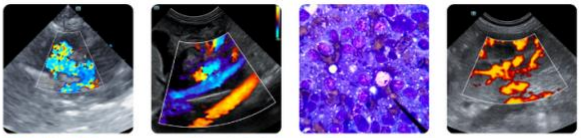


PATIENT

Teddy Murawski

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

9 Years

WEIGHT

105 pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Hospital of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

14832

DATE

04/03/26

PRESENTING CLINICAL SIGNS

- BCS 5/9
- Inappetence, no other clinical signs.
- Normal PE (O worried about neoplasia)
- Current Meds: (Gaba/Traz sed) No other meds.

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.

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. The right kidney measured 6.77 cm in length.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. Spherical anechoic fluid accumulation consistent with cortical cyst measuring 1.42 cm x 1.47 cm. The left kidney measured 7.84 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 2.11 cm in length and 0.48 cm at the caudal pole and 0.69 cm at the cranial pole.

The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits.

Spleen

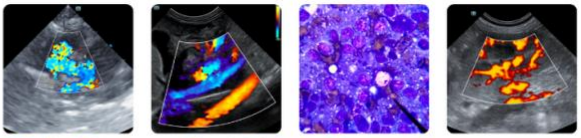
The spleen is subjectively prominent in size. Parenchyma is diffusely mildly mottled with no specific nodules or mass as seen. Capsule is generally smooth with slightly rounded margins.

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



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The stomach contains 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 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 masses or free fluid were noted.

The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Prominent spleen with mottled parenchyma.
- Degenerative renal changes with left renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic parenchymal changes are concerning for infiltrative disease (lymphoma, MCT, other) but may represent a benign reactive or inflammatory change, immune stimulation, extramedullary hematopoiesis or passive congestion. Fine needle aspirate is recommended to further characterize these parenchymal changes.

Renal changes are likely age-related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.

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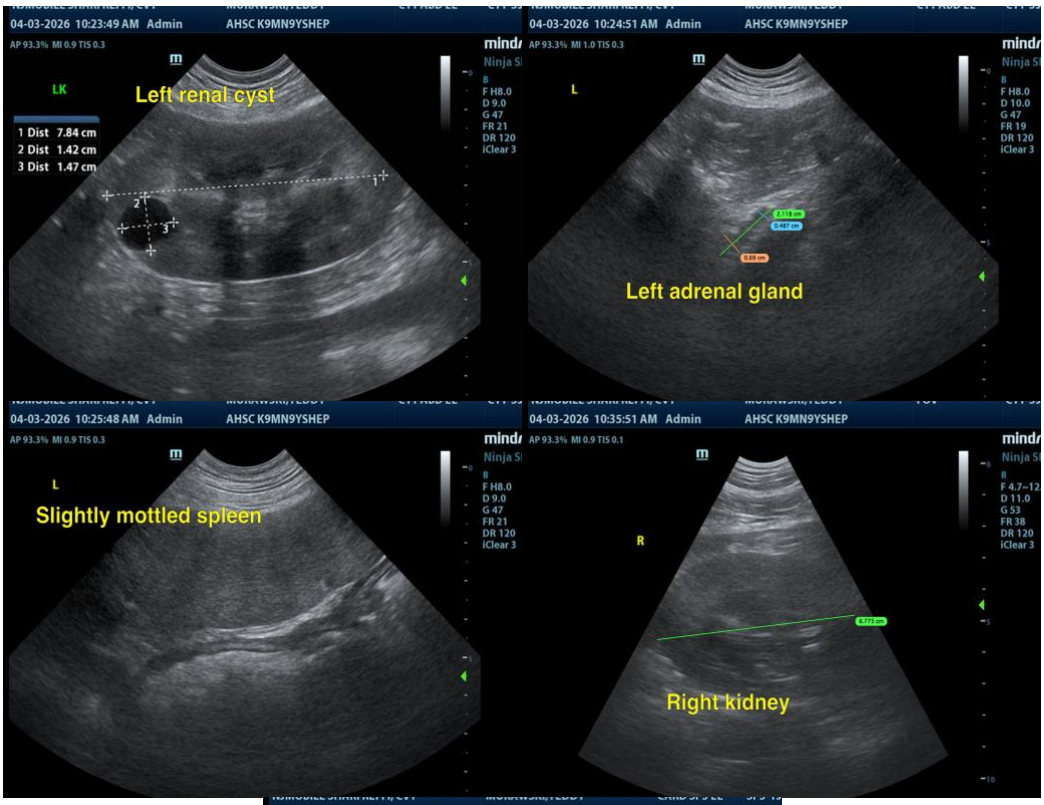

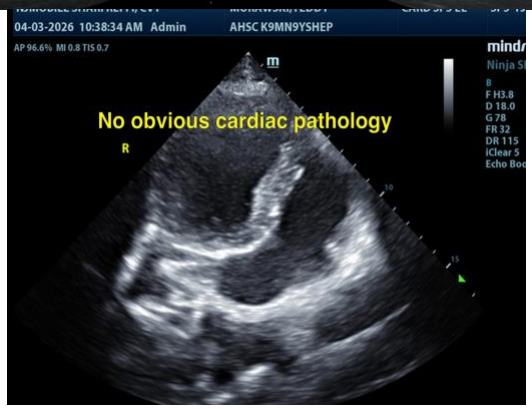

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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