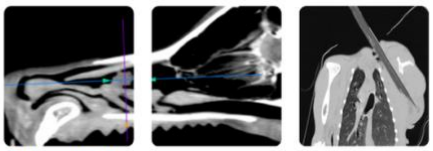

PATIENT

Dasher Storring

SPECIES

Canine

BREED

Husky X

SEX

Neutered Male

AGE

7 Years

WEIGHT

37.8 kg

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Van Leeuwen

INVOICE

36517

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: 8kg in weight loss since December despite normal appetite. No change in thirst. No diet changes, some mobility complaints, nervous for exam and tense on abdominal palpation. Has been on Gabapentin.

Abnormal PE/Chem/CBC/UA Results: 4/7/2026 Decreased MCH 22 (22.1-26.7) Decreased reticulocyte Hg 23.1 (23.8-28.3) Increased neutrophils 10.54 (3-9.74) Increased monocytes 1.62 (0.14-0.74) Decreased BUN 2.8 (3.2-11) Decreased Ca 2.1 (2.2-2.8) Decreased Na 141 (142-152) Decreased albumin 20 (27-39) Increased globulins 48 (24-40) Decreased alb:glob 0.4 (0.7-1.5) T4 9.6 (13-53).

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. The left kidney measured 7.32 cm in length. The right kidney measured 7.30 cm in length.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.74 cm in length and 0.40 cm at the caudal pole and 0.55 cm at the cranial pole.

The right adrenal gland was visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 1.88 cm in length and 0.95 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

Within the spleen, there is a solid hyperechoic spherical mass effect, measuring approximately 4.3 cm x 5.4 cm. There are no obvious areas of cavitation, and the remainder of splenic parenchyma is slightly mottled and hyperechoic.

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.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

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Gastrointestinal

The stomach contains amorphic hypoechoic structures with hyperechoic margins. They are nonshadowing. This may represent food material or nonshadowing foreign material. Gastric wall is normal thickness with normal wall layering.

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.

The ileocecal junction was not visualized. 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.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Mottled spleen with solid mass effect
- Gallbladder debris
- Unusual gastric contents- ingesta versus nonshadowing foreign material

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the spleen is concerning for neoplasia which may be benign or malignant. Splenic aspirate is recommended to further characterize. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology should be considered.

The visualized gastric contents are unusual. They are more likely to represent food or digestible material as they are non-shadowing, but liquid saturated foreign objects cannot be completely excluded. Upper GI endoscopy could be considered to further visualize if clinically indicated.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Ursodiol could be given as a choleretic to help reduce debris accumulation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.

The Focal Zone
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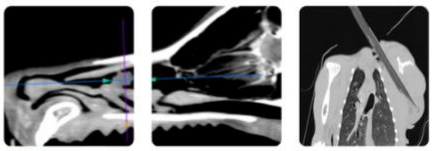

Teleradiology
Educational Teleconsultation Services™

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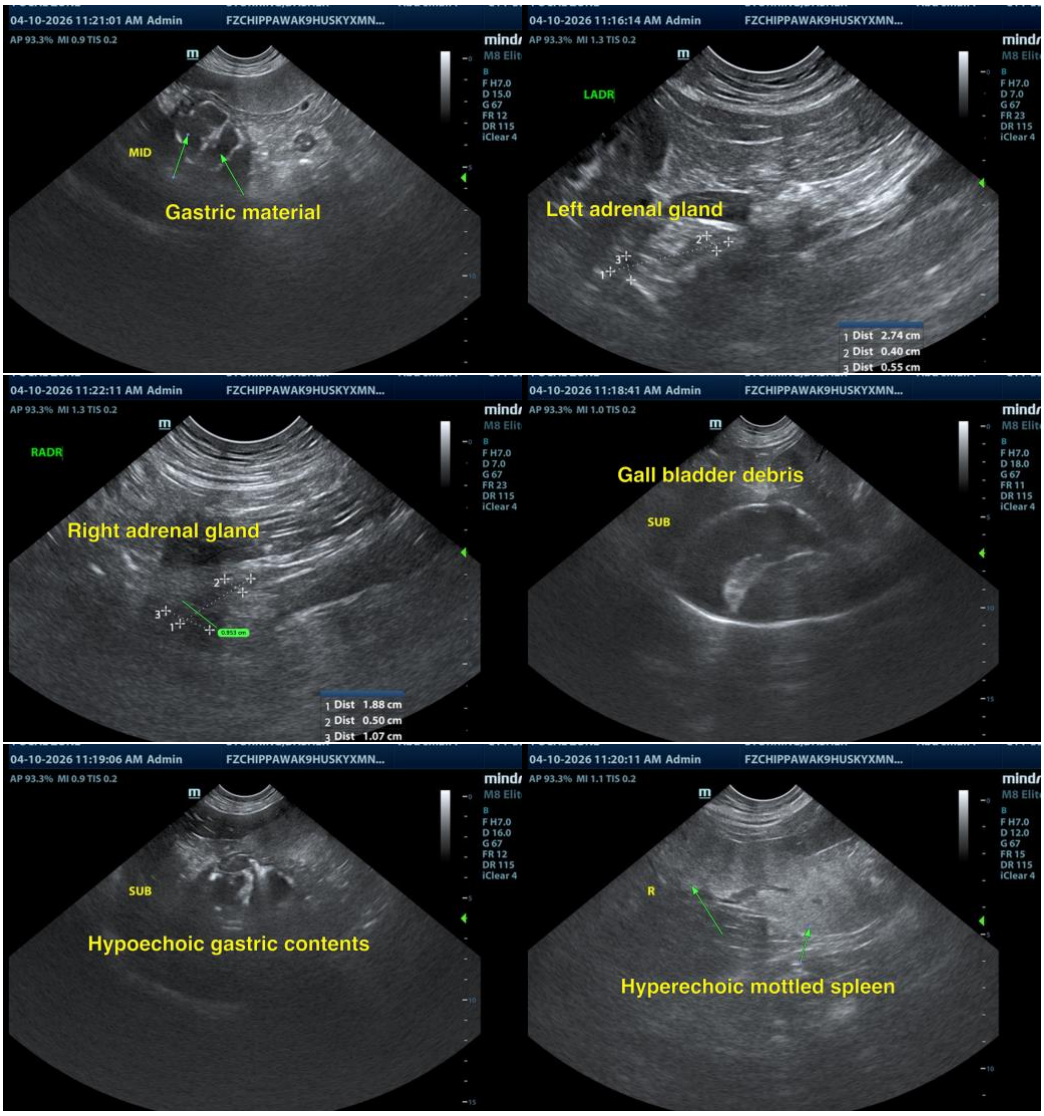

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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