mildly plump in sizde. The caudal pole of the right adrenal gland is normal in size (0.73 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. The cranial pole is unable to be well visualized.

The left adrenal gland is normal in size (0.26 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen has an approximately 2.1 cm x 2.9 cm homogeneous, isoechoic, mid medial mass that results in a capsular bulge.

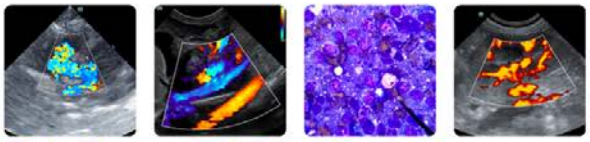
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly 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 mild suspended and gravity dependent echogenic debris. The wall is mildly thick, hyperechoic and irregular with subjectively benign polypoid changes. Infiltrative neoplasia cannot be ruled out but is considered less likely. There is no evidence of effusion or inflammation.

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.

ULTRASONOGRAPHIC FINDINGS

- The splenic mass could represent a benign process such as nodular hyperplasia, extramedullary hematopoiesis, other, or infiltrative neoplasia such as round cell neoplasia versus other, which can't be ruled out without tissue sampling.
- Otherwise, this is a static ultrasound compared to last year, with a mildly 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.
- Gallbladder polypoid hyperplasia pattern – This change is most consistent with benign polypoid changes. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Age related kidney changes with pinpoint non-obstructive mineral densities bilaterally.
- The right adrenal gland is mildly subjectively plump and should be interpreted in combination with any clinical history of adrenal disease or lack thereof, as this is a static, very subtle change.

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 could be considered 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.

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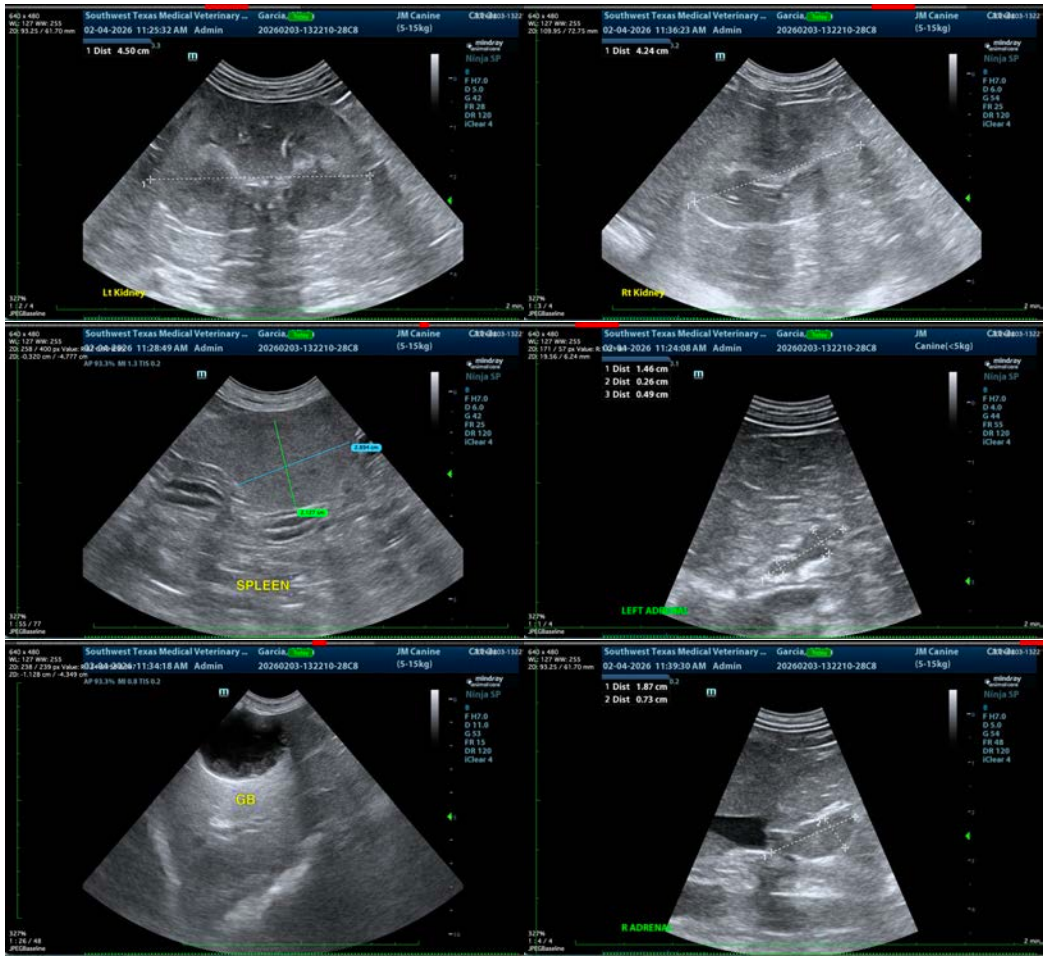

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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