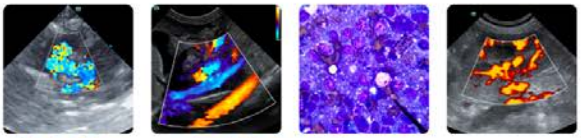

PATIENT

Chino Martell

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

83.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Englewood Vet Center

REFERRING VET

Dr. Ezik

INVOICE

72780

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2/6/26

PRESENTING CLINICAL SIGNS

Rule out renal disease. Meds: Keppra 250 mg q8 hours

Abnormal PE/Chem/CBC/UA Results: Hg 13 Low, HCT 42 Normal, Cre 1.8 high, BUN 29 N, SDMA 13 N, Idexx cystatinB 1300 high, Phos 2.3 low, Glob 4.6 High, Alb 570 High, Urine: ph 8.5 H, USG 1.020

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 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 measured 6.82 cm. Right kidney measured 6.0 cm. Blood flow to the kidneys appeared to be subnormal owing to chronic changes.

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. Right measured 2.92 cm x 0.53 cm at the cranial pole and 0.56 cm at the caudal pole. Left measured 2.5 cm x 0.40 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

The **spleen** revealed a complex, mixed echogenic mass measuring approximately 9.0 cm. No evidence of rupture. Some cavitation noted in the mass in a region of approximately 3.0 cm. The mass was deriving from the caudal body of the spleen.

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. 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 end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and

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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.

Other

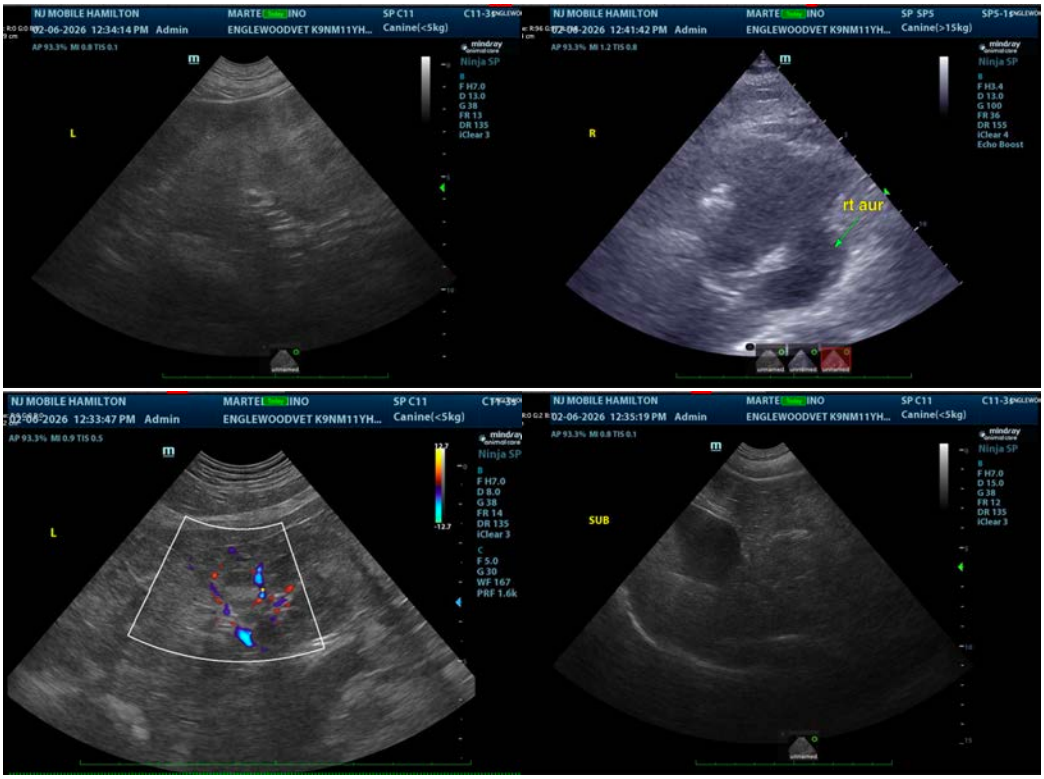
Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – differentials include hemangiosarcoma, round cell neoplasia, non-neoplastic hyperplasia.
- Moderate degenerative renal changes.
- Age related hepatic changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is significantly precarious and necessitates removal. Recommend chest radiographs in this patient, and IV fluid support to correct any azotemia, followed by exploratory splenectomy.



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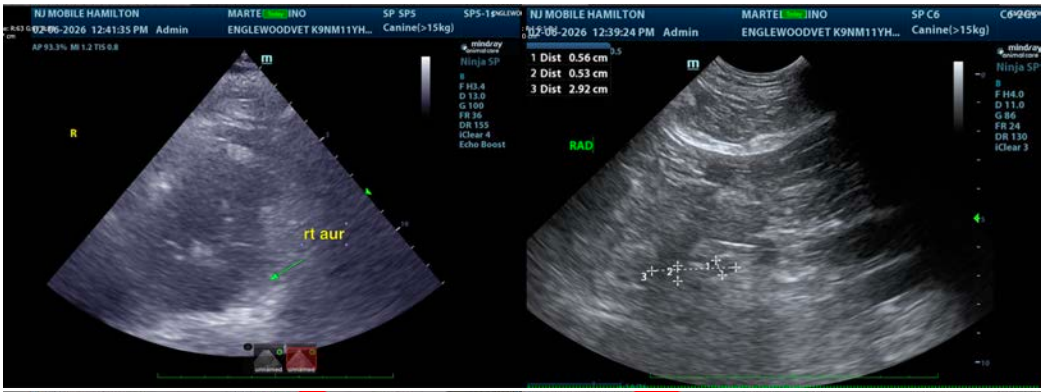

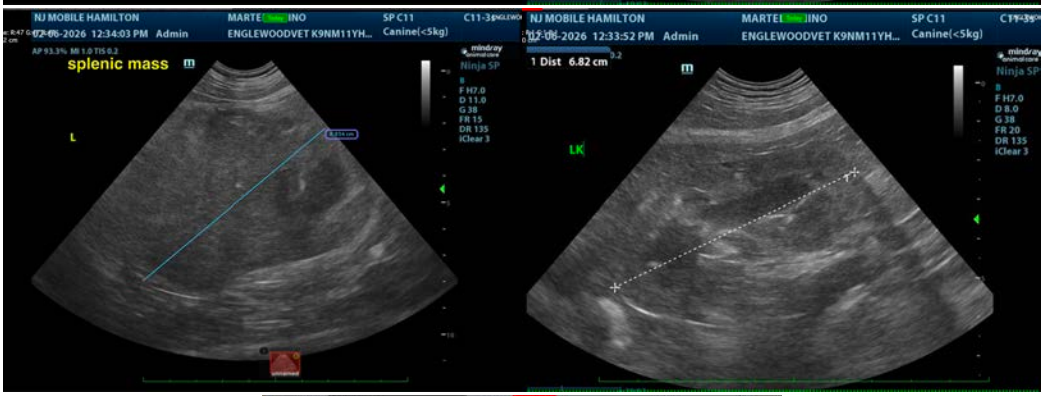

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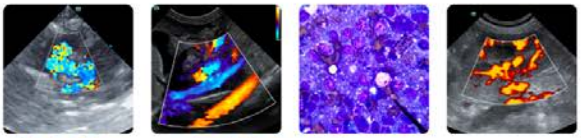

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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