



PATIENT

Ben Carroll

SPECIES

Canine

BREED

Bichon

SEX

Intact Male

AGE

14 Years

WEIGHT

20.3

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Branning

INVOICE

72168

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History of kidney issues, elevated kidney values
Abnormal PE/Chem/CBC/UA Results: BUN 56, CREAT 1.8, SDMA 21.5, TP 8.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. There was mild mucosal irregularity to micropolypoid changes which are likely age-related changes. The bladder contents were primarily anechoic.

The urethra was visualized to a distance of 3.0 cm beyond the cystourethral junction.

The prostate was symmetrically enlarged with an intact smooth capsule contour. The parenchyma was mildly heterogenous but overall uniform. There was no parenchymal mineralization visible. The prostate measured 3.6 cm in width.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization with mild pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length. The kidneys appeared subjectively hypervascular on power doppler assessment.

Adrenal Glands

Both adrenal glands were normal in size. There was an overall normal shape, with mild capsular irregularity and mild heterogenous parenchyma. The changes were mild with no suspicion of neoplasia. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal measured 0.53 cm at the caudal pole and 0.67 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was mildly heterogeneous, with a single cystic to cavitated splenic nodule that measured 1.6 cm x 1.4 cm. There were no other visible nodular changes in the spleen.

Liver

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.



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Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

ULTRASONOGRAPHIC FINDINGS

- BPH pattern in the prostate.
- Renal changes consistent with early CKD, including mineralization and mild pelvic dilation.
- Splenic nodule – cystic to cavitated, ddx benign cystic change versus mild potential for emerging lesion.
- Geriatric abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 1-2 moths would be a more conservative approach.

IRIS staging for the CKD is recommended with blood pressure and UPC.





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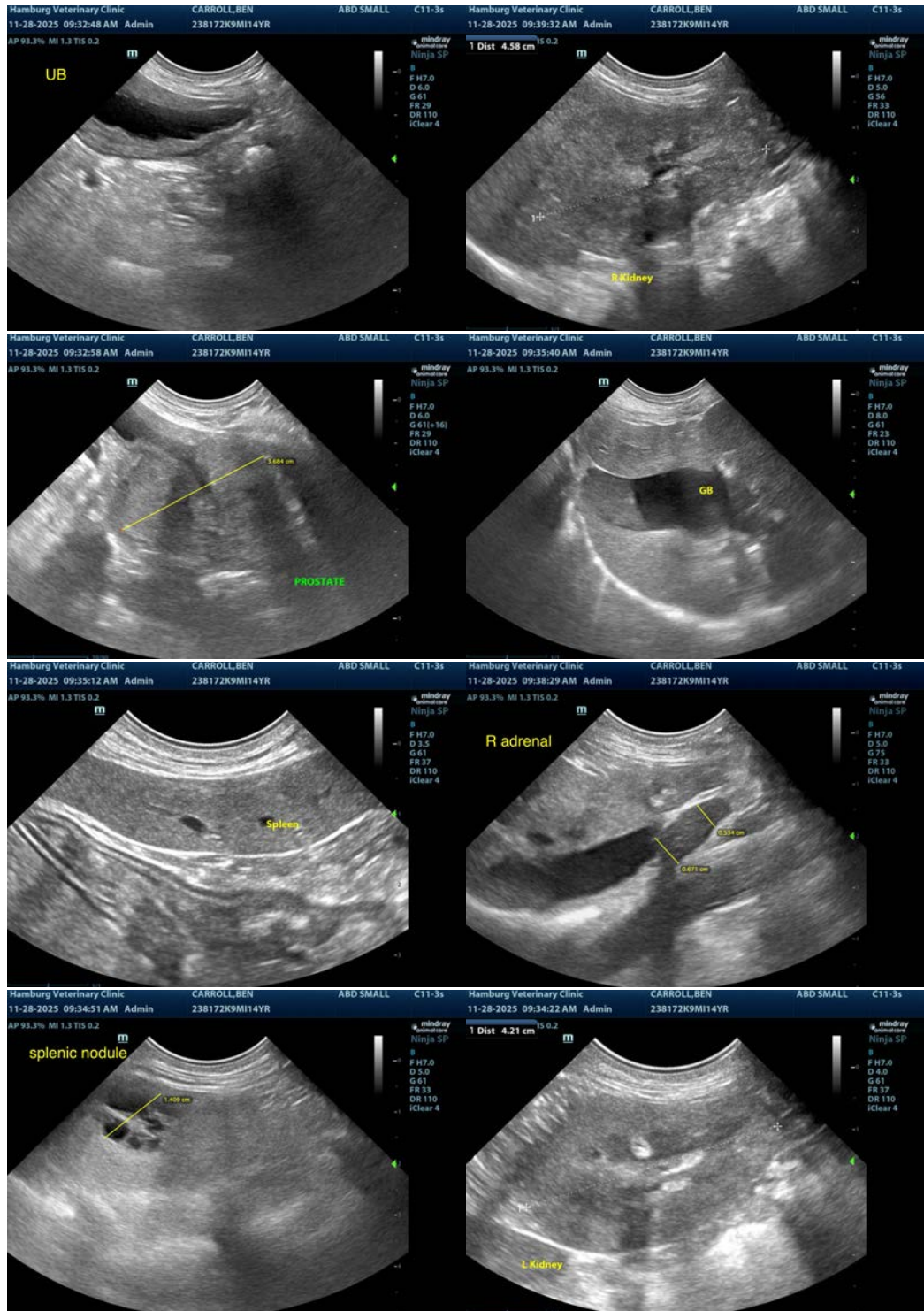
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com