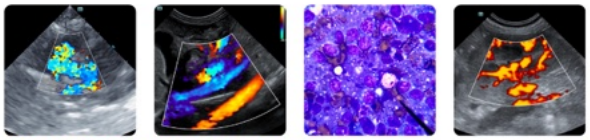


PATIENT

Kimber Cunha Vasconcelos

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

13 years

WEIGHT

49.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shonk

HOSPITAL NAME

Court Street VH

REFERRING VET

Dr. Shonk

INVOICE

68410

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Recent hypersalivation, vomiting (main reason for US) hx of vacuolar hepatopathy confirmed via biopsy 2/2024 hx of incontinence (resolve with Incurin), hx of bladder mass (suspected polyp) and chronic hx with occasional UTIs (stable at this time) hx of hypothyroidism -stable with thyrotabs hx of low grade mast cell tumor removed from hind limb 3/2025
History of hepatomegaly on exam hx of mild to moderate elevated ATL, ALP recent UA- SG 1.033, UPC 0.7 -> rechecking today as well

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was largely unremarkable other than mild polypoid change measuring 0.5 cm at the dorsal apical wall. This appears to be deriving from the mucosal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The iliac trifurcation was unremarkable.

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 left kidney revealed hypoechoic nodular change at the dorsal cortex. The nodule measured 0.83 cm. The left kidney measured 7.0 cm. The right kidney measured 7.5 cm with an anechoic cyst in the dorsal cortex.

Adrenal Glands

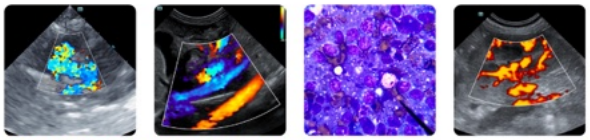
The left **adrenal** was visualized obliquely and was mildly enlarged measuring up to 1.0 cm in width. The right adrenal was slightly enlarged and mildly heterogenous measuring up to 1.15 cm at the cranial pole and 1.0 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Subtle micronodular changes were noted. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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



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clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation and measured up to 2.0 cm. There was some pyloric material. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Retention of ingesta or possible soft foreign matter in the stomach.
- Micronodular splenic changes.
- Slight left renal cortical nodule to monitor.
- Bilateral adrenal hypertrophy.
- Apical bladder polyp, not likely neoplastic as it appears mucosal in origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen is indicated +/- gastroscopy given the foreign matter. Otherwise, 24-hour n.p.o. and a recheck sonogram of the pyloric outflow is indicated. If the material is persistently present then gastrotomy and surgical biopsies of the left renal cortex and spleen can be considered. Given that the urine specific gravity is well concentrated the bilateral adrenal hypertrophy is likely non-functional hyperplasia.

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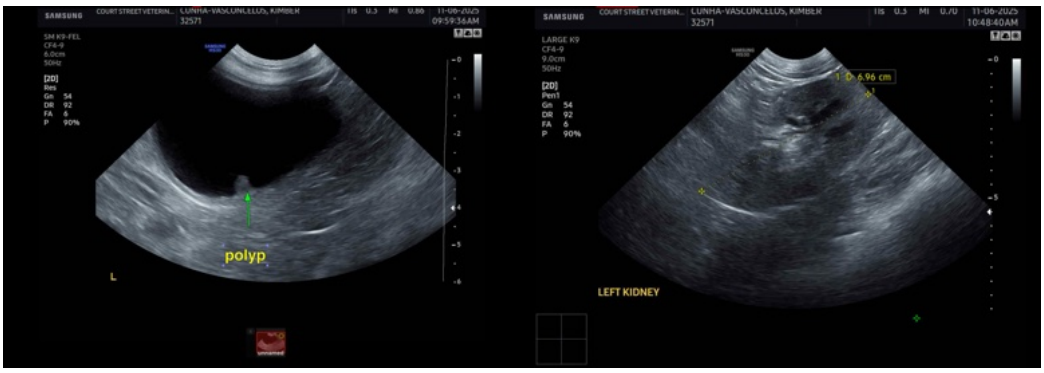

