



PATIENT

Sophie Cheresnick

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

9 Years 6 Months

WEIGHT

34.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Papell

INVOICE

14829

DATE

04/03/26

PRESENTING CLINICAL SIGNS

Sophie presented for routine check for kidney disease. Historically has CKD. Screening abdominal ultrasound and noted splenic nodule - performed 3 view thoracic and abdominal radiographs - pending

Abnormal PE/Chem/CBC/UA Results: Blood pressure 120

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively mild to moderate thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended echogenic debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The apical bladder wall at moderate repletion measured 0.72 cm. The urethra was visible to a depth of 2.0 cm.

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. The left kidney measured 6.0 cm in length. The right kidney measured 5.3 cm in length. Pyelectasia was noted at 0.93 cm. Blood flow appeared to be adequate on color flow assessment. The right kidney revealed minor cortical cysts measuring up to 0.50 cm.

Adrenal Glands

The **left adrenal gland** was slightly subnormal in size measuring 0.44 cm in width.

The **right adrenal gland** was subnormal in size measuring 0.40 cm in width.

Spleen

The **spleen** was folded upon itself cranially. The spleen revealed a mixed hypoechoic splenic nodule measuring 2.0 cm with disruption of architecture.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

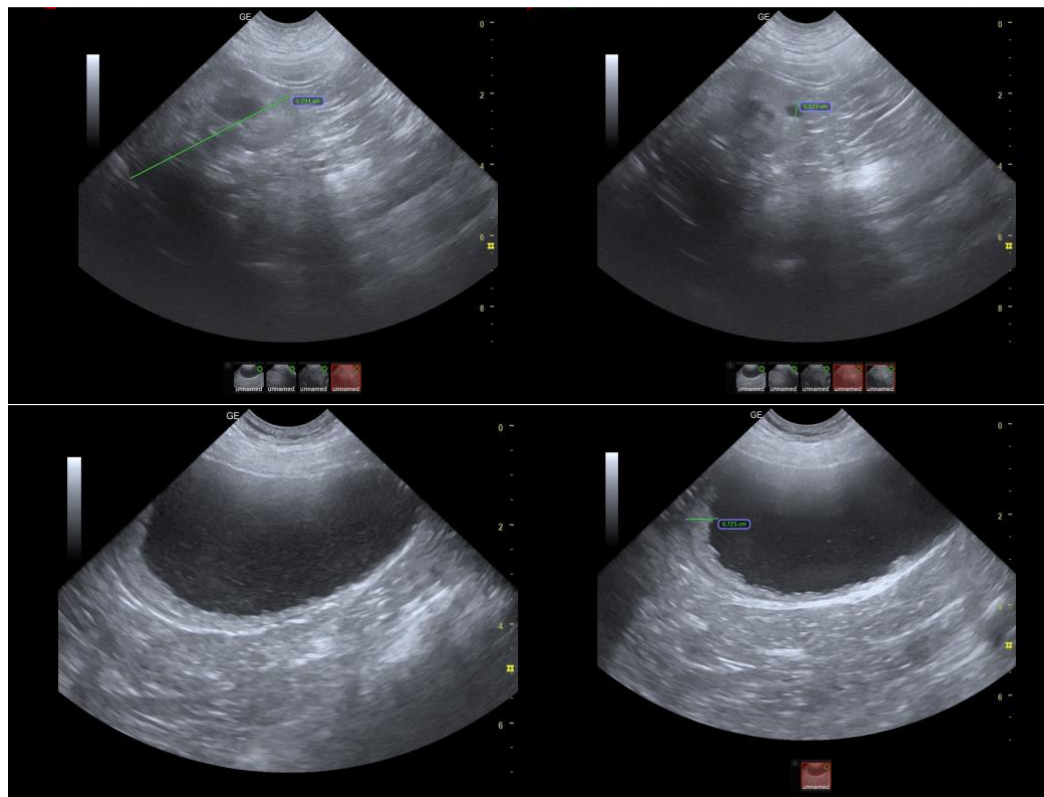
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subnormal adrenal size.
- Age-related renal changes with left kidney pyelectasia and right kidney cortical cysts.
- Folded spleen with hypoechoic nodule- nodular hyperplasia, emerging round cell neoplasia, necrosis, abscessation, hemangiosarcoma can all present in this fashion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is warranted in this patient and assessment for other causes of historic renal insults such as UTI, hypertension, pre-renal disease, toxin or infectious disease such as leptospirosis should be considered. Ultrasound guided FNA or direct splenectomy is indicated.





