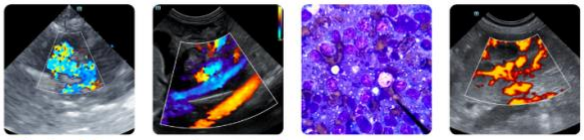

PATIENT

Knox Mowell

SPECIES

Canine

BREED

Mixed Breed

SEX

Male

AGE

12 Years

WEIGHT

70

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside Veterinary Clinic

REFERRING VET

Dr. Griffin

INVOICE

13766

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Patient experiencing anxiety and disorientation
- weight loss, was 77lbs on 12/10, 70 lbs today 2/13

Abnormal PE/Chem/CBC/UA Results: In-house CBC/Chem/SDMA/TT4 all WNL

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. An anechoic cyst was present in the left kidney measuring 1.8 cm at the caudal pole. The left kidney measured 6.94 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The **adrenal glands** appeared mildly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. The left adrenal gland measured 0.64 cm width at the caudal pole and 0.90 cm width at the cranial pole. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.70 cm width at the caudal pole.

Spleen

The **spleen** presented with subtle micronodular changes and mild swollen contour. Hyperechoic lipid plaques were noted. A 6.7 cm mass deriving from the mid cranial body of the spleen was visualized with areas of cavitation.

Liver

The **liver** presented with coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable. Nodular hepatic changes were also present.

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.

Heart

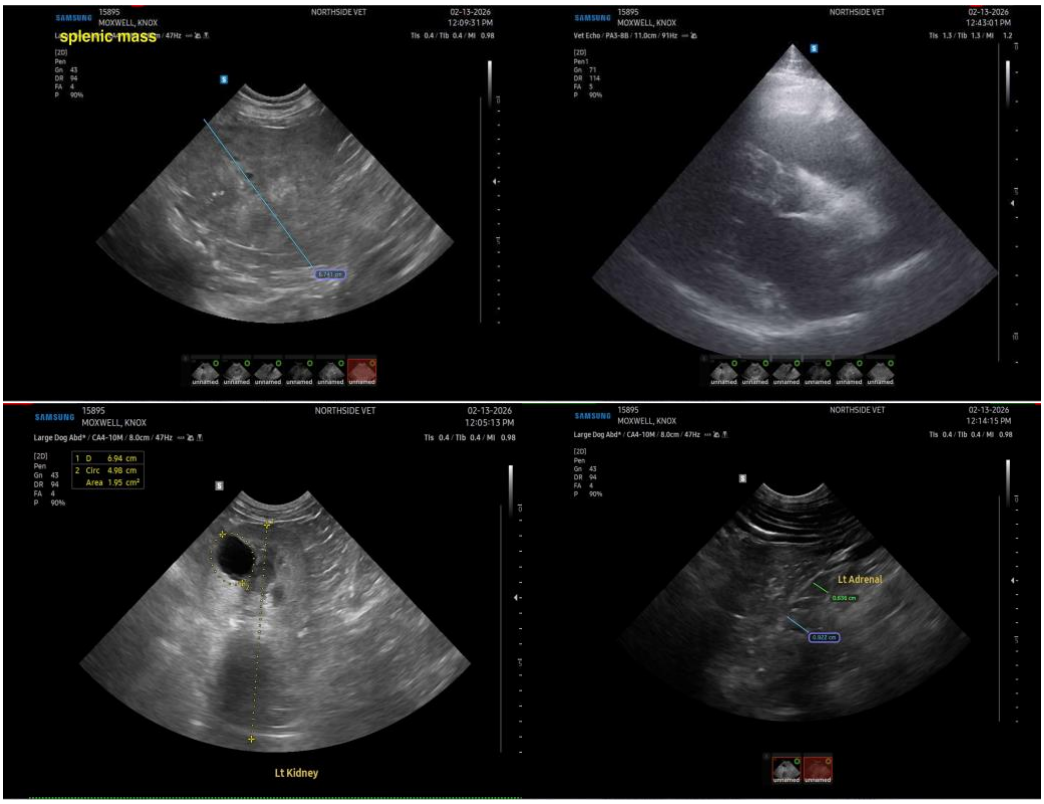
Rapid view of the heart revealed no evident pathology in the right auricle. Normal pericardium, contractility and volume. No contraindication for anesthetic procedures.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass without rupture, however, cavitation is present- Hemangiosarcoma, round cell neoplasia, benign hyperplasia (without a cause of weight loss) are all possible.
- Hepatic remodeling/nodular hepatic changes- likely hyperplasia, however, metastatic disease cannot be ruled out.
- Bilateral adrenal hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver is indicated. I do not recommend FNA of the splenic mass, at least not in the cavitated portion. Alternatively, direct splenectomy and liver inspection biopsy would be appropriate. Chest radiographs are warranted to assess for metastatic disease.



