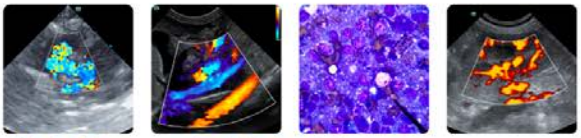

PATIENT

Grizzy Sicsko

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

50 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Hospital of Roxbury

REFERRING VET

Dr. Elia

INVOICE

75339

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Follow up on elev. liver and kidney values and check if there is an adrenal tumor. Elev. BP. Abnormal PE/Chem/CBC/UA Results: Mild elev. bun/creat and liver enzymes LDDS pending.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Left kidney measured 5.2 cm. Right kidney measured 5.4 cm. Two hyperechoic nephroliths seen in the renal pelvis of the right kidney measure 1.9 mm in width and 3.7 mm in width.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 7.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.8 mm and the caudal pole measures 3.7 mm.

Spleen

In the head of the spleen there is a hypoechoic capsule displacing, very mildly cavitated mass lesion present measuring 1.4 cm x 1.5 cm. The remainder of the spleen appeared normal.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

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Free Abdomen

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

No obvious right atrial mass or pericardial seen in the cardiac images provided.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with nephrolithiasis.
- Splenic mass.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the splenic lesion, malignant neoplasia such as hemangiosarcoma, lymphoma, mast cell disease, or histiocytic sarcoma is considered most likely. A benign etiology such as extramedullary hematopoiesis is possible but not highly likely given the capsule displacement. Recommend fine needle aspirates of the splenic lesion for cytology. If cytology is inconclusive, recommend rechecking in 6-8 to determine if the splenic lesion is growing in size or number. If it is, then recommend splenectomy. A 2nd option if cytology is inconclusive would be to consider splenectomy at this time.

No obvious evidence of hepatopathy seen. However, given the patient's elevated liver values, consider possible infiltrative hepatic disease such as lymphoma or mast cell disease, less likely an infectious disease such as Leptospirosis. Recommend a fine needle aspirate of the liver with submission for cytology to rule out infiltrative disease. If the patient is not vaccinated for Leptospirosis, recommend testing for Leptospirosis. If infiltrative neoplasia and Leptospirosis are ruled out as cause of elevated liver values and liver values (specifically ALT) remain elevated, consider a liver biopsy. If patient does undergo surgery for splenectomy, recommend a liver biopsy at the same procedure, submitting liver samples for histopathology, copper quantitation, and aerobic and anaerobic bacterial culture.

Recommend staging, monitoring and managing the patient per IRIS guidelines for suspected chronic kidney disease.

Prognosis is open pending determination as to cause of the splenic mass and liver value elevation.

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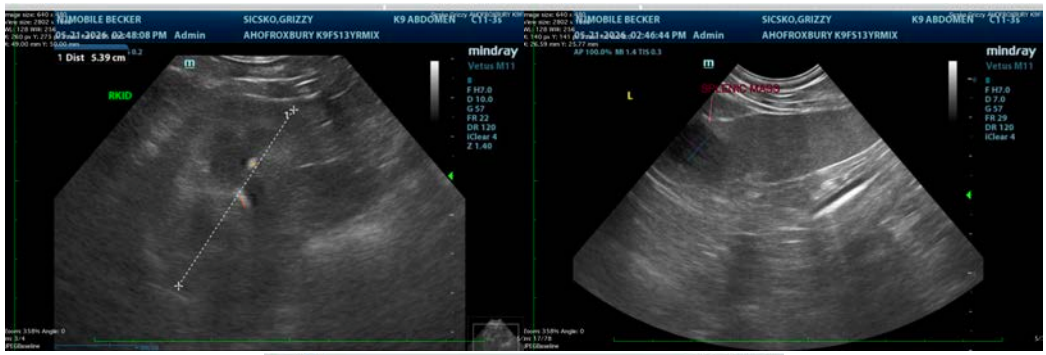

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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