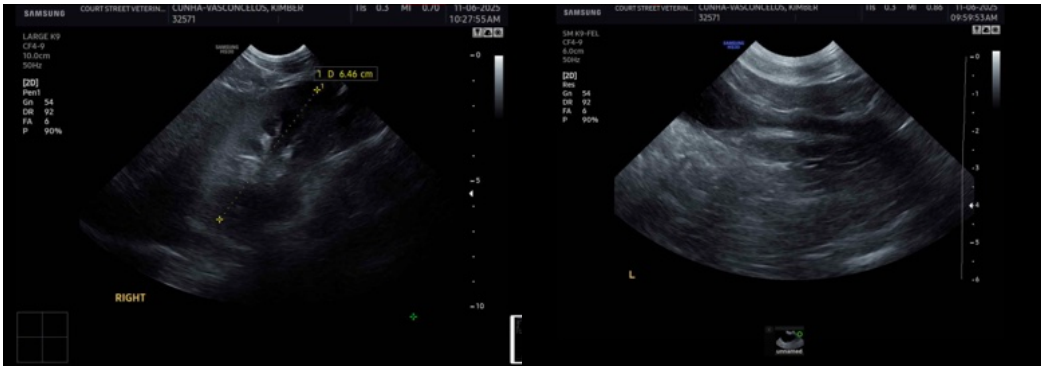

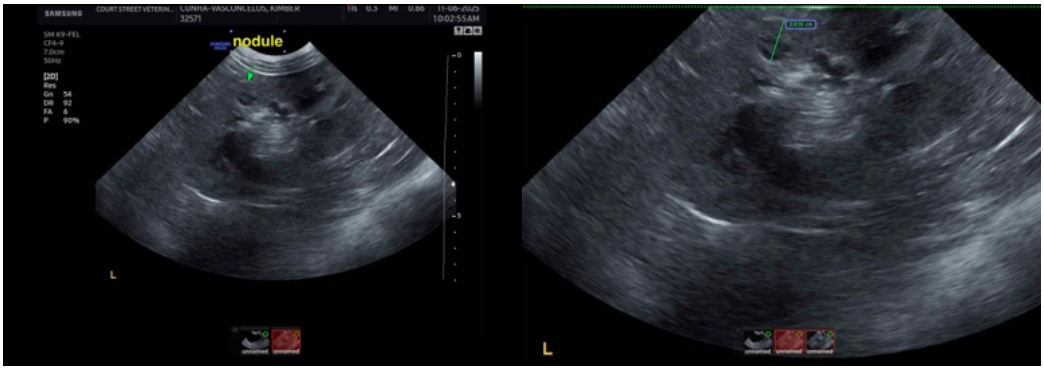

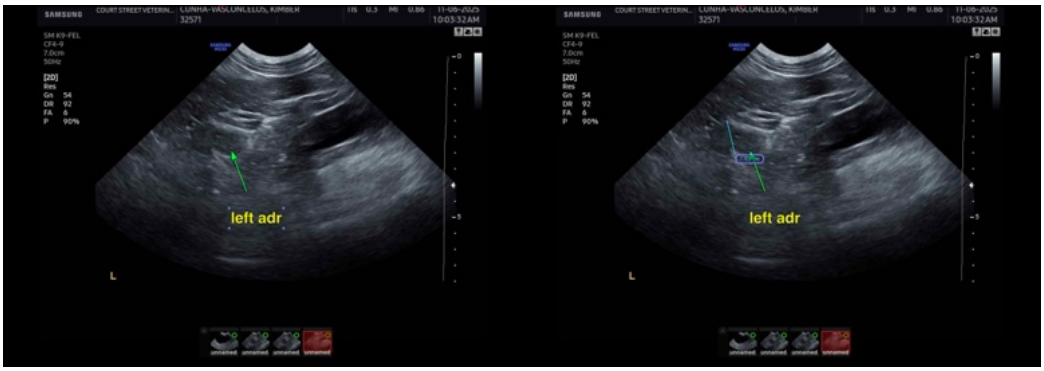

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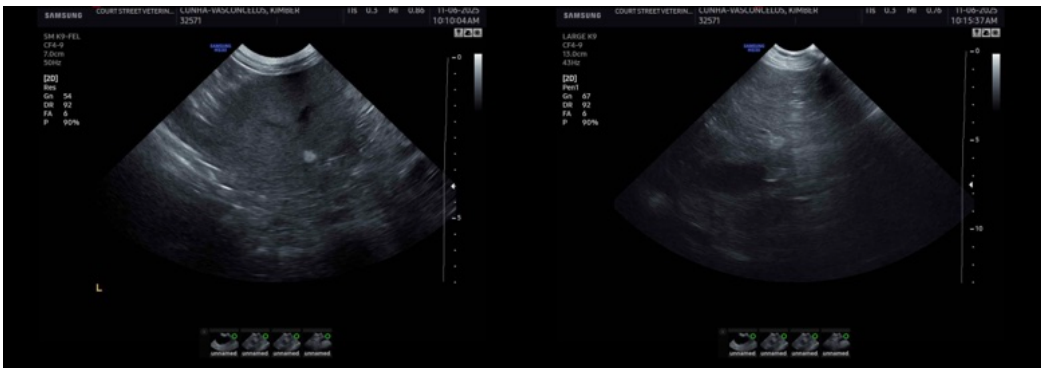

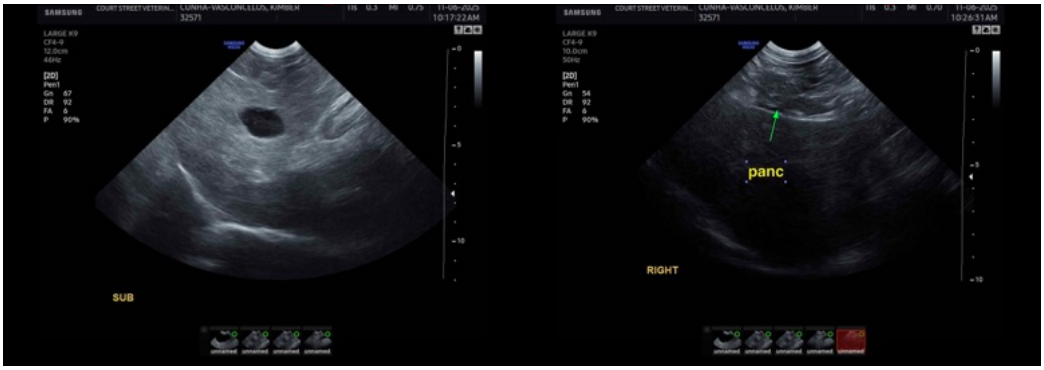

