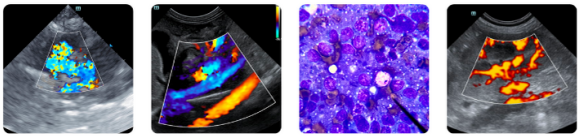

PATIENT

Bodhi Harari

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

14 years

WEIGHT

52 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

The Venturing

REFERRING VET

Dr. Herzog

INVOICE

11921

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

Lethargy decr. Appetite.

Abnormal PE/Chem/CBC/UA Results: Bun58 crea 1.5 rbc 4.01 hgb9.4 hct 30.37 Mchc30.9 plt 130 mpv9.2 pct 0.12.

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.

Both kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted. Left kidney measures 4.72 cm in length and the right kidney measures 5.62 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. Left adrenal measures 2.31 cm in length, 0.61 cm at the cranial pole and 0.65 cm at the caudal pole.

The right adrenal gland was visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right adrenal measures 2.83 cm in length, 0.90 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The spleen is normal in size with a diffusely mottled, slightly hypoechoic echotexture. There is perivascular hyper echogenicity consistent with benign perivascular myelolipoma. There are no specific masses or nodules visualized.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. 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 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.

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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.

Pancreas

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

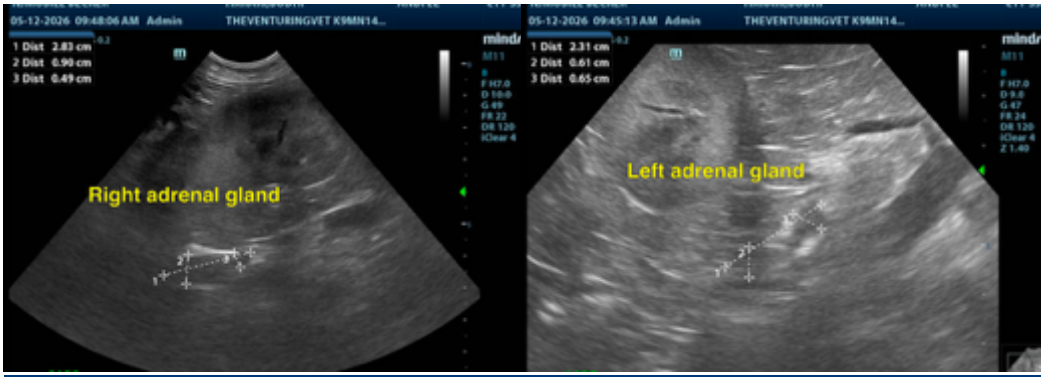
ULTRASONOGRAPHIC FINDINGS

- Slightly mottled spleen.
- Coarse liver.
- Aging renal changes.
- Otherwise normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt cause of reported significant bruising. There are no signs of intrabdominal hemorrhage or overt signs of trauma. Splenic parenchymal changes are common age-related change. FNA could be attempted to further define. A full coagulation profile is recommended to further investigate the cause of bruising. Rule out coagulopathy.

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. 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.



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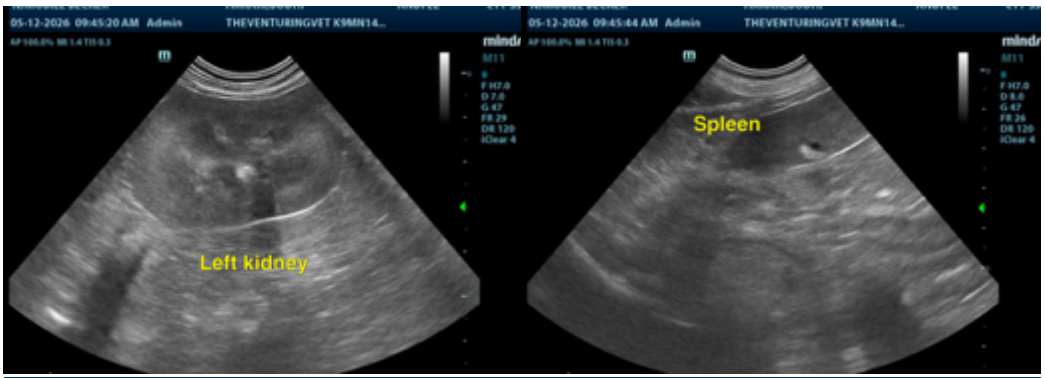

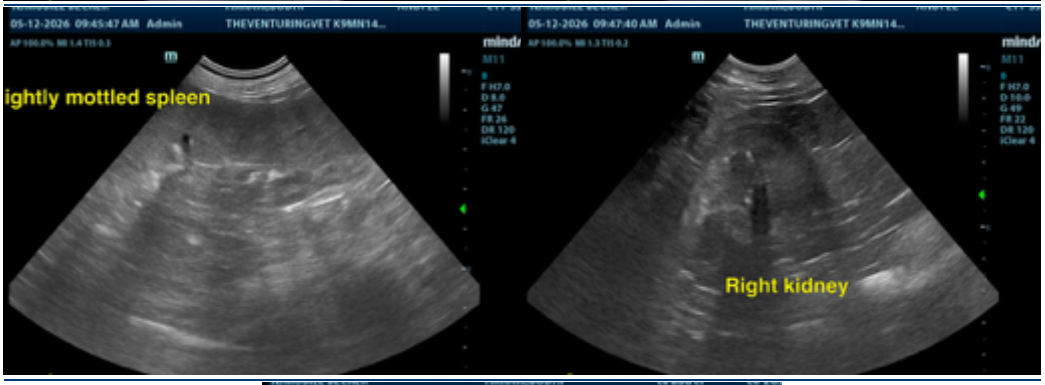

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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