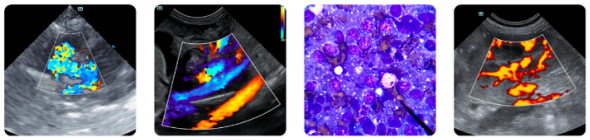

PATIENT

Bubba Brannen

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

13.5 lbs

WEIGHT

51.5 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

10739

DATE

11/13/2025

PRESENTING CLINICAL SIGNS

Recent steroids for suspected allergic reaction. Presented to er today for staggering, ataxia and hemoabdomen.

Abnormal PE/Chem/CBC/UA Results: hemoabdomen confirmed via diagnostic abdominocentesis sending ultrasound prior to any more diagnostics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measures 6.8 cm. The right kidney measures 7.2 cm with a hypoechoic nodule noted in the cranial medial cortex of the right kidney, measuring 0.5 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, up to 1.1 cm at both the cranial and caudal poles.

The region of **the right adrenal** gland was unremarkable.

Spleen

The **spleen** presented multifocal, hypoechoic nodular changes. Mild disruption of the architecture. Largest nodule measured up to 1.4 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Changes were mild to moderate Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Multifocal nodular changes also noted in the liver. The gallbladder and the common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Moderate amount of free fluid noted in the abdomen.

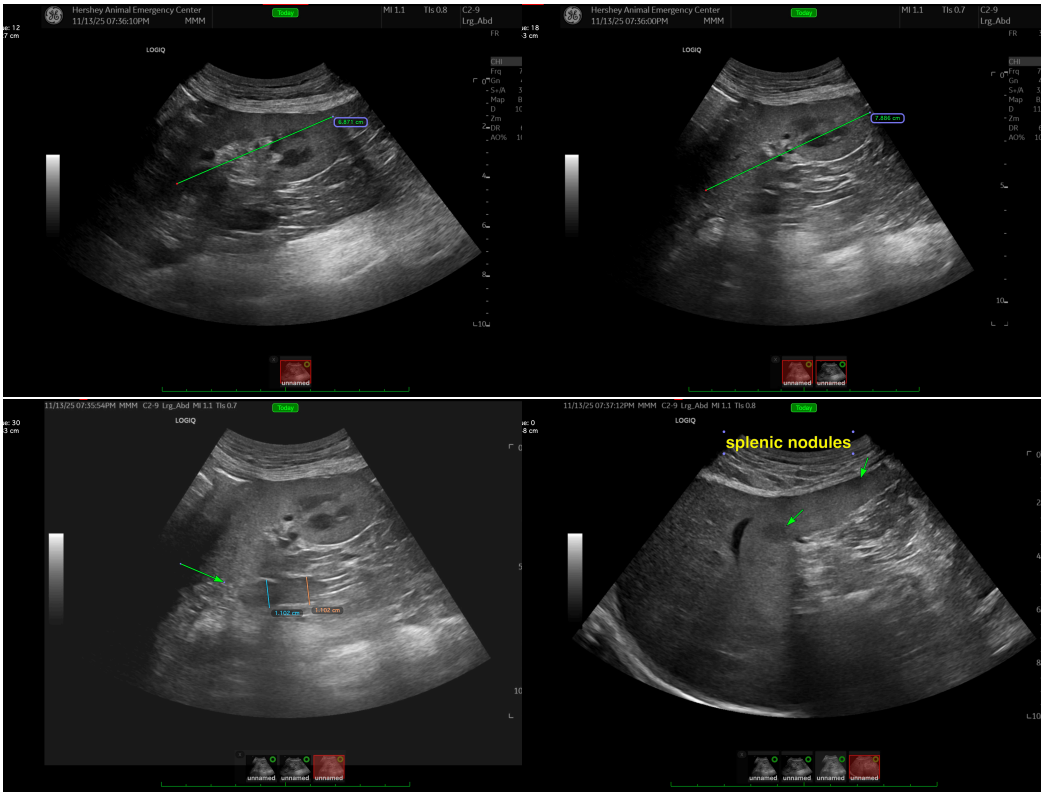
In one video clip, a 5.0 cm hypoechoic undifferentiated structure appeared to be present in the cranial abdomen. The exact origin of the structure was unclear. This may be attached to the spleen or liver. Further imaging necessary.

ULTRASONOGRAPHIC FINDINGS

- Mild age related renal changes
- Nodular splenic changes
- Abdominal free fluid with a 5.0 cm undifferentiated structure.
- Age related hepatic changes
- Mildly enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided 25-gauge FNA of the splenic and hepatic nodules as well as the potential mass in the cranial abdomen is warranted. However, given that the lesion was only present in one video clip, it cannot be definitive on its origin. Strong concern for multicentric neoplasia. Exploratory surgery is also an option.



