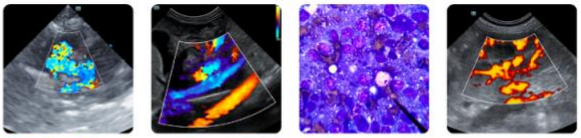


PATIENT

Cody Tallier

SPECIES

Canine

BREED

Lab

SEX

Male

AGE

11 Years 9 Months

WEIGHT

69 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

New Bridge Veterinary Practice

REFERRING VET

Dr. Glennon

INVOICE

16373

DATE

05/20/26

PRESENTING CLINICAL SIGNS

Started nsaids a few days ago since vomiting, diarrhea, and lethargic concerned rule out other abdominal issues

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 prostate is uniformly moderately enlarged and hyperechoic. No mineralization, evidence of masses or fluid accumulations consistent with cyst or abscess visualized. Left testicle contains a roughly ovoid hypoechoic partially cavitated mass measuring approximately 2.5 cm x 1.6 cm. The right testicle is subjectively normal in size and shape with homogenous parenchyma free of masses and normal median raphe visualized.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 6.67 cm in length. The right kidney measured 7.42 cm in length.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 2.93 cm in length and 0.97 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 2.95 cm in length and 1.09 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

The spleen contains a hypoechoic to somewhat heterogeneous, slightly capsular distending nodule measuring 1.0 cm x 0.7 cm. The remainder of the splenic parenchyma is unremarkable.

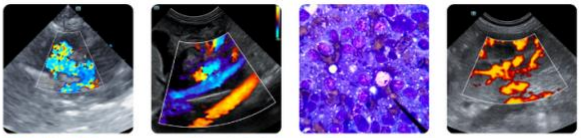
Liver

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.



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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.

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

- Small splenic nodule.
- Prostatomegaly consistent with intact status.
- Left testicular mass.
- Degenerative changes with nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal changes are not a likely cause of reported vomiting, diarrhea, and lethargy. Following initiation of NSAID therapy, if not already performed, full blood work is recommended.

Splenic nodule is small but has the ultrasonographic features concerning for a mass. It may represent neoplasia with a primary differential being early hemangiosarcoma or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause.

Leydig (interstitial) cell tumors, seminomas, and Sertoli (sustentacular) cell tumors occur most frequently in the testicles of the dog. Most testicular tumors are technically malignant, but they usually behave benignly and metastasis to other organs is rare. Fine needle aspirate is recommended to further define. Castration with histopathology is often both diagnostic and curative.

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

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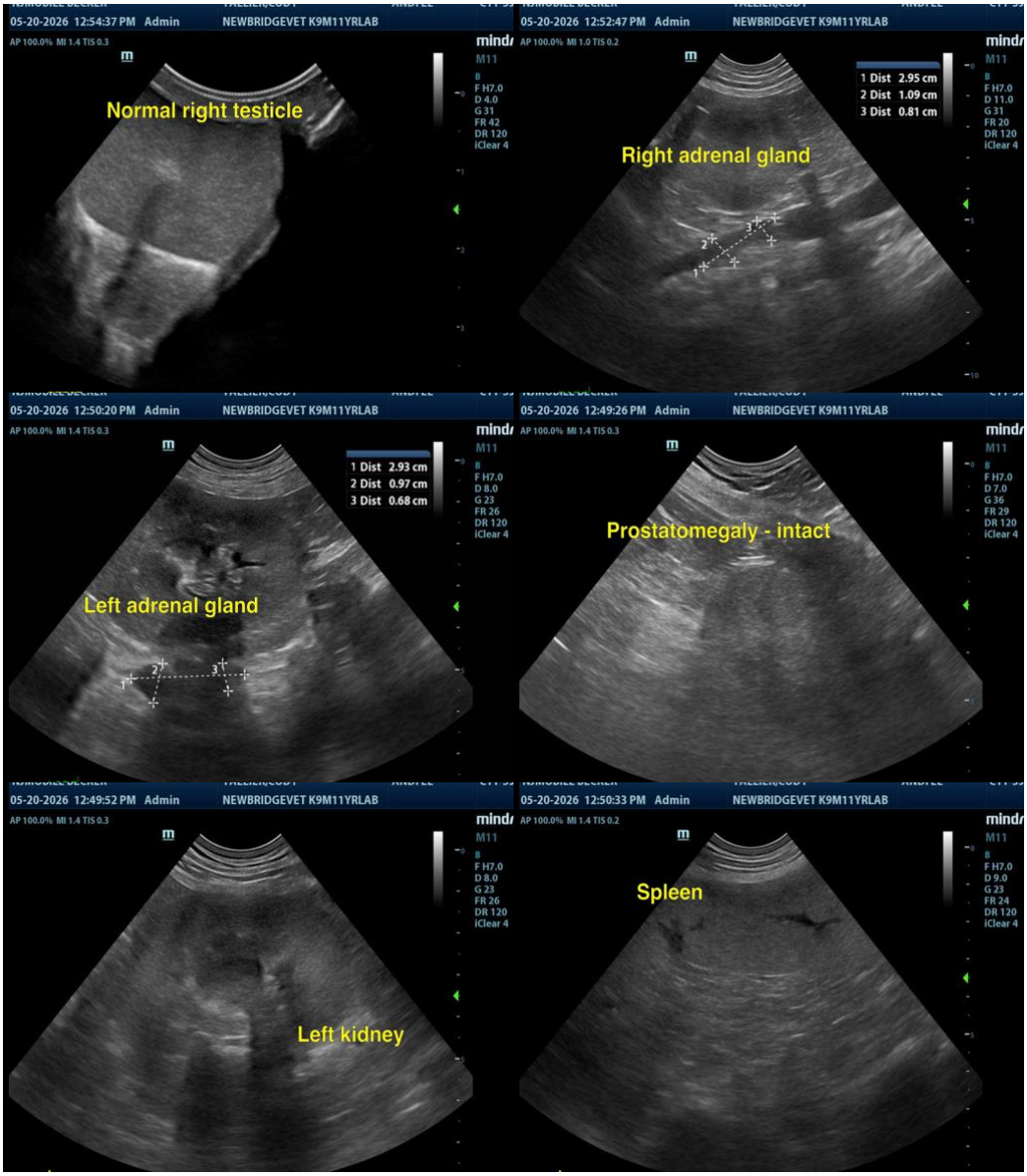

