



PATIENT

Pepper Silleg

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

5 years

WEIGHT

62 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS, CEO of
SonoPath.com

**IMAGING
PERFORMED BY**

Kerri Becker

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

74984

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Lethargy, nose bleeds, hx of d+, soft tissue swelling caudal tibia, decreased albumin and elevated globulin. Meds Yunnan Biao and pred for 4 days.

TP-10.4 album-1.5 glob-8.9 ag ratio-0.2 ast-299 chol-38 cpk-3114 rbc-4.2 hgb-9.4 hct-29 eos-2363

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.5 cm. The right kidney measured 6.0 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 right adrenal gland measured 2.17 x 1.1 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measured 2.46 x 0.52 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was slightly enlarged with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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. There was no evidence of passive congestion in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and



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common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

62 lbs

Structurally unremarkable abdomen.

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Mild splenic enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone is likely suppressing a more significant presentation. If no significant proteinuria is present then protein losing enteropathy is likely. I cannot rule out a partially suppressed round cell neoplasia. 25-gauge FNA of the spleen may be appropriate, but PCR or PARR analysis may be necessary. The ascites is likely owing to low albumin levels; however, occult lymphatic obstructive event cannot be ruled out. FNA of the spleen and ultrasound-guided abdominocentesis with cytospin of the fluid would be appropriate. Chest radiographs are warranted to assess for occult disease.

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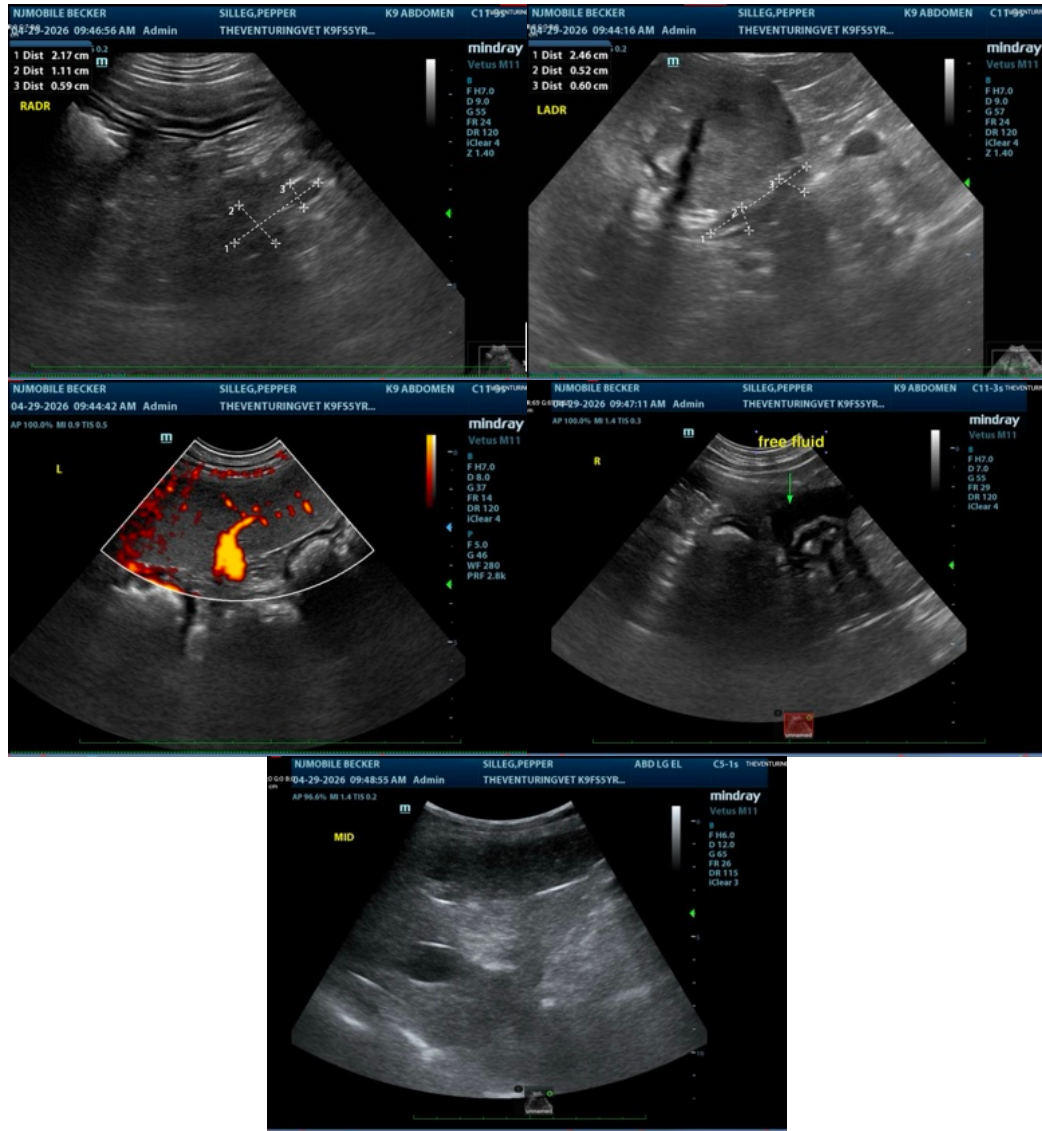
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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