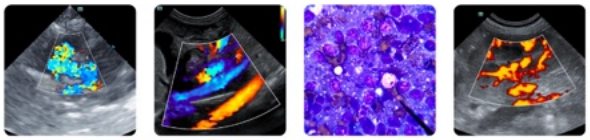


PATIENT

Sienna Provencal

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

9 years

WEIGHT

37 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Goldstein

HOSPITAL NAME

Hudson AH

REFERRING VET

Dr. Tatro

INVOICE

68923

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Abdominal ultrasound to evaluate hematuria poorly responsive to Clavamox and cepfodoxime. Previous urinalysis revealed mild pyuria, hematuria, non squamous epithelial cells. 3-4 cm irregular firm left anal gland mass; cytology non diagnostic. Incidental mild ALP elevation. Concurrent diffuse pruritis and papular dermatitis on ventral abdomen.
Abnormal PE/Chem/CBC/UA Results: USG 1.037, pH 7.5, 2+ proteinuria (no UPC run) Chem: ALP 509, remainder WNL CBC and T4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.15 cm. The left kidney measured 6.6 cm.

Adrenal Glands

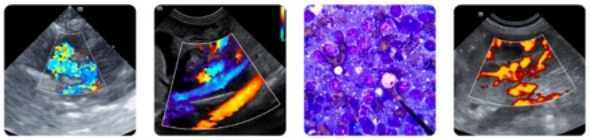
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.1 cm at the cranial pole and 0.68 cm at the caudal pole. The left adrenal gland measured 0.5 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

The **spleen** revealed a hypoechoic nodule that measured 1.7 cm with capsular expansion, some disruption of architecture was noted. The remainder of the spleen was largely unremarkable.

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Slight gallbladder calculus was noted without acoustic shadowing and measured 0.2 cm. This is not pathological.



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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

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.

ULTRASONOGRAPHIC FINDINGS

Concerning splenic nodule.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging round cell neoplasia, necrosis, abscessation and hemangiosarcoma are all possible. The cause of hematuria is unclear. Coagulation panel is warranted to ensure an occult coagulopathy is not an issue. I am more concerned for the splenic nodule than any other clinical state of this patient. Direct splenectomy can also be considered given the capsular expansion. There is a strong potential for malignancy.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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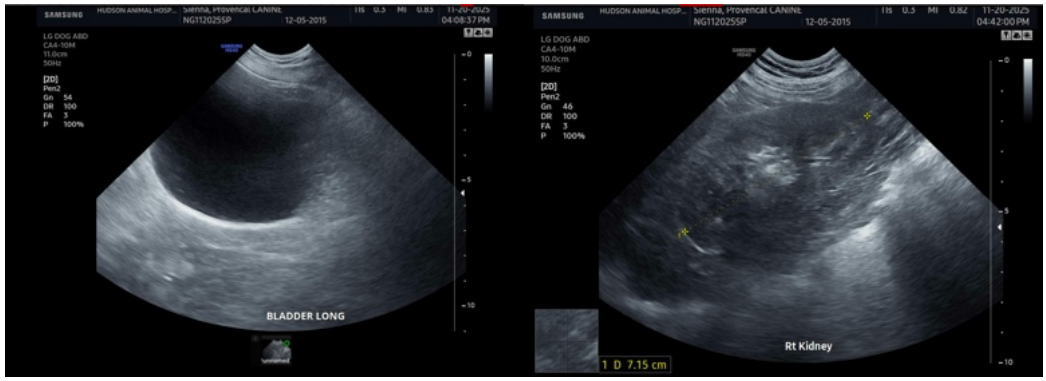

