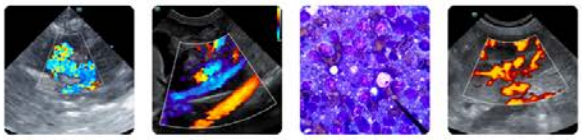


PATIENT

Havi Geddes

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

10/8/15

WEIGHT

27 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Kateryna Sovik, DVM

INVOICE

73730

DATE

3/17/26

PRESENTING CLINICAL SIGNS

The pet had an ultrasound performed on 12/01/2026. The findings were Spleen nodule identified at the tail, described by ultrasound as small nodule, and most consistent with benign lymphoid hyperplasia; neoplasia and inflammation considered less likely. The plan was to monitor splenic nodule, liver, and adrenal lesions with repeat abdominal ultrasound in 3 months. as well as do a Fine Needle Aspiration.

Fine needle aspirate results indicate an epidermal tumor versus cyst, with cytology showing predominantly benign biologic behavior and no evidence of malignancy. Pathology unable to definitively distinguish between epidermal tumor and cyst. The Ultrasound that is scheduled for 03/16/26 is the recheck for the splenic nodule, liver, and adrenal lesions

The blood work that was done on 03/02/26 showed CBC within normal limits with no evidence of infection, inflammation, anemia, or dehydration. Red blood cell count at high normal; recommendation to increase water intake by adding water to kibble and encouraging drinking. Glucose and renal parameters within normal limits, ruling out diabetes and kidney disease. ALP decreased from 1284 U/L to 227 U/L, indicating significant improvement.

Abnormal PE/Chem/CBC/UA Results: ALP 227 5 - 160 U/L HIGH MCH 20.1 22.1 - 26.7 pg LOW RETIC HGB 22.7 23.8 - 28.3 pg LOW ATTCHAED CYTOLOGY, LABS< REPORT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

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

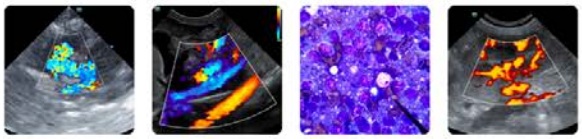
The right kidney is normal is size (5.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (5.9 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

The right adrenal gland is normal in size (1.0 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. A hyperechoic nodule is noted in the cranial pole measuring 0.40 cm x 0.60 cm. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm at cranial pole and 0.36 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



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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 1.1 cm x 1.3 cm mildly heterogeneous, potentially mildly expansive but non-capsule disrupting nodule near the tail of the spleen. 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. No focal lesions are observed. 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

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 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.

Mesenteric 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.

ULTRASONOGRAPHIC FINDINGS

- The splenic nodule is static in appearance in size and appearance, with the differentials previously noted being unchanged.

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- Similarly, the right adrenal gland nodular changes are largely static, potentially mildly progressive in size but that could just be a different view or measurement angle. Differentials of a benign incidental finding versus emerging adrenal disease are unchanged.

- Moderate 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.