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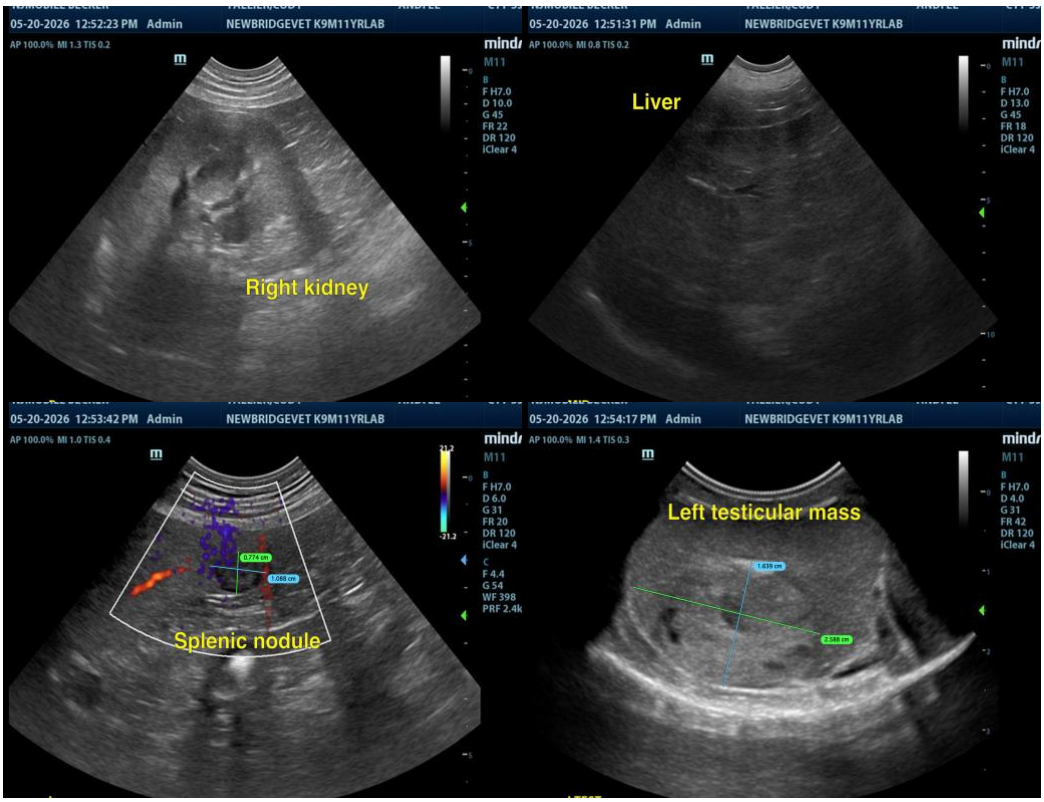

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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