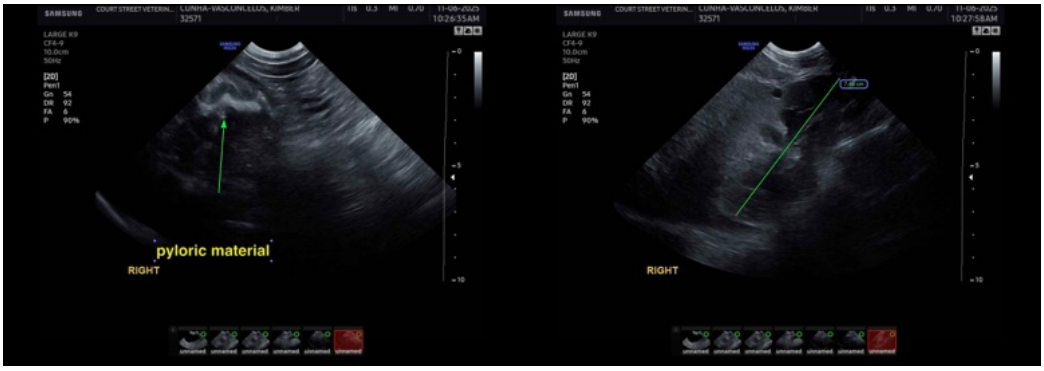

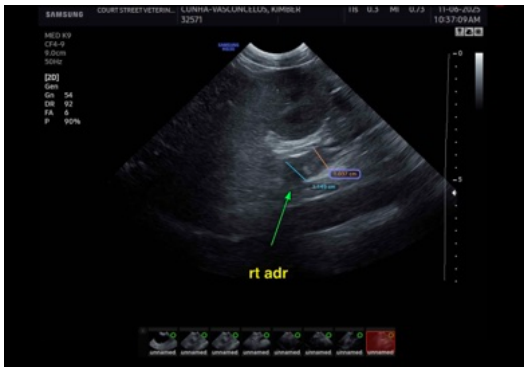

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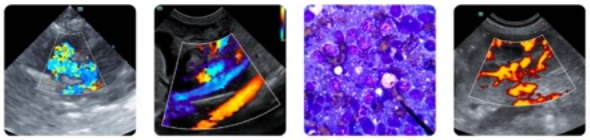

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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