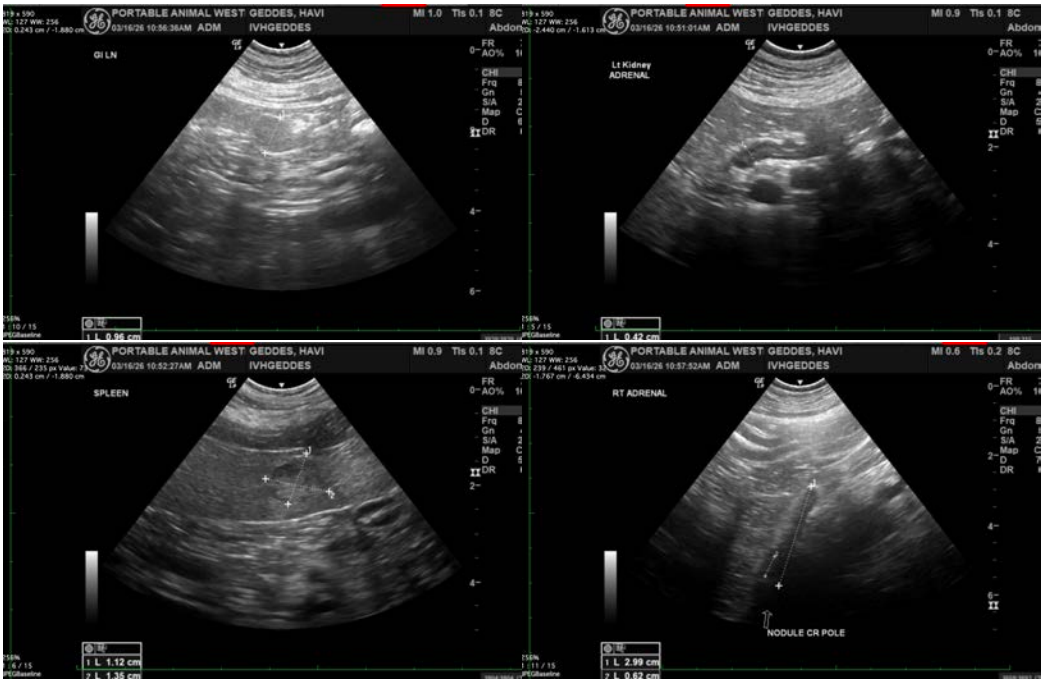
- Mild reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This ultrasound is largely static to the previous ultrasound and should be interpreted in combination with previous diagnostics, clinical signs, etc.

A fine needle aspirate with results is noted in the history, but I'm not sure what was aspirated. If diagnosis is unable to be obtained cytologically, biopsy may be warranted for the lesion in question.

If a fine needle aspirate is of the splenic nodule, and a more definitive diagnosis is desired, an excisional biopsy or even splenectomy could be considered, but given the lack of visible progression of the nodule, continued monitoring may be elected if a less aggressive approach is desired.



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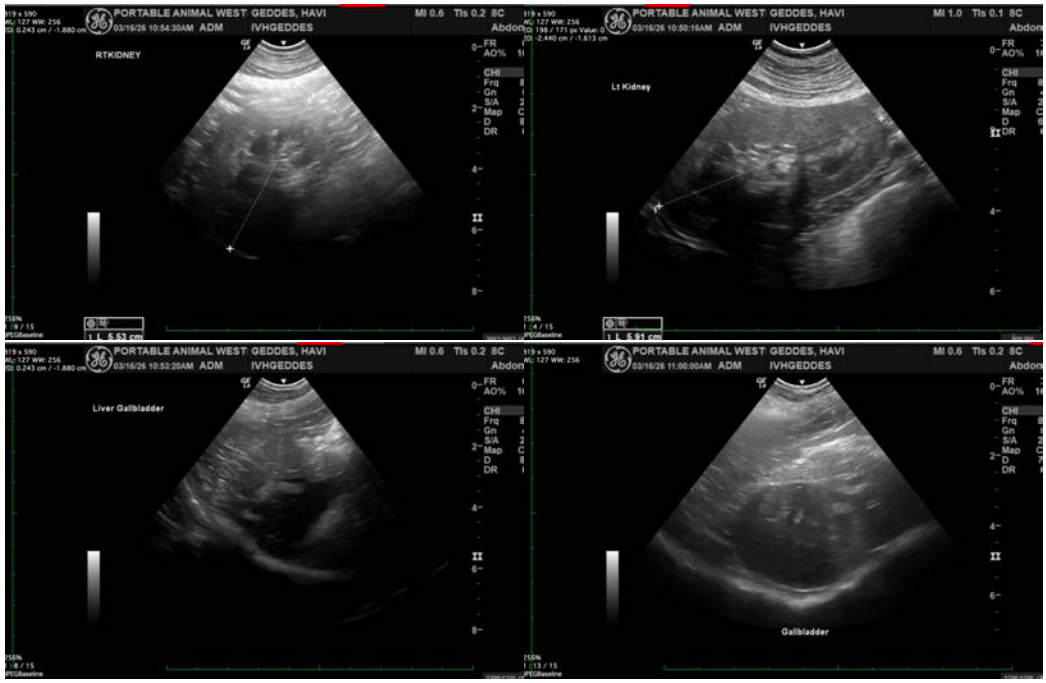

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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