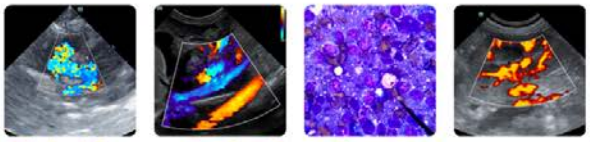


PATIENT

Daisy Mae Zambuto

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

14 Years

WEIGHT

10 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

John Fifarek, DVM

INVOICE

73994

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History of UTIs and frequent urination, hematuria. Abnormal structures seen trying to take last cysto and recommended AUS.

Abnormal PE/Chem/CBC/UA Results: FNA of cyst showed thick clear fluid Cysto of bladder taken for UA

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. *See other.

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. Punctate non-obstructive nephroliths are noted in the left kidney. A subtle hyperechoic band parallel to the corticomedullary border is present bilaterally in the kidneys. Left kidney measures 3.6 cm. Right kidney measures 3.7 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.48 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 unable to be well visualized in these images.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

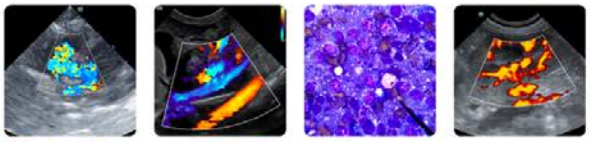
Liver

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 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.



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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 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.

There is no apparent pathologic lymphadenopathy noted in these images.

Other

Beginning in the caudal abdomen adjacent to the urinary bladder, in what appears to be dorsal to the urinary bladder and extending into the mid cranial abdomen (especially on the left side) are several large structures that appear to be filled with very echogenic fluid, measuring 6.2 cm x 5.5 cm in size and 3.5 cm round. These structures appear to end at a more anechoic cystic density, measuring approximately 2.5 cm x 2.8 cm in size just adjacent to the left kidney.

ULTRASONOGRAPHIC FINDINGS

- The large, echogenic, fluid appearing structures extending from the caudal abdomen into the mid to left cranial abdomen appear to follow what would be a left uterine horn ending at a cystic left ovary. However, the patient is reportedly spayed. Other differentials include abnormal urinary tract anatomy, although kidneys and urinary bladder aren't visibly attached. Cystic structures from alternative origins, hematomas, abscesses, etc. can't be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Additionally, if not recently evaluated, a full general metabolic health screen is recommended to also include CBC/Chem panel and electrolytes.

As is reportedly already pending, fine needle aspirates of the fluid filled structures for analysis, cytology +/- culture and sensitivity, etc. is recommended if patient's coagulation status is appropriate.

Ultimately, however, advanced imaging such as an abdominal contrast CT scan or even an exploratory laparotomy may be warranted for further diagnostic purposes as well as therapeutic intervention.

***Dr. Johnson would very much appreciate any available follow up on the identity of the structures: beth.johnson@sonopath.com*

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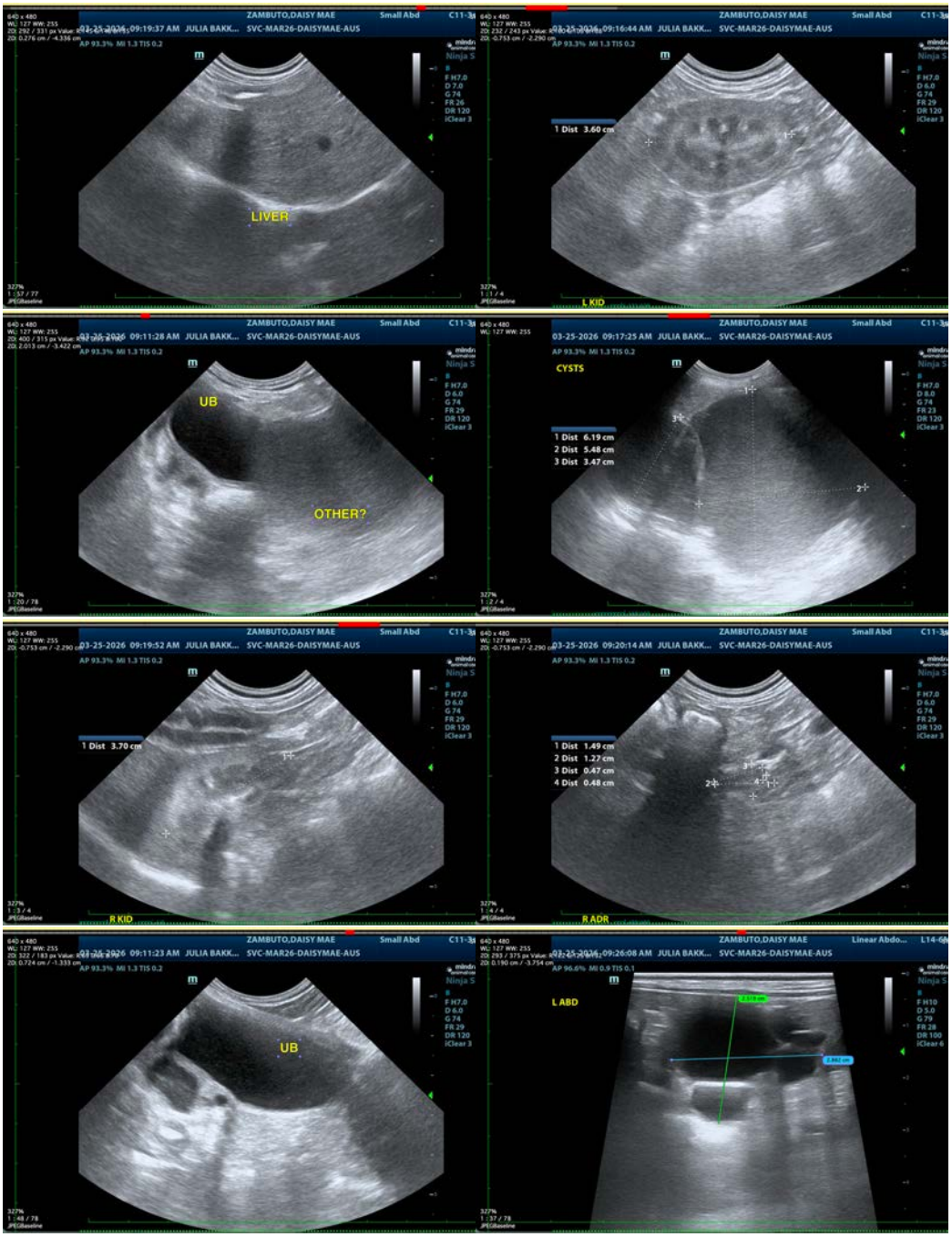

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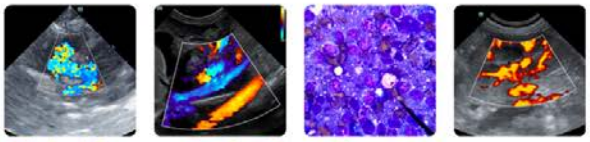

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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