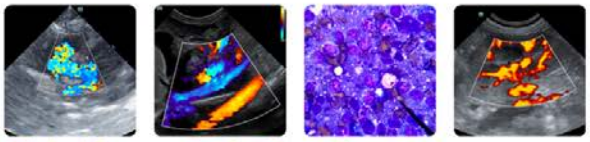


PATIENT

Lucy Mayer

SPECIES

Canine

BREED

Hound x

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

65.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Mary Kermendy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Elaine Binor

INVOICE

74749

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History of hyporexia and buphthalmia OD, elevated 3rd eyelid, sores and scabs on dorsum. History of being Ehrlichia poitive on 4DX, but Ehrlichia PCR was negative. On Doxycycline and Carprofen, and Entyce. Imaging to check for evidence of neoplasia or other etiology for clinical signs. She is lethargic and ataxic on hind legs when ambulating. Also has a chronic, intermittent cough.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem--mild neutrophilia and monocytosis. Rest of panel was unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.70 cm). Mucosa is hyperechoic and irregular with multiple pedunculated masses extending into the lumen of the bladder. No definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal is size (7.0 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 (7.5 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.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 1.0 cm at the cranial pole and 2.3 cm at the caudal pole. Right measures 1.39 cm at the cranial pole and 0.88 cm at the caudal pole.

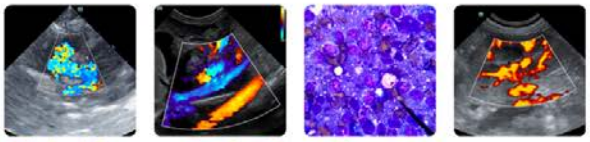
Spleen

The spleen demonstrates very little normal splenic parenchyma with almost the entire spleen being mottled by mixed and varying sized, largely hypo- to anechoic nodules/densities, with the largest expansive disrupting mass near the caudal aspect of the spleen measuring approximately 6.0 cm in size.

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.

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.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the spleen is concerning for infiltrative neoplasia such as round cell neoplasia versus sarcoma versus other. Having said that, benign extramedullary hematopoiesis, nodular hyperplasia, cysts, hematomas, etc. cannot be ruled out without tissue sampling.
- Bilateral adrenomegaly – In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.
- Polypoid Cystitis – Urinary bladder wall changes are most consistent with polypoid cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the appearance of the polyps.

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 spleen are recommended if patient's coagulation status is appropriate.

Alternatively, or if a cytologic diagnosis is unable to be obtained, an exploratory laparotomy for planned splenectomy could be considered, especially given the risk for hemorrhage, etc. from even a benign lesion.

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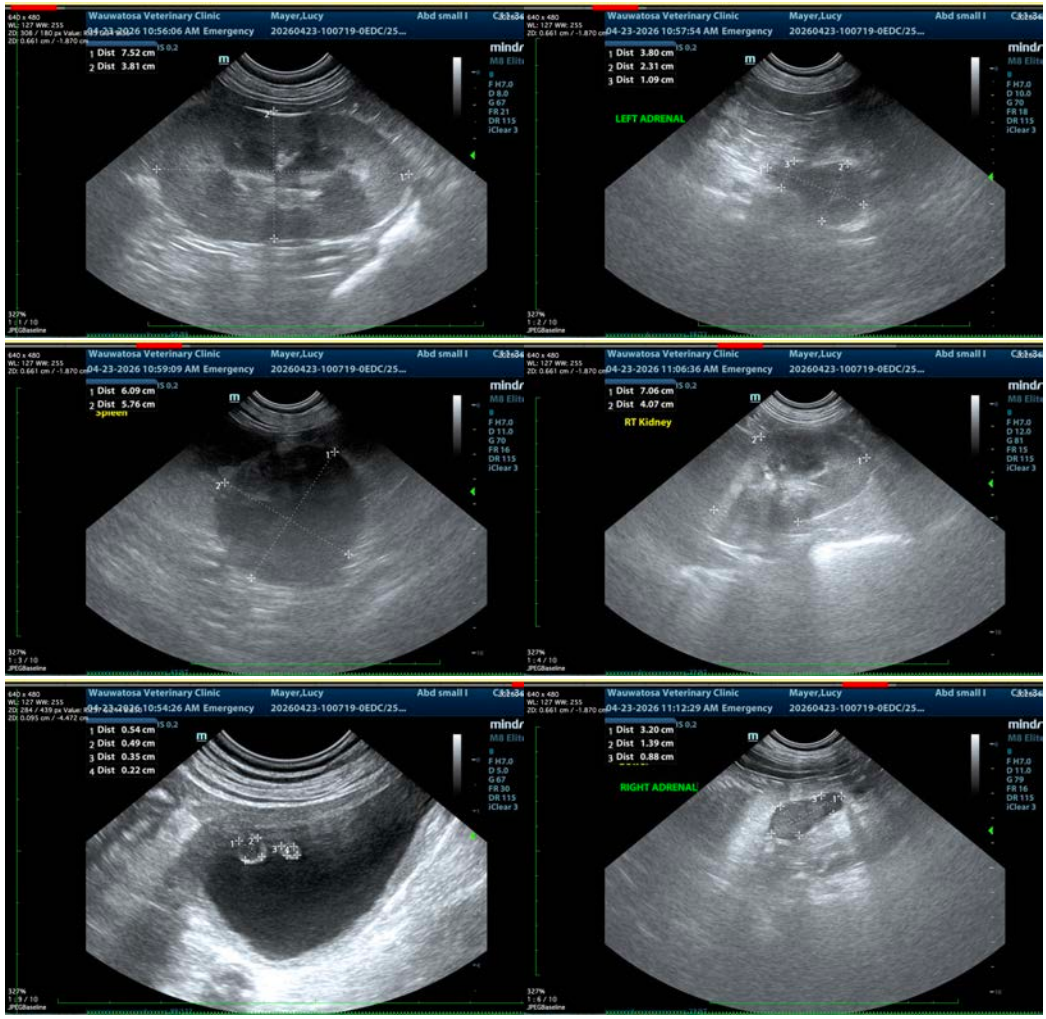
In the meantime, additionally, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Submission of urine to look for BRAF gene mutation is also recommended.

A blood pressure is recommended if not recently evaluated.

The reported ophthalmic and neurologic changes are of unknown if any relation to the above changes, but may warrant further workup, intervention, etc. pending results of above.

Similarly, the adrenal gland changes are of unknown significance and may warrant further investigation pending results of 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