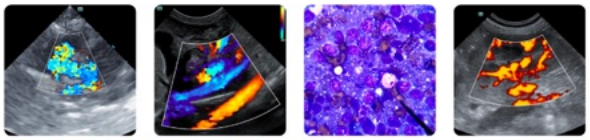


PATIENT

Maurice Sowinski

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

42.6 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova

REFERRING VET

Dr. Ammeraal

INVOICE

72144

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Had diarrhea for a couple months and lost ten lbs. That is now resolved with probiotics and metronidazole.
- Feeding enough calories but is still losing weight. Stools are normal now too and food was increased
- Occasional vomiting
- Was on Fresh pet, no off of that.
- AST 185 U/L ,ALT 1118 U/L, ALKP 1498 U/L Potassium: 5.6 mEq/L CBC WNL T4: 1.6ug/dL , Keyscreen PCR WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths were noted in the lumen of the bladder. There was a small, discrete, hyperechoic mass noted on the dorsal wall of the bladder. This mass measured 1.28 x 0.96 cm in size. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

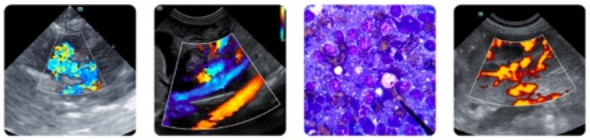
The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 6.08 cm and the right kidney was 6.56 cm in length.

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 acceptable. The left adrenal gland was 2.14 cm by 0.69 cm by 0.81 cm and the right adrenal gland was 1.71 cm by 0.53 cm by 0.5 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. There was a single, hypoechoic nodule in the splenic parenchyma measuring 0.73 x 0.87 cm in size. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.



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Liver

The **liver** presented with a generally heterogenous and irregular appearance throughout the parenchyma. There were too numerous to count ill-defined nodules throughout. There were no large masses present. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Hypoechoic splenic nodule.
Small, hyperechoic bladder wall mass.
Heterogenous and nodular appearance to the liver parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a small, discrete mass that originated from the dorsal aspect of the bladder wall. The primary differential is considered transitional cell carcinoma. Therefore, a BRAF test should be submitted in order to screen for underlying transitional cell carcinoma. If this is not definitive then referral for a cystoscopy to allow a biopsy for histopathology should be considered.

There is a single, hypoechoic nodule within the splenic parenchyma with differentials including lymphoid hyperplasia, extramedullary hematopoiesis or emerging neoplasia.

A FNA for cytology can be considered as a screening tool A recheck abdominal ultrasound in the next 1-3 months can be considered in order to screen for any evidence of growth or progression.

The liver parenchyma appeared irregular and heterogenous with multiple, ill-defined nodules throughout. Differentials would include chronic hepatitis, vacuolar hepatopathy, regenerative hyperplastic nodules or infiltrative neoplasia. A liver biopsy would be required for a definitive diagnosis. A FNA for hepatic cytology as a screening tool can be considered.

Supportive care with Denamarin should be provided.

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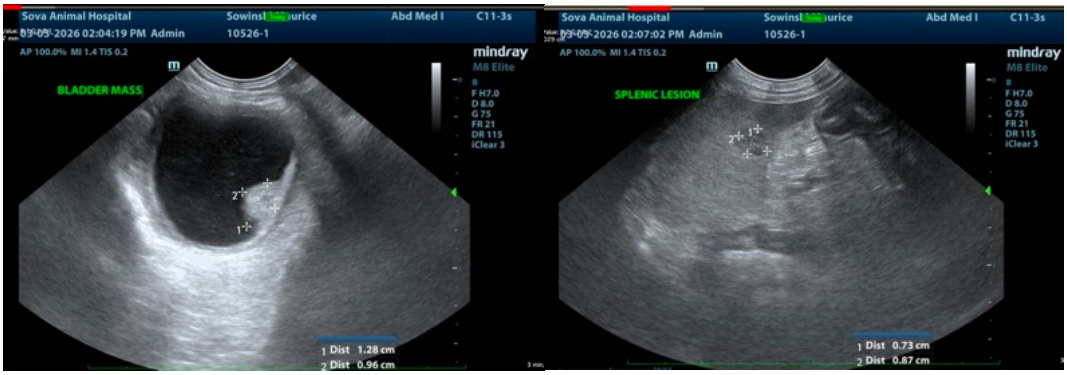
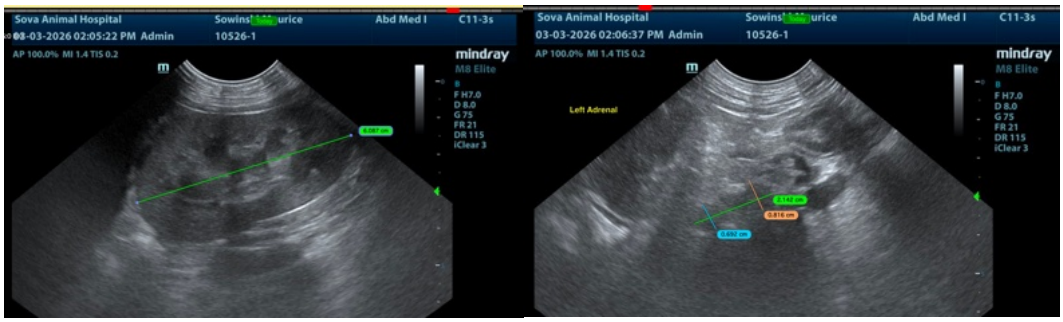
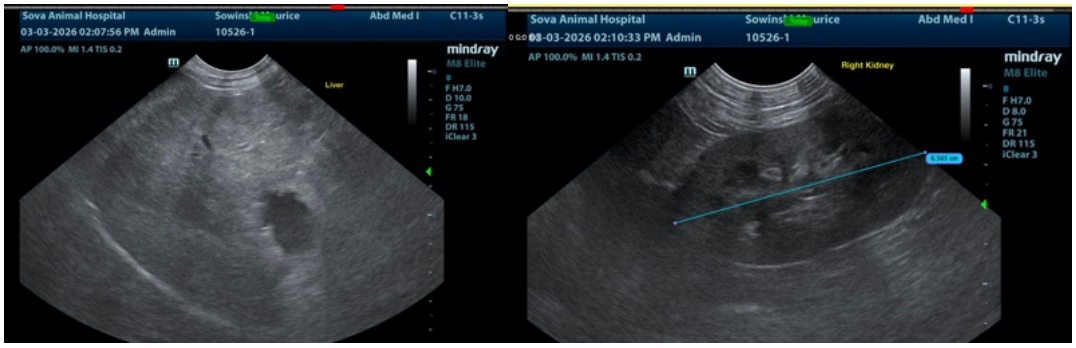
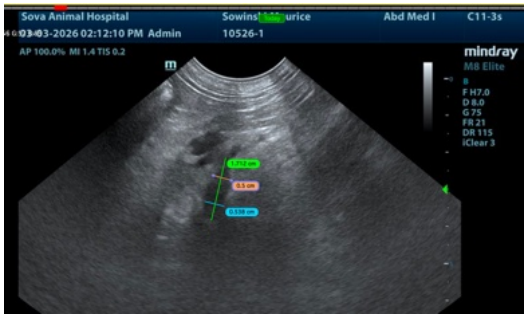


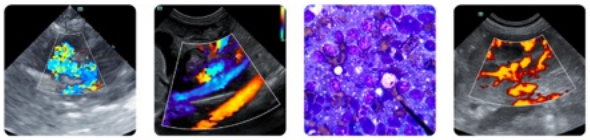






The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com