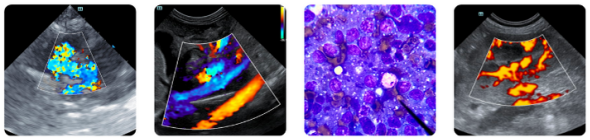


PATIENT

Yerxa Killian

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Male

AGE

12 years

WEIGHT

20 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Randi Gibson

INVOICE

11552

DATE

3/24/2026

PRESENTING CLINICAL SIGNS

- Potbellied appearance - screening adrenal glands and liver.
- Left testicle is normal, right testicle is hard and adhered to scrotum - FNA was not definitive.

Abnormal PE/Chem/CBC/UA Results: FNA of liver mass effect taken today, cytology pending.

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 occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as a very large amount of dependent mineral “sand” (crystals) debris. 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.

Prostate is symmetrically enlarged (2.8 cm wide in the sagittal view) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally. Left kidney measures 4.68 cm, and the right kidney measures 4.76 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.99 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. Pinpoint mineral densities are noted bilaterally within the adrenal glands.

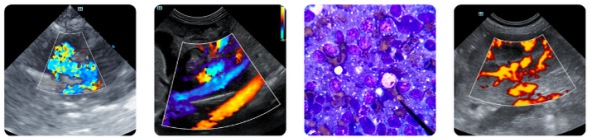
The left adrenal gland is normal in size (0.62 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. Pinpoint mineral densities are noted bilaterally within the adrenal glands.

Spleen

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). No focal nodules or masses are observed. Multifocal mineral foci are noted. 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. In the mid to left caudal liver there is an approximately 4.15 cm x 4.94 cm



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homogenous, hypoechoic mass. 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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.

Both testicles are visualized with the right testicle being larger than the left, and appearing to contain an approximately 1.0 cm x 1.4 cm very mildly heterogenous iso- to hyperechoic density/possible nodule.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal gland mineralization. This could be of benign incidental finding, potentially in part age related change, etc. Association with adrenal disease such as hyperadrenocorticism is also a possibility. Infiltrative neoplasia can't be ruled out but is considered less likely.
- Spleen mineralization – This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.
- The focal liver mass could represent a benign process such as a hepatoma/adenoma versus other or infiltrative neoplasia such as hepatocellular carcinoma, round cell neoplasia, other, and cant be differentiated without tissue sampling.
- Similarly, the right testicle could represent a benign or malignant process.

SECONDARY FINDINGS

- Age related kidney changes with bilateral non-obstructive dystrophic mineralization.

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- A very large amount of echogenic urinary bladder mineral/sand debris.
- Benign Prostatic Hyperplasia – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

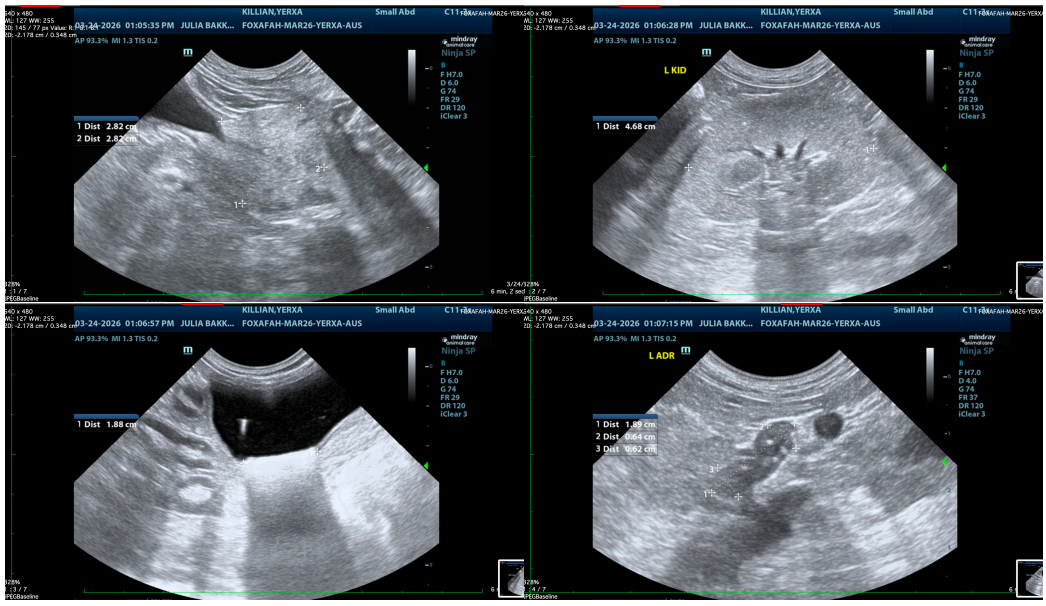
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

