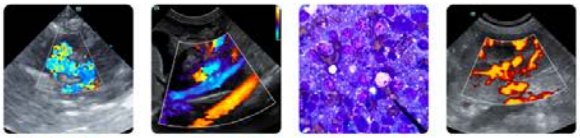

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ali Disher

SPECIES

Canine

BREED

Spaniel

SEX

Spayed Female

AGE

12 Years

WEIGHT

22.7 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Sommers

INVOICE

72669

DATE

12/17/25

PRESENTING CLINICAL SIGNS

PUPD Urinary incontinence Low specific gravity Current Medications Stilbestrol 1mg

Abnormal PE/Chem/CBC/UA Results: ALKP 379 USG 1.009 Radiographic Findings NA Primary Question to Be Answered in This Exam kidneys vs Diabetes insipidus vs cushings vs other

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 kidneys were 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. A cortical cyst is noted in the left kidney. Left measures 6.19 cm. Right measures 6.14 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.94 cm in length x 0.67 cm at the caudal pole and 0.75 cm at the cranial pole. Right measures 2.16 cm in length x 0.71 cm at the caudal pole and 1.12 cm at the cranial pole.

Spleen

In the body of the spleen there is a capsular deforming, heterogeneous mass with small areas of cavitation measuring at least 2.9 cm x 3.95 cm.

Liver

The liver is subjectively roughly normal in size. Liver margins are generally sharp with some mild irregularity. In the left liver there is a roughly spherical hypoechoic mass measuring at least 1.9 cm x 1.65 cm with multiple smaller hypoechoic nodules noted throughout the parenchyma.

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 minimal luminal contents. 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 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.

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Pancreas

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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

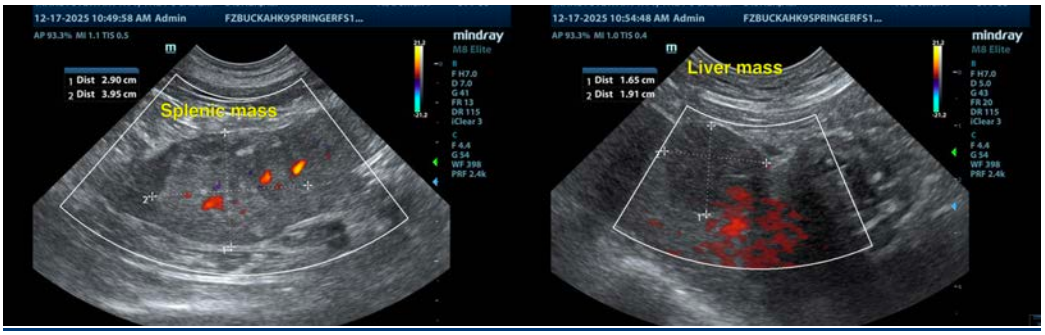
No free fluid noted.

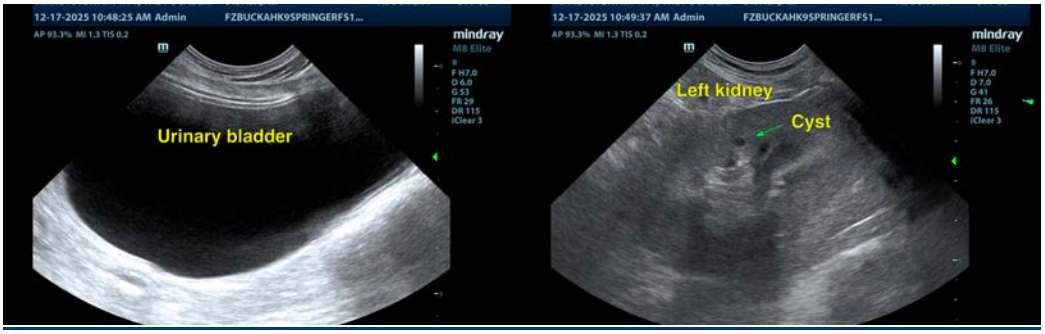
ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Liver mass with multifocal liver nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of masses in both the liver and spleen is concerning for metastatic neoplasia, with hemangiosarcoma being a top differential. Masses did not show significant amount of cavitation, and non-hemangiosarcoma neoplasia and/or unrelated splenic and liver lesions, which may be metastatic or benign, remain possible. Aspirates of these lesions are recommended to further define. Ultimately biopsy may be required for more definitive diagnosis. No definitive cause of isosthenuria was identified on ultrasound. While adrenal glands are not overtly enlarged, adrenal gland function testing could still be considered, as hyperadrenocorticism is a common cause of PU/PD. Early renal insufficiency remains a cause despite relatively normal appearance of kidneys.





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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