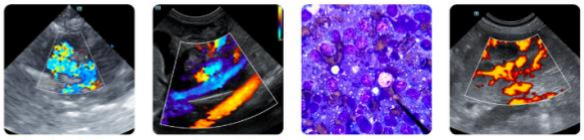

PATIENT

Roxy Dallas

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

12 Years

WEIGHT

55.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emilia Monachino

HOSPITAL NAME

Finger Lakes Animal Hospital Vetcor

REFERRING VET

Dr. Denise Kurtz

INVOICE

14228

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Hyporexia, restlessness, possible discomfort past 2 weeks
- PU/ PD past week
- On Gabapentin for arthritis pain. Mild improvement with addition of Tramadol.
- Previous mild elevation of ALT since Jan 2025

Exam: Dental disease, skin/ dermal masses, arthritis. CBC - slight nonreg anemia - RBC 5.72 (5.84 - 8.95 M/µL); HCT 41.2 (41.0 - 60.0 %); Hemoglobin 13.9 (14.6 - 21.7 g/dL); leukocytosis, mature neutrophilia & monocytosis - WBC 28.6 (5.8 - 16.2 K/µL); Neutrophils 24.024 (3.004 - 9.741 K/µL); Monocytes 2.288 (0.145 - 0.736 K/µL); inc Globulin 4.4 (2.4 - 4.0) g/dL, Albumin: Globulin Ratio 0.6 (0.7 - 1.5), inc ALT 152 (18 - 121) U/L, inc ALP 257 (5 - 160) U/L, remainder WNL, T4 WNL; Fecal & 4DX = NEG. UA - 1.015, 1+ protein, rbcs 30-40/hpf, no other significant findings.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was present. The left kidney measured 6.74 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The **right adrenal gland** was 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 0.73 cm width at the caudal pole and 0.90 cm width at the cranial pole.

The **left adrenal gland** was slightly heterogenous and nodular measuring 0.80 cm width. A hyperechoic 5.0 mm nodule was present in the mid body of the left adrenal gland.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally 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. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially of any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

Liver

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The **liver** revealed coarse architecture with multifocal heterogenous nodular changes. A moderate amount of remodeling and increased portal markings were present. The gallbladder and common bile duct were unremarkable.

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

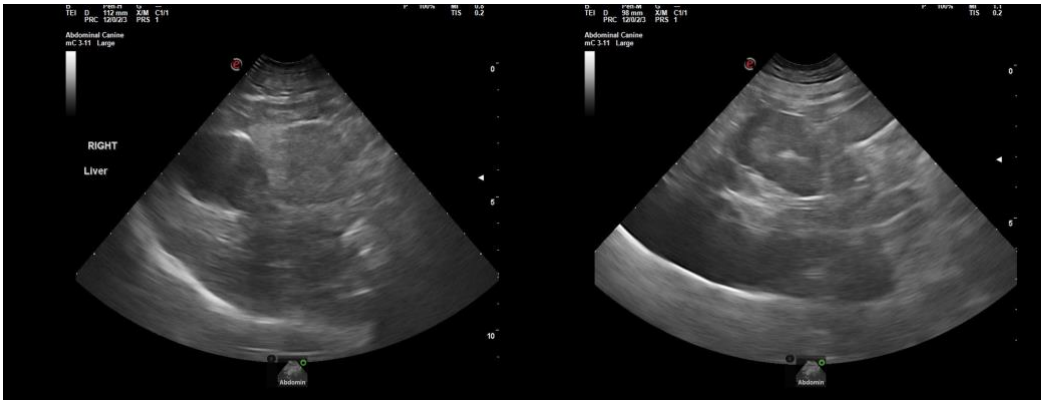
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate hepatic remodeling- nodular hyperplasia, chronic inflammatory hepatopathy pattern.
- Nodular adrenal glands- likely hyperplasia.
- Nodular hyperplasia splenic pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile +/- FNA or Cor biopsy of the spleen and liver would be indicated. No evidence of pain related pathology in the abdomen. Recommend assessment for referred back pain is warranted. Other causes of anorexia such as thoracic disease, CNS or orthopedic disease should be considered.