As is reportedly already pending, fine needle aspirates of the liver mass are recommended if patient's coagulation status is appropriate.

If not recently evaluated, a full general metabolic health screen is recommended, being sure to include a panel that includes calcium evaluation i.e. CBC, full chem panel, electrolytes, and urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A blood pressure is also recommended if not recently evaluated.

Further diagnostic recommendations including potential hormone testing for adrenal gland workup is largely dependent on patient's clinical history combined with the results of the above evaluation.



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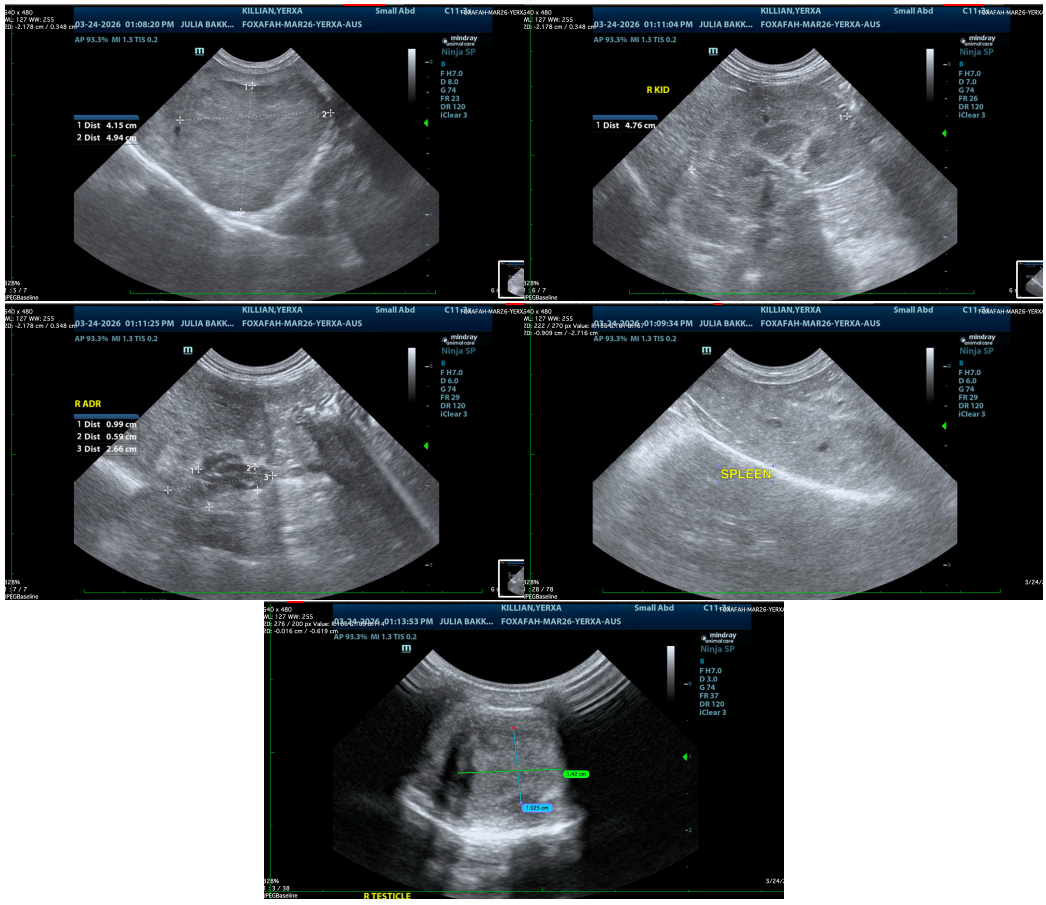

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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