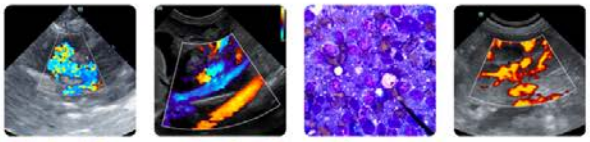


PATIENT

Sandy Taylor

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

15 Years 11 Months

WEIGHT

41 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal Hopsital

REFERRING VET

Dr. Lindsey Knouse

INVOICE

73602

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Sandy is an almost 16 year old labradoodle who was seen in November for vomiting and lethargy. Mild pancreatitis was found. Treated with bland diet and maropitant. Upon recheck 6 weeks later, it was noted p had gotten some food from grandkids recently. cPL went up from 207 to 244. She was retreated and has been on I/D with just one bout of GI signs in the last few weeks. Upon recheck 3/6 p is doing well but cPL went up to 541, and there is now significant azotemia. It was realized that o was feeding venison and some other meat grilled and not boiled. ALP mildly elevated chronically. SDMA 17, Creat 1.9, BUN 53. Urinalysis showed mild proteinuria UPC ratio 0.2, pH 5.5, 2-5 WBC/hpf, USG 1.022.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The right kidney presents normal size (5.0 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic pinpoint foci are noted in the renal pelvis, consistent with nephrocalcinosis.

The left kidney presents normal size (5.9 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. Several pinpoint hyperechoic foci are noted in the renal pelvis. There is shadowing consistent with nephrocalcinosis. Multiple cortical cysts are present that appear benign. The largest cyst in the caudal pole measures 4.6 mm in diameter.

Adrenal Glands

The right adrenal gland is mildly enlarged at the caudal pole measuring 8.5 mm in width. The cranial pole is not seen.

The left adrenal gland is diffusely enlarged, measuring cranial pole measures 9.22 mm and the caudal pole measures 13.4 mm.

Spleen

In the body of the spleen there is a 1.6 cm x 1.0 cm isoechoic, capsule displacing mass lesion present. There are also multifocal hyperechoic lesions throughout the spleen consistent with benign myelolipomas.

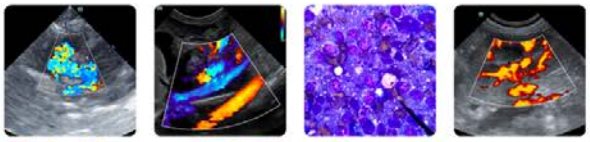
Liver

The liver is diffusely enlarged with rounded margins with diffuse hyperechoic echogenicity and normal echotexture.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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Pancreas

The left limb of the pancreas appears normal.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – Differentials include possible hemangioma or malignant neoplasia such as hemangiosarcoma. Less likely this lesion is benign extramedullary hematopoiesis, given that the mass is significantly displacing the splenic capsule.
- Enlarged, hyperechoic liver – Consistent with benign vacuolar hepatopathy, corroborated by the chronically elevated ALP. Less likely the appearance of the liver is due to infiltrative neoplasia such as lymphoma or mast cell disease.
- Bilateral adrenomegaly – Consistent with possible hyperadrenocorticism.
- Bilateral loss of corticomedullary distinction of the kidneys with nephrocalcinosis, and cortical cysts present in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the splenic mass for cytology. If cytology is non-diagnostic, recommend either splenectomy for histopathology or periodic monitoring via ultrasound to determine if the mass is changing in size or appearance. If it is growing or becoming more aggressive in appearance, then recommend splenectomy at that time.

Consider a fine needle aspirate of the liver with submission for cytology to rule out round cell neoplasia. If round cell neoplasia is ruled out, recommend looking for a secondary cause of the hepatopathy , which may include hyperadrenocorticism, hypothyroidism, occult gastrointestinal disease. Patient's chronic history of pancreatitis may be contributing to the hepatopathy.

Recommend performing a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism. At this time, the most likely cause for the patient's hepatopathy is hyperadrenocorticism. If that is ruled out, recommended additional testing as previously described.

The patient appears to have chronic kidney disease as the most likely cause for the azotemia. Recommend full staging, monitoring and managing of the patient per International Interest Society Guidelines.

Prognosis at this time is open pending results of the recommended diagnostics.

