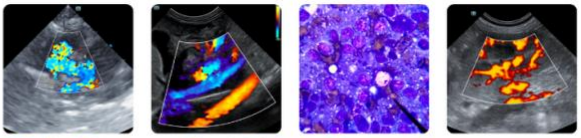

PATIENT

Exodus Brix

SPECIES

Canine

BREED

Hound

SEX

Spayed Female

AGE

13 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

35689

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Anorexia
- Lethargy
- Cranial abdominal pain
- Well regulated diabetes insipidus
- Medications: Desmopresin , denamarin , adequate, Gabapentin , acetaminophen (last given a week ago , cerenia
- Abnormal PE/Chem/CBC/UA Results: Albumin = 4.5 AlkPhos= 1027 ALT= >2000 BUN = 29 Glob = 2.0 Tbili = 2.2

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 2.0 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 minor 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. Slight pyelectasia was noted. The left kidney measured 7.16 cm. The right kidney measured 6.33 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 left adrenal gland measured 2.8 cm x 0.9 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 2.88 cm x 1.4 cm at the cranial pole and 0.73 cm at the caudal pole.

Spleen

The **spleen** revealed a slight hypoechoic nodule in the mid body, measuring 4.0 mm. Cranial folding of the spleen was noted.

Liver

The **liver** revealed micronodular changes, coarse architecture, and slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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The **stomach** was filled with shadowing material, measuring up to 4.5 cm. A hard foreign body is possible, if the patient was NPO at the time of the sonogram. The small intestine and colon were unremarkable.

Pancreas

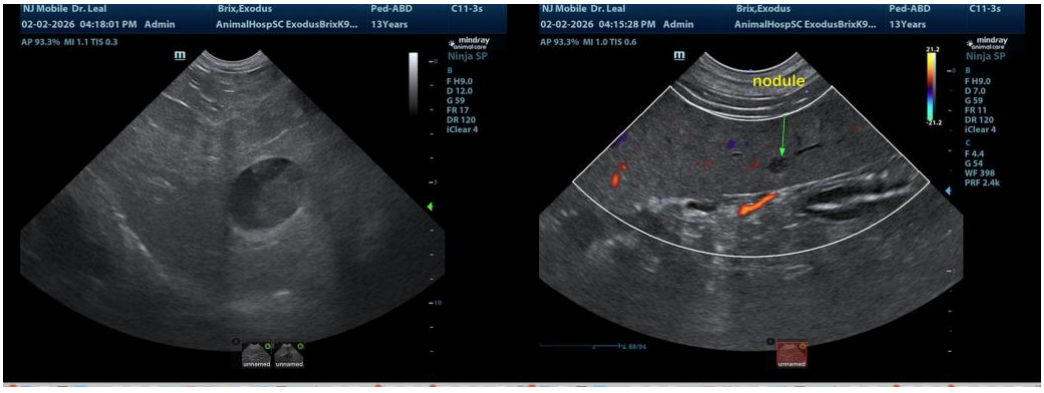
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

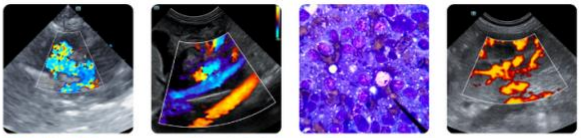
- Nonspecific hepatic remodeling, mild- Acute on chronic cholangioheaptitis is likely- Leptospirosis is a strong potential. Appropriate testing is indicated.
- Shadowing gastric structure- potential foreign body, If the patient was NPO at the time of the sonogram.
- Splenic nodule- likely hyperplasia, possibility of emerging neoplasia, such as round cell neoplasia or hemangiosarcoma (less likely), yet subjectively appears benign.
- Slight renal pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the splenic nodule and liver could be considered for further definition, as well as recheck sonogram at complete NPO status, given the gastric structure, which was persistently present in multiple views. Oral medication history should also be considered as a cause of the shadowing structure. Urinalysis is warranted if not already performed given the pyelectasia in the kidneys, which may be owing to scarring or potential embedded infection, if any inflammatory sediment is present in the urine.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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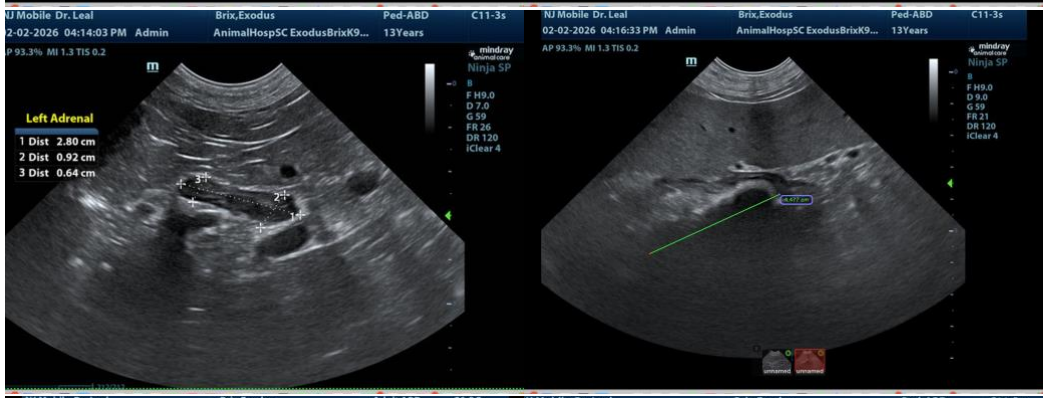

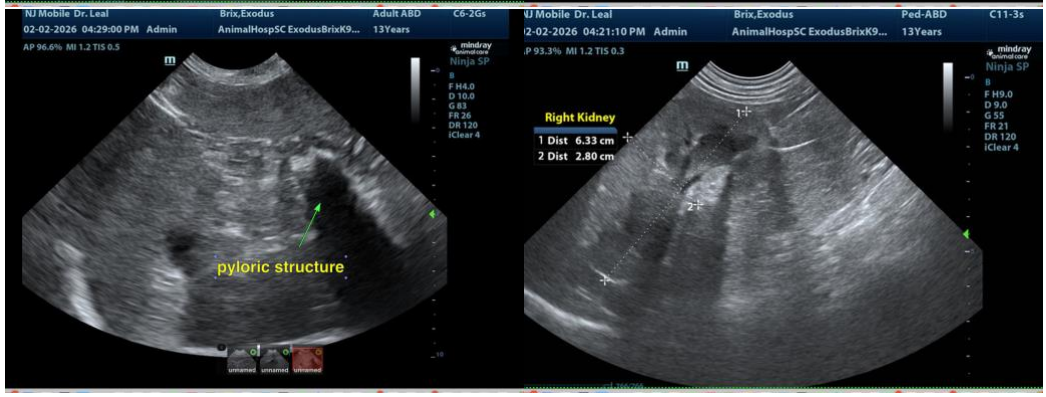

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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