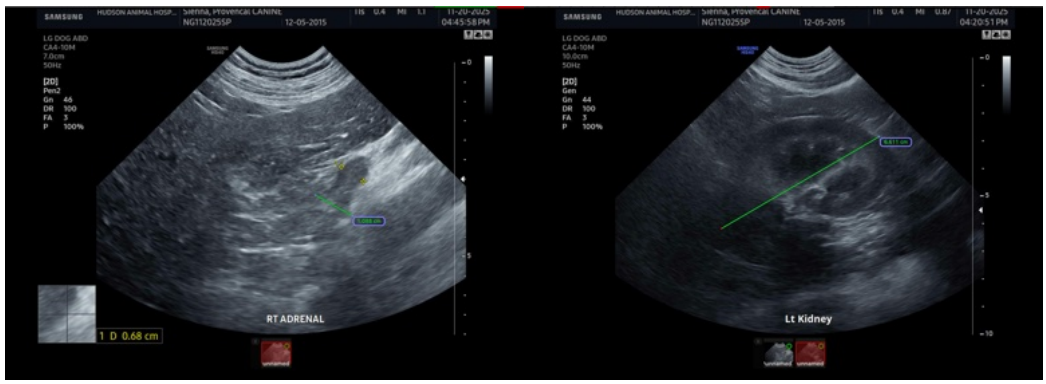

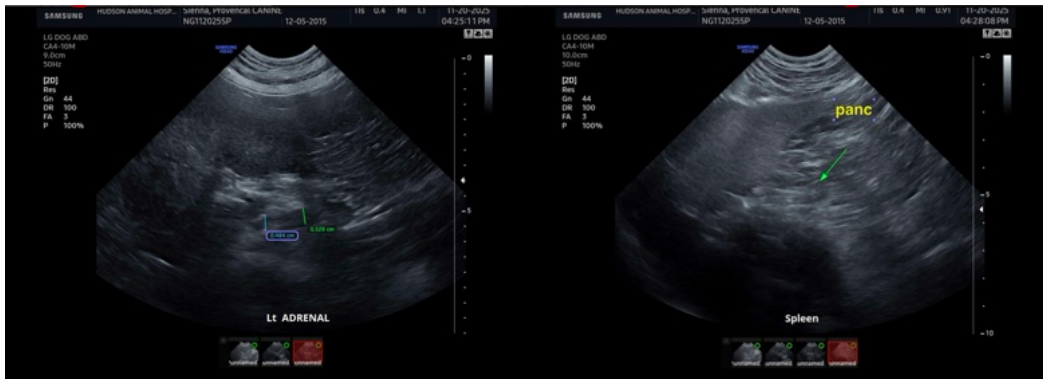

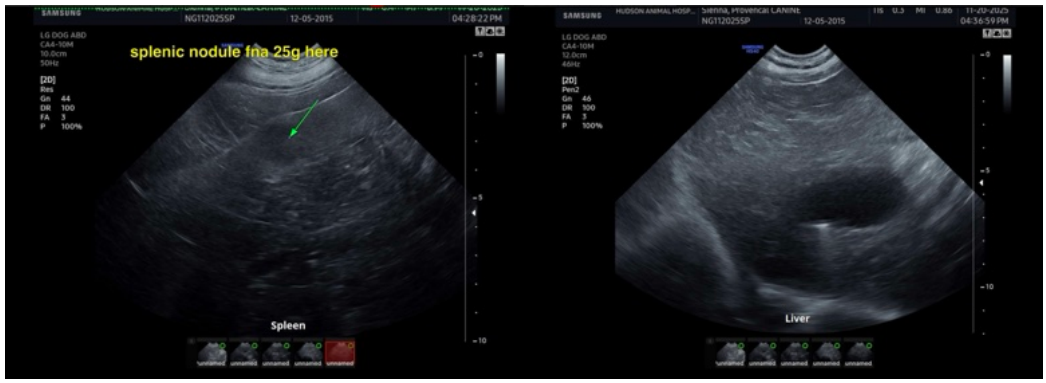

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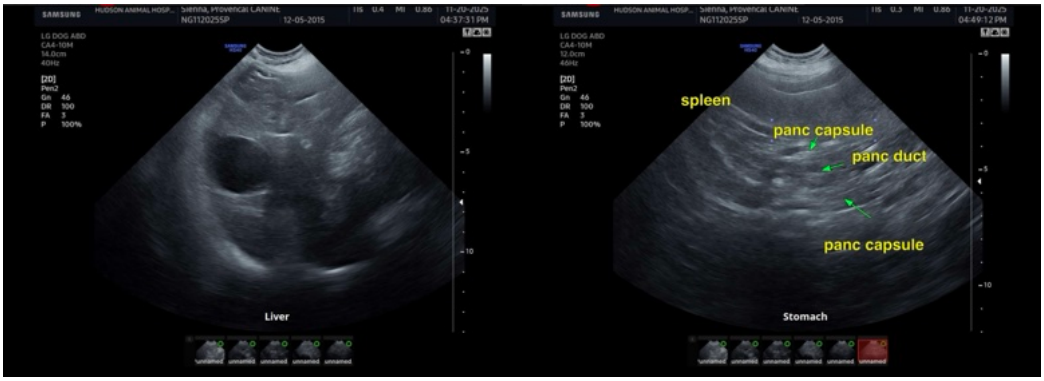

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com