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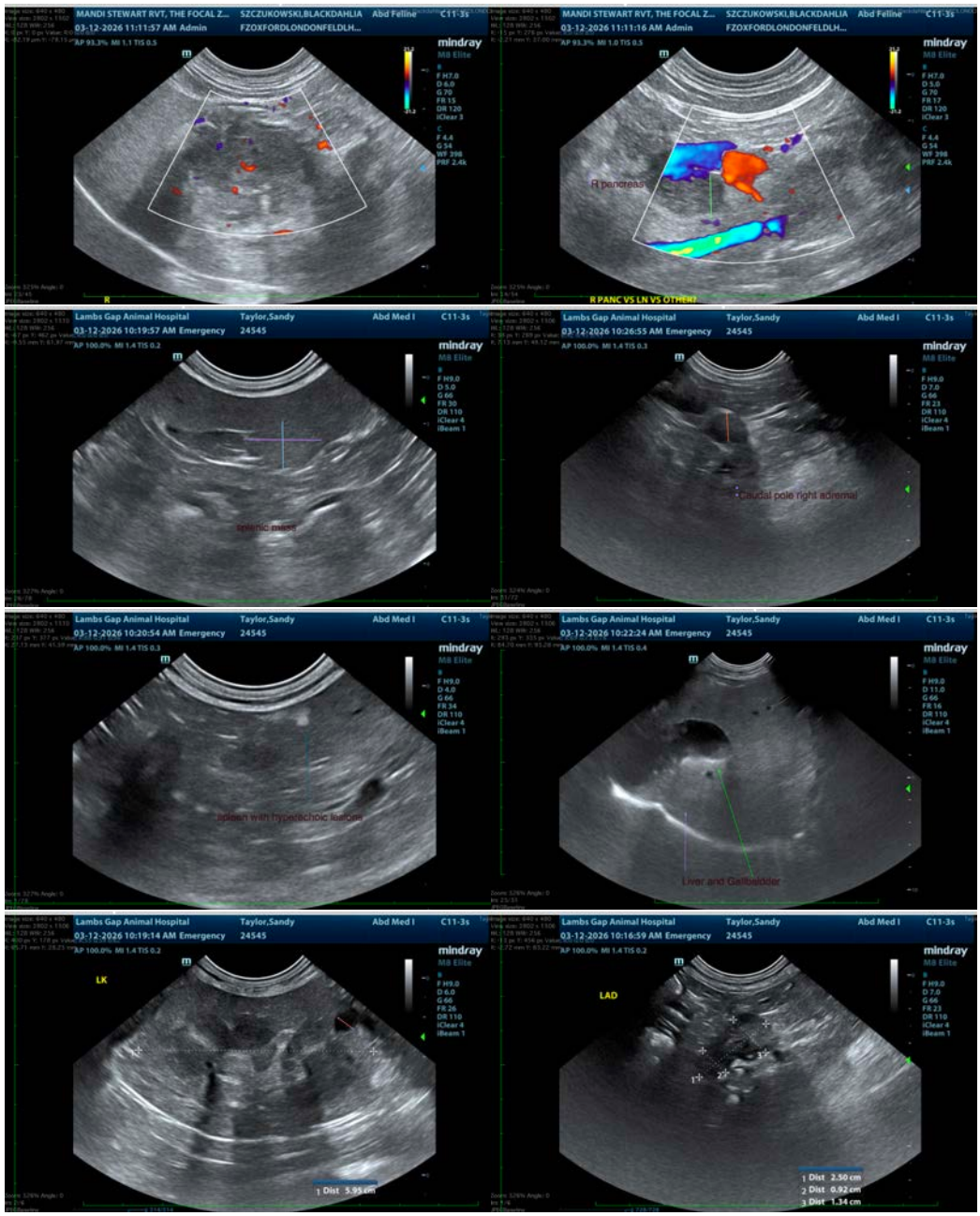

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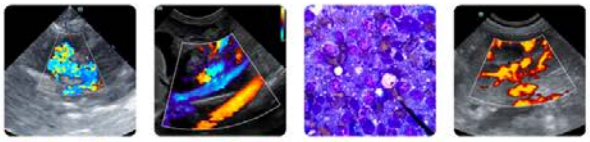

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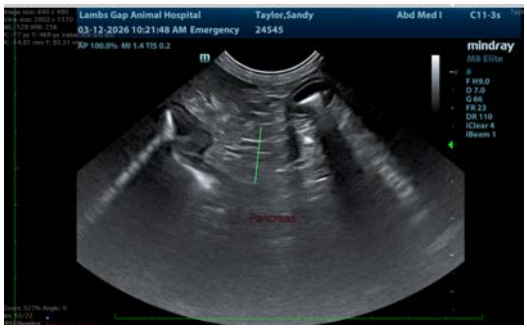

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com