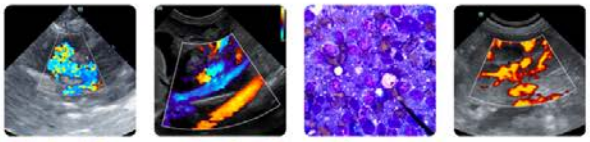

PATIENT

Dually Hudson

SPECIES

Canine

BREED

BMD

SEX

Neutered Male

AGE

7 Years

WEIGHT

95 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Beth Coe

INVOICE

72748

DATE

2/5/26

PRESENTING CLINICAL SIGNS

In for exam to check a new SQ lump right hind leg. On exam, noted palpable mass-effect mid/cranial abdomen. History of splenomegaly with slightly mottled/heterogenous echotexture reported on previous scan. Recommended recheck scan. Reportedly normal at home.

Abnormal PE/Chem/CBC/UA Results: PE WNL other than palpable mass vs spleen mid/cranial abdomen. FNA/Cytology of SQ mass RH consistent with cystic lesion. No labwork repeated today - CBC/Chem 9/11/25 WNL.

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. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Right kidney measures 6.73 cm. Left kidney measures 7.04 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. Right measures 3.0 cm in length x 0.48 cm at the caudal pole and 0.46 cm at the cranial pole. Left measures 2.72 cm in length x 0.65 cm at the cranial pole and 0.41 cm at the caudal pole.

Spleen

The spleen is subjectively enlarged with a slightly heterogeneous/mottled echotexture. No specific masses or nodule are visualized.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

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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

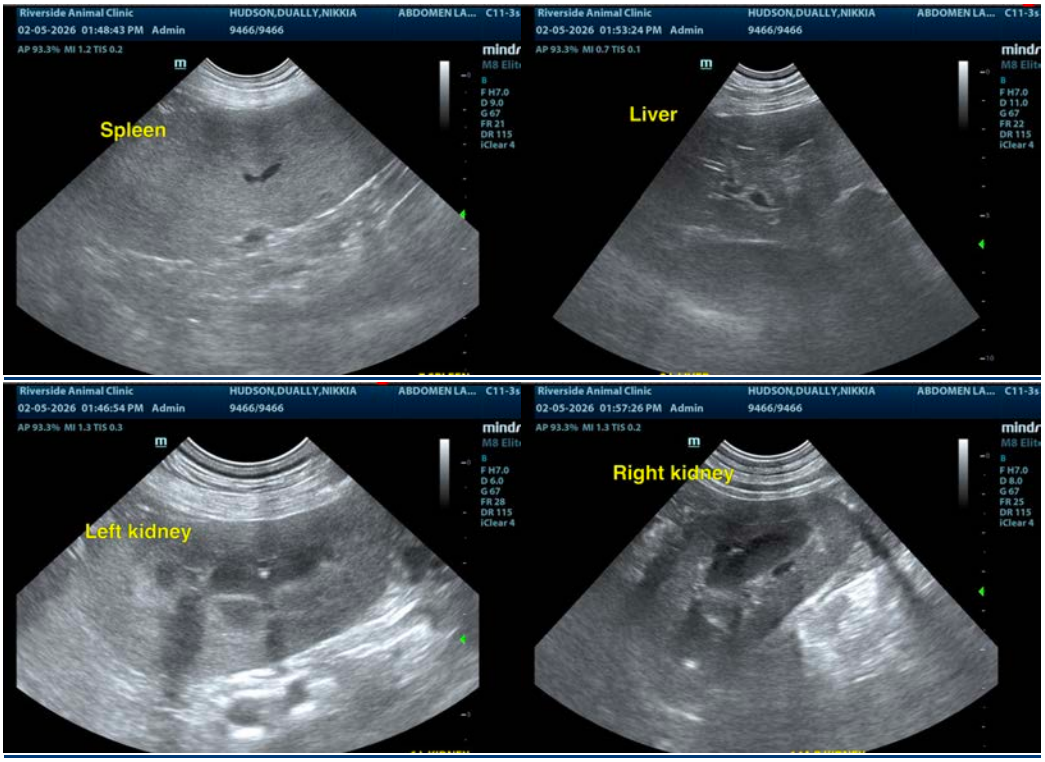
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Persistent splenomegaly with similar slightly mottled/heterogeneous echotexture as previous scan.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No distinct abdominal mass was visualized on this ultrasound. I suspect the mass effect on palpation is being causes by splenomegaly. An overt cause of splenomegaly is not identified on ultrasound. FNA (even if performed previously) is recommended to further investigate the nature of the spleen. FNA from multiple sites, if possible, is recommended.



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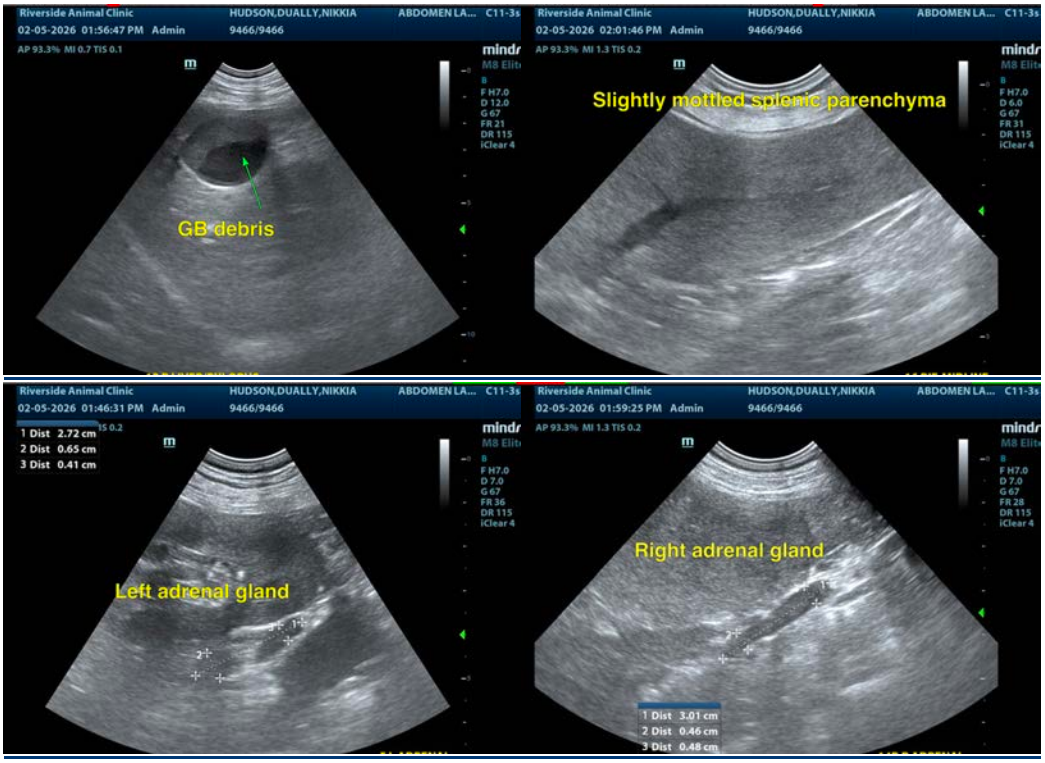

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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