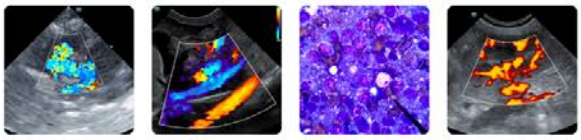


DATE

1/23/26

PATIENT

Raven Stone

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

10/17/14

WEIGHT

58 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Hickory Veterinary Hospital

REFERRING VET

Dr. McCourt

INVOICE

72415

PRESENTING CLINICAL SIGNS

Patient History: P presented for intermittent vomiting for several days. Labwork (CBC/Chem) november 2025 showed slight ALKP elevation (164) and remainder WNL. radiographs no obstructive pattern. In-house abdominal US showed suspected hypechoic mixed echogenic mass (small) deforming capsule. remainder WNL.

Current Medications: Cerenia 60mg PO SID x4, librela, cytopoint, bravecto quantum
Labwork Results: ALKP (nov 2025) 164 H, PLT nov 2025 465k/uL (H), remainder of cbc/chem WNL., Pt/PTT and CBC/Chem 17 pending
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.01 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.25 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline “plump” measuring 0.67 cm at the cranial pole and 0.81 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is “plump” measuring 0.70 cm at the cranial pole and 0.90 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size but slightly irregular in shape. The spleen echotexture is mildly mottled. The blood flow through the hilus and splenic parenchyma appears normal. There is a somewhat poorly defined hypoechoic mass effect visualized within the parenchyma measuring 2.81 cm x 1.85 cm. This mildly deforms the splenic capsule. Additionally, there is a small hypoechoic nodule visualized measuring 0.84 cm.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of 0.63 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.43 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other
The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Borderline bilateral adrenomegaly – Findings could be consistent with anatomic variation or mild hyperplasia.

- Somewhat poorly defined parenchymal splenic mass lesion and small nodule – Differentials for the mass include: benign lesion (lymphoid hyperplasia, hemangioma etc..) or cancerous lesion (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..).

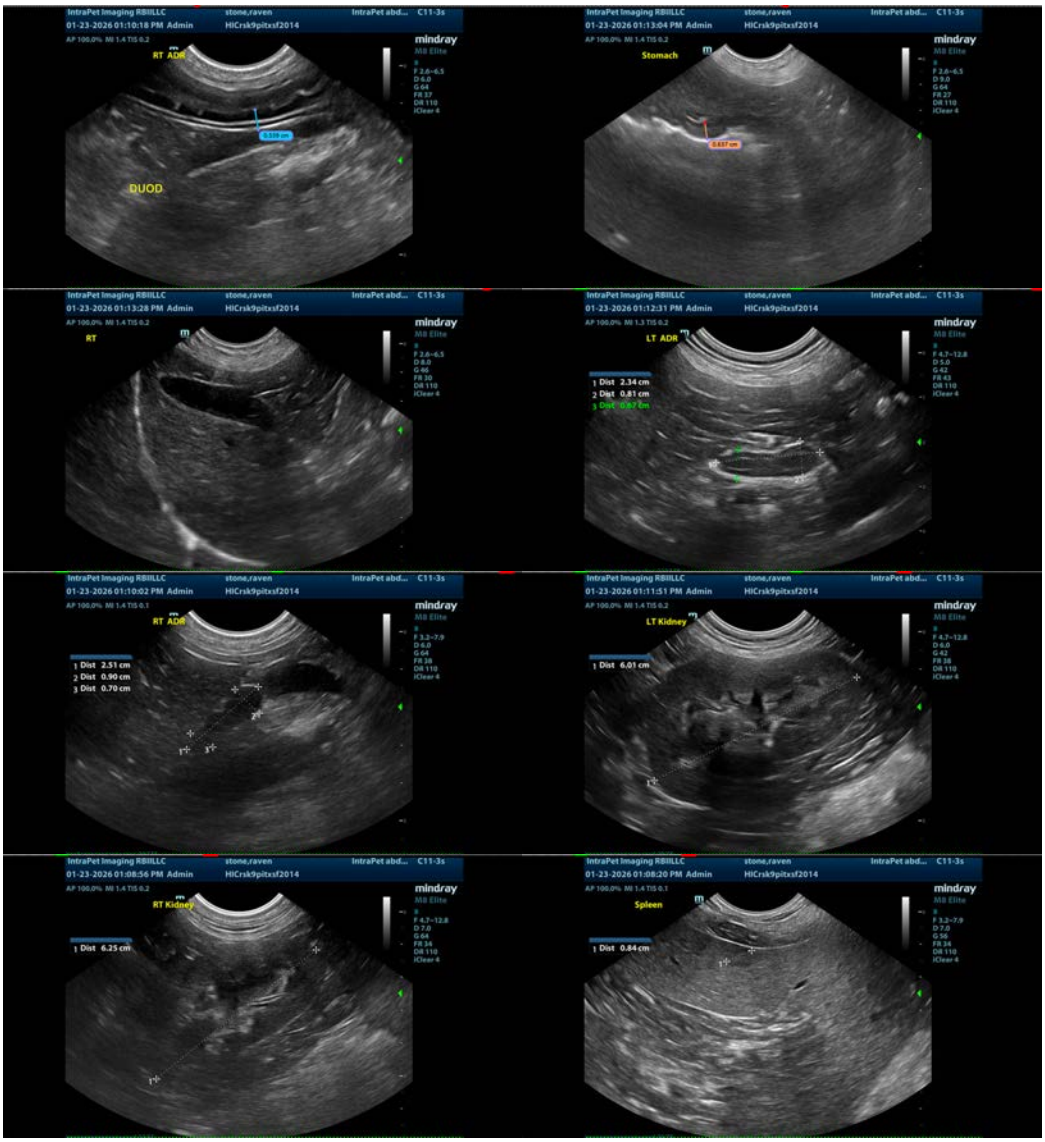
- Mildly heterogeneous liver – Findings could be consistent with a mild vacuolar hepatopathy or other hepatopathy.

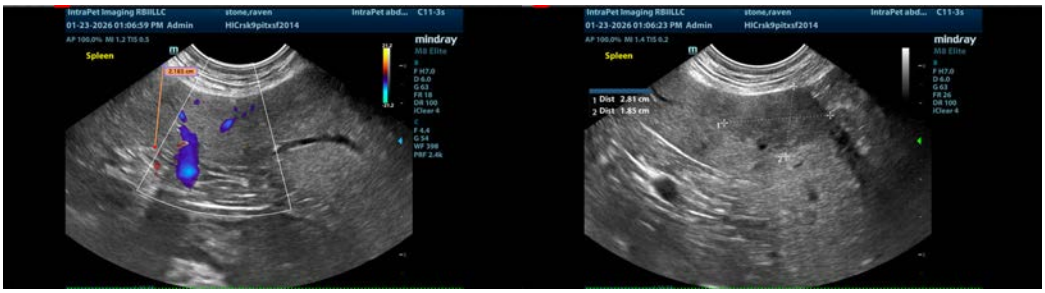
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a solid hypoechoic, somewhat poorly defined mass effect visualized in the spleen, which mildly deviates the splenic margins. This could represent a benign or early neoplastic lesion. Options moving forward could include a fine needle aspirate of both the mass and nodule, or splenectomy for histopathology.

No obvious cause for the intermittent vomiting is observed. Recommend non-specific treatment for gastroenteritis. If the vomiting is persistent, additional evaluation should be considered prior to considering surgery, as ultimately biopsies of the GI tract may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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.

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info@sonopath.com