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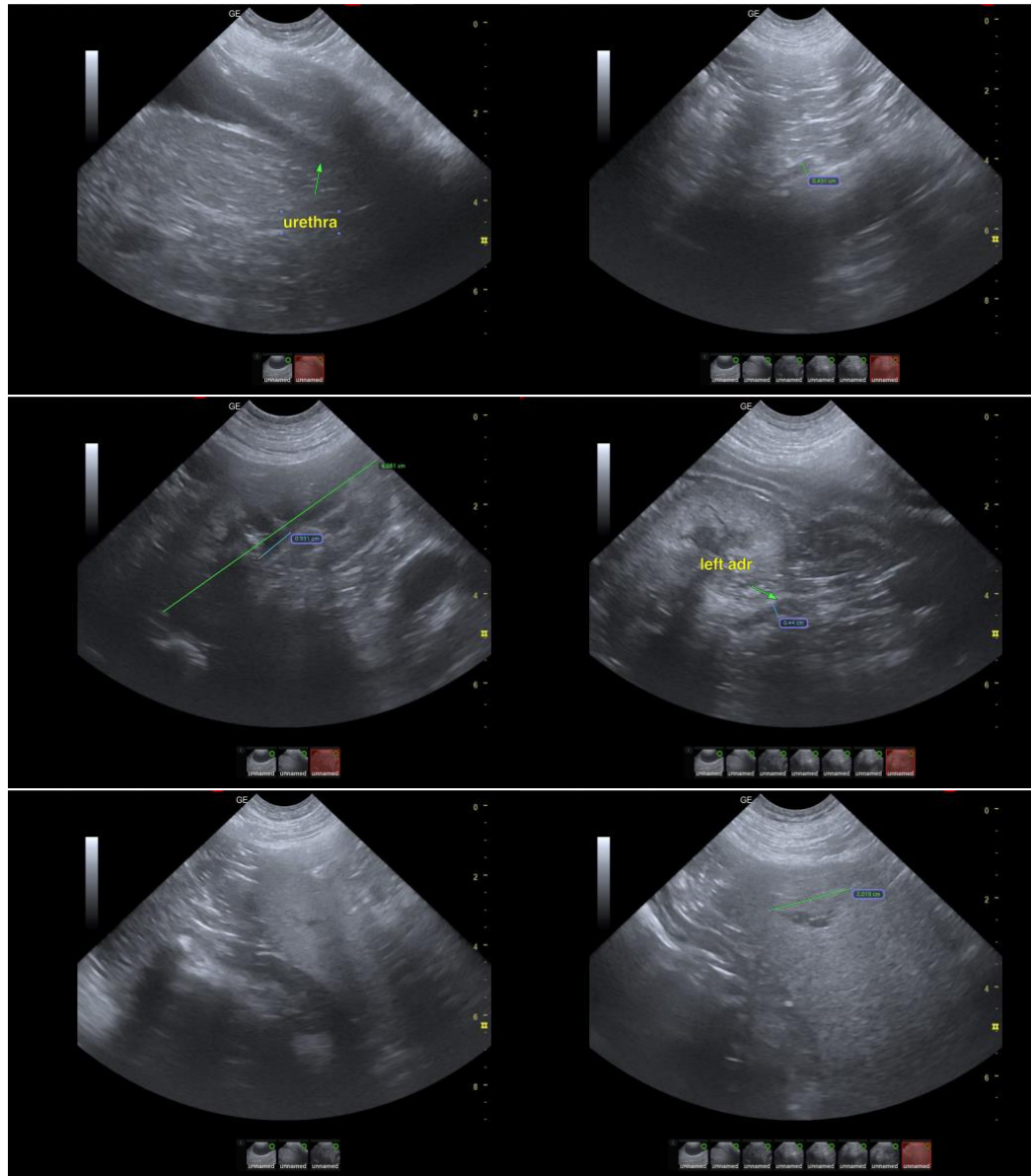
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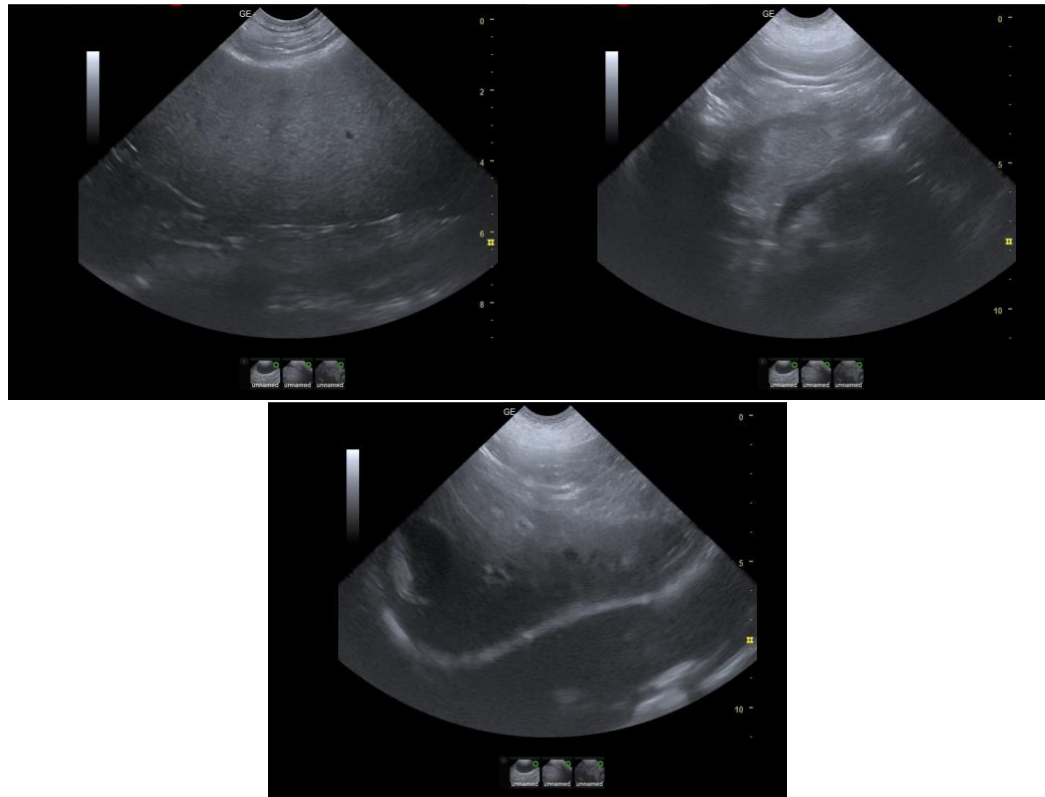
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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