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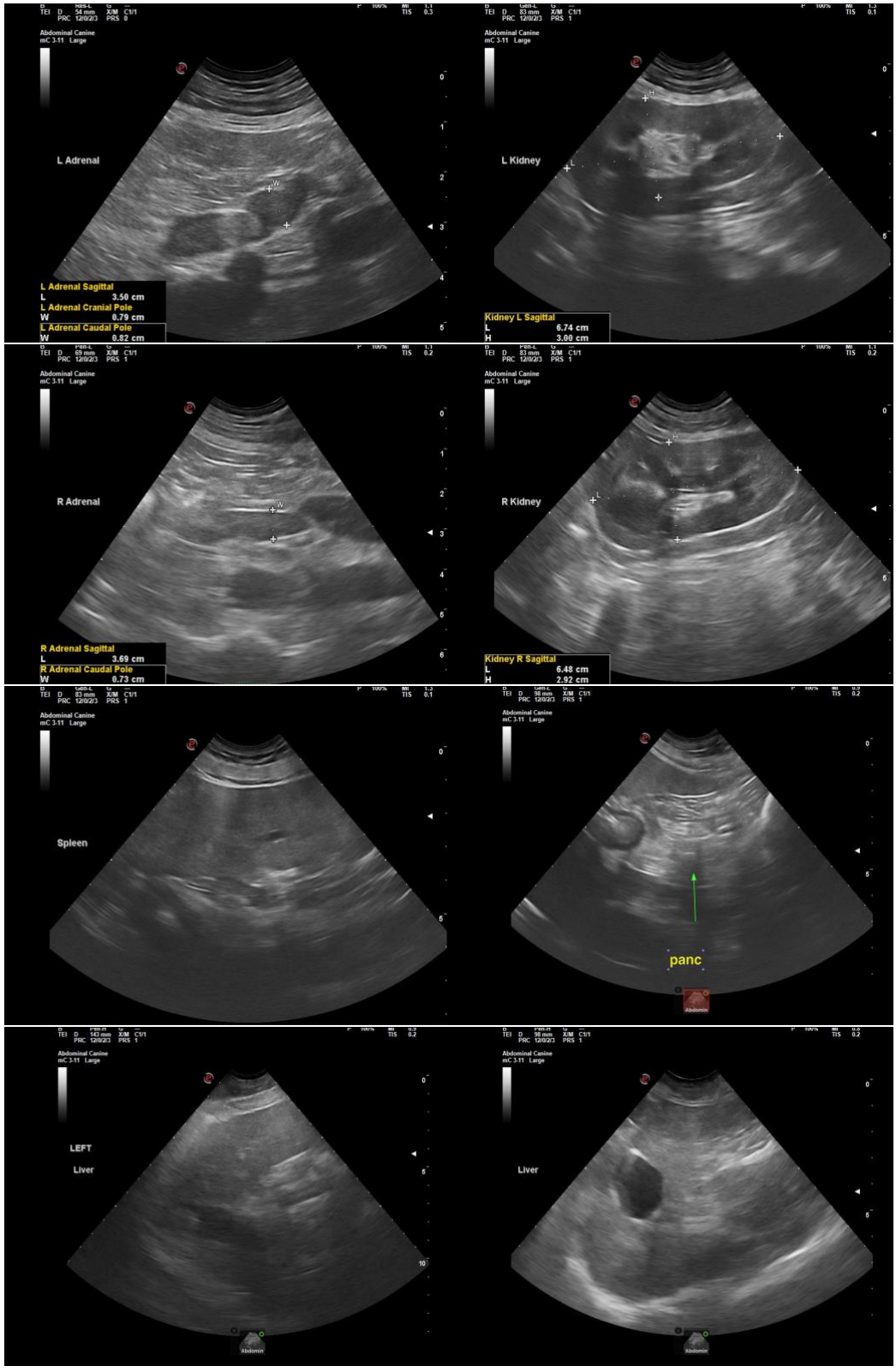

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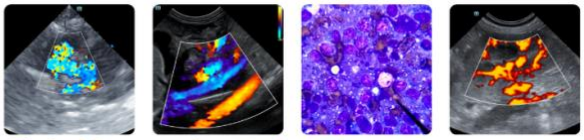

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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