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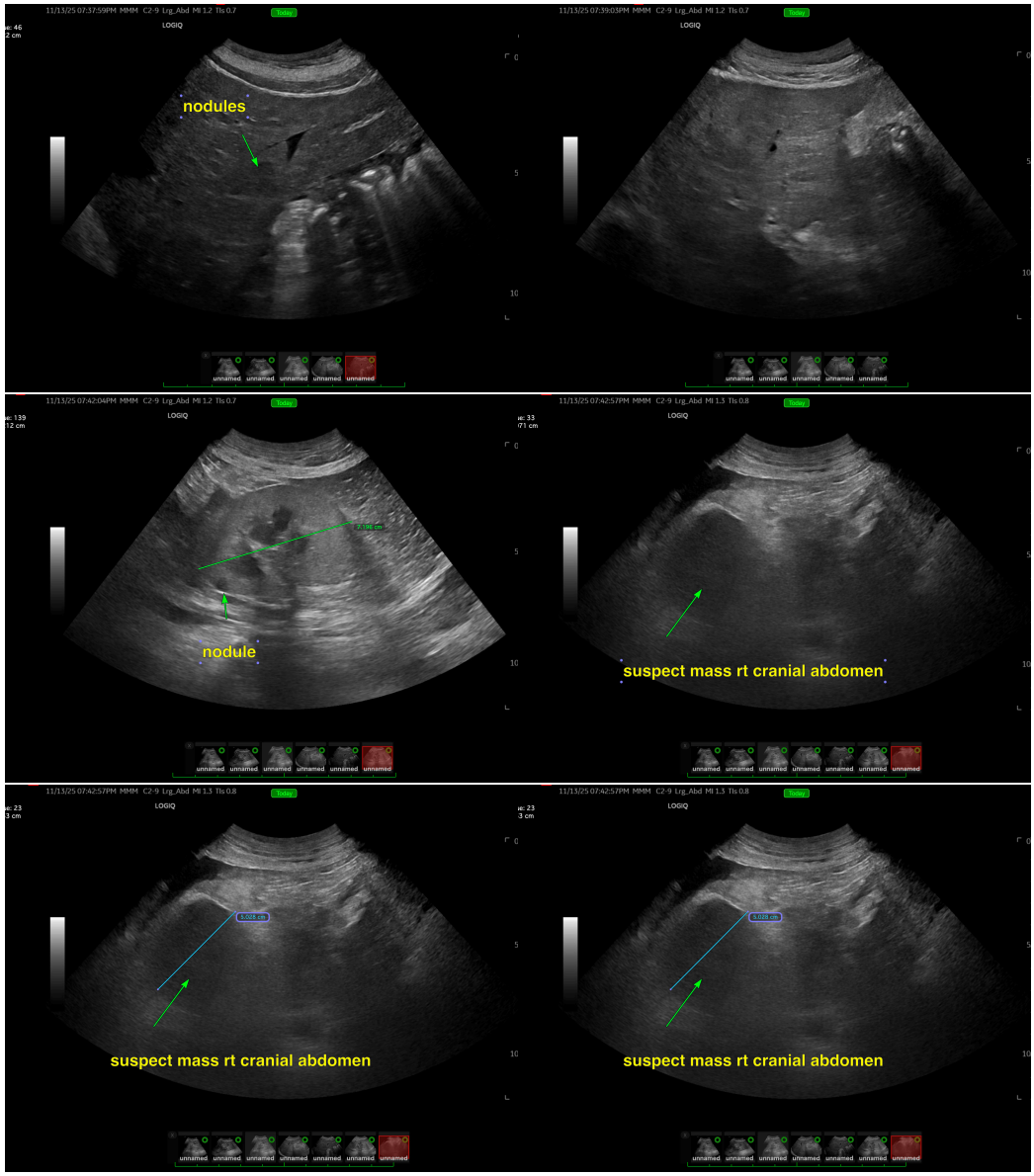

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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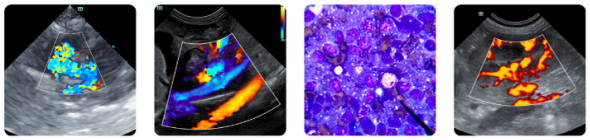
SonoPath.com info@sonopath.com 1.800.838.4268



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Educational Teleconsultation Services™

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