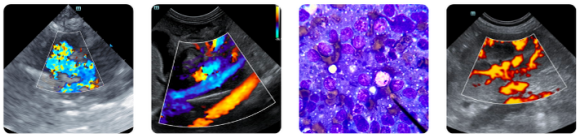


SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Demon Bazinet

SPECIES

Canine

BREED

Husky Mix

SEX

MN

AGE

11 years

WEIGHT

33.3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Kenny-Foeldessy

INVOICE

11057

DATE

1/8/2026

PRESENTING CLINICAL SIGNS

Exam WNL Current Medications Emavert - 3.3ml SQ.

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam Splenic mass?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney was both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization and resolution of the right kidney was severely limited making assessment and measurement possibly inaccurate. This is commonly related to breed related anatomical positioning, and patient compliance. Left kidney measures 8.29 cm in length, and the right kidney measures 8.60 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic and measured enlarged. The phrenic vasculature was unremarkable.

Left adrenal measures 3.74 cm in length, 1.34 cm at the caudal pole and 0.71 cm at the cranial pole. Right adrenal measures 3.2 cm in length, 1.02 cm at the caudal pole and 1.30 cm at the cranial pole.

Spleen

The spleen is subjectively prominent with a diffusely mottled parenchyma and multifocal, variably sized hypoechoic nodules noted throughout. There are no specific masses seen.

Liver

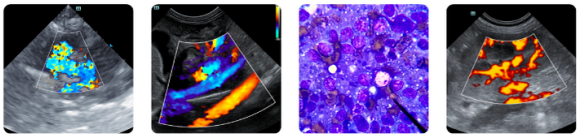
The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. Multifocal variably sized hyperechoic nodules noted throughout the parenchyma, especially on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains a small amount of gas and ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

There is scant free fluid visualized between small intestinal loops.

ULTRASONOGRAPHIC FINDINGS

- Prominent spleen with multifocal hypoechoic nodules throughout.
- Coarse liver with multifocal hyperechoic nodules throughout.
- Scant free fluid.
- Bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly with parenchymal changes are concerning for infiltrative disease (lymphoma, MCT, other) but may represent a benign reactive or inflammatory change, immune stimulation or could reflect extramedullary hematopoiesis. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. If corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).

Liver changes are a common benign age-related change but infiltrative disease and/or neoplasia cannot be definitively ruled out. Hyperechoic nodules are more likely to be benign. FNA of the liver could be considered to further define.

The cause of abdominal effusion is not apparent on abdominal ultrasound. The volume is very scant. Serial AFAST with plan for abdominocentesis if fluid volume increase in order to get a sample for fluid analysis and cytology is recommended.

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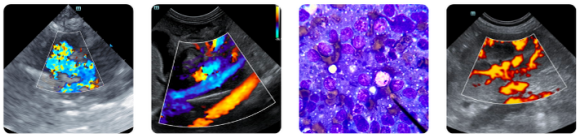

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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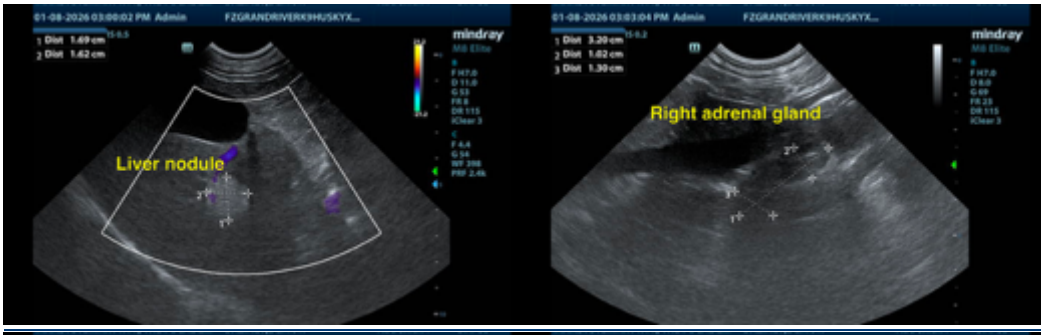

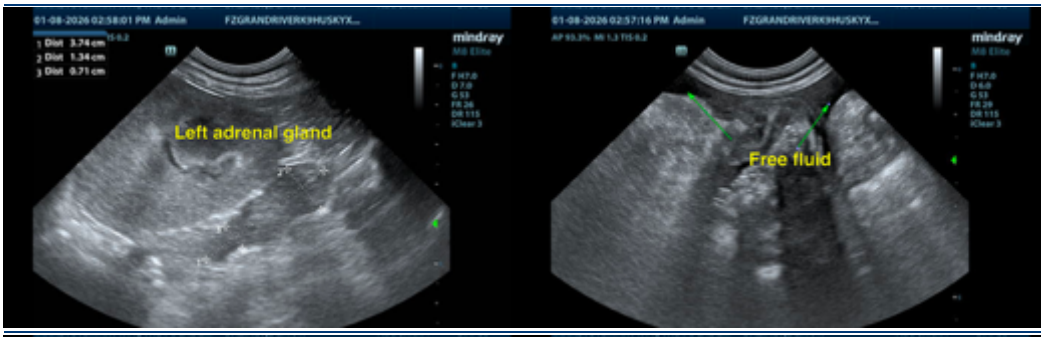

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC info@SonoPath.com