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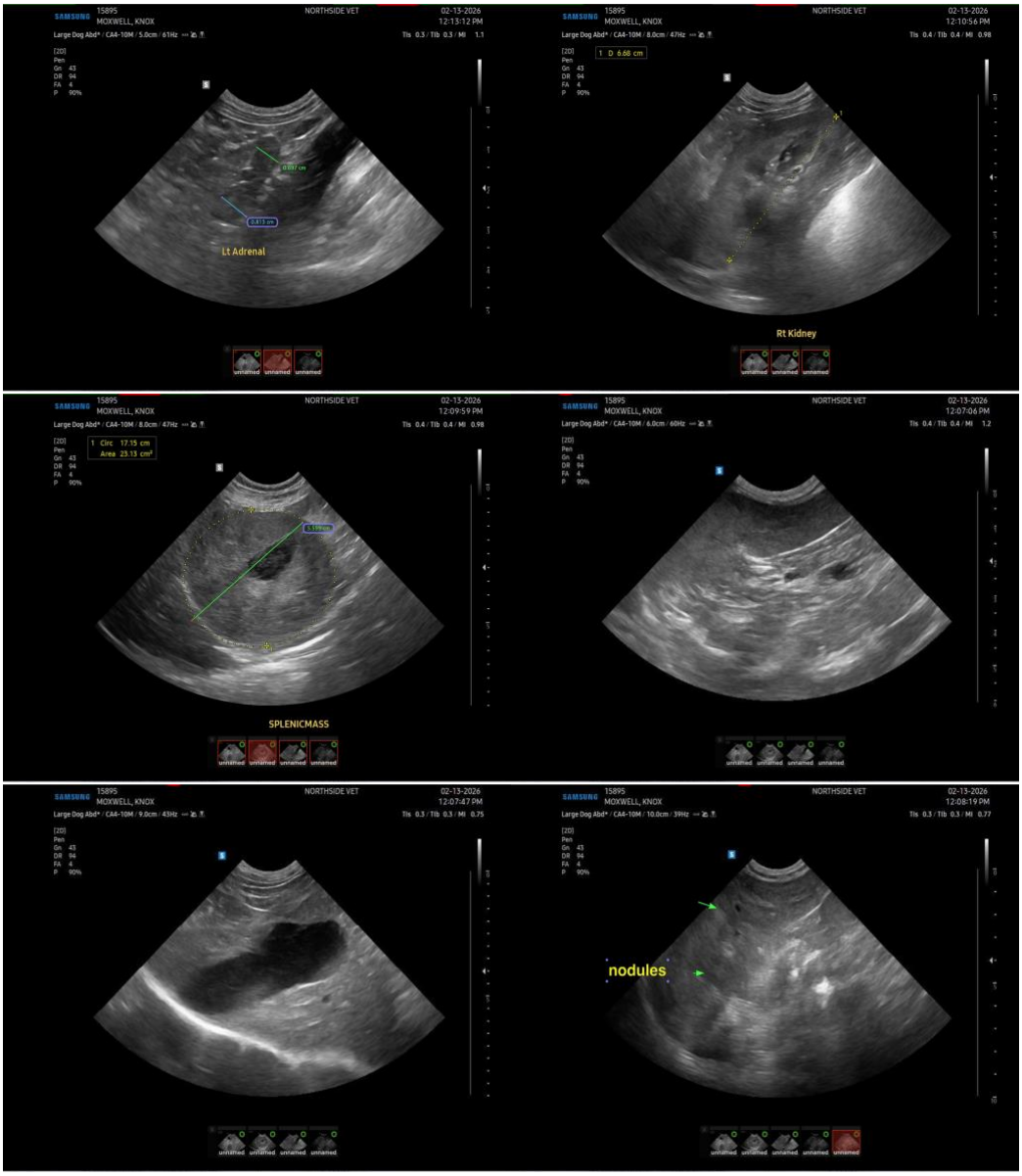


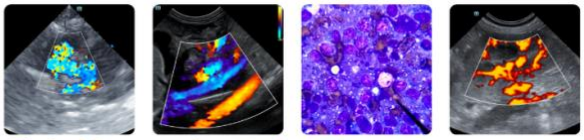
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



SonoPath.com info@sonopath.com 1.800.838.4268

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