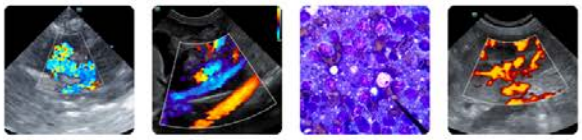


PATIENT

Jaxon O'Brien

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

45.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Critter Care Mobile Veterinary Clinic

REFERRING VET

Dr. Bruce Hartzell

INVOICE

72140

DATE

10/19/25

PRESENTING CLINICAL SIGNS

Recheck Ultrasound - Patient admitted 7/13/2025 for 2nd-degree AV block at UC Davis; pacemaker placed. AUS and Echo performed with PAWS 7/12/2025 and repeated at UC Davis 7/13/2025 (attached AUS reports). Chem/CBC July 2025 WNL Follow-up 3 month AUS for splenic nodules revealed a new finding near ICJ/cecum that may correlate with UC Davis observations. Labs repeated 11/24/2025; results not yet available. Clinical status: Asymptomatic for GI or urinary disease. Diet: Royal Canin; normal bowel movements. Vomited twice in last month (cookies and dog food). Current medications: Clopidogrel SID, Rimadyl, Sotalol, Cephalexin, Gabapentin.

Abnormal PE/Chem/CBC/UA Results: Urinalysis 7/13/2025: USG 1.037, protein 500, UPC 2.0; repeated UPC/UA 10/16/2025 (attached, free catch).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular, measuring at 0.32 cm. No focal lesions are observed. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is large and heterogeneous, measuring 2.94 cm (appears stable from previous measurements)

The left kidney has a normal shape and size (6.61 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 (5.36 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.

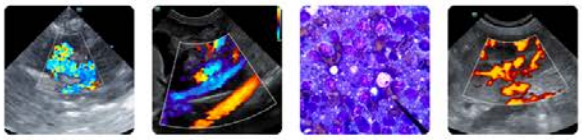
Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.62 cm at the cranial pole and 0.83 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 normal in size measuring 0.61 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a subtle poorly defined hypoechoic nodule visualized measuring 1.31 cm x 1.45 cm. There is a mixed echogenicity nodule measuring 1.22 cm x 1.73 cm.



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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 mild fluid. It measures at a normal thickness of <0.7cm 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. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized. There is a focal hypoechoic area adjacent to the ileocecal junction measuring approximately 1.31 cm x 1.31 cm. There is no surrounding inflammation noted. The descending colon appears normal with no evidence of wall thickening or loss of layering. 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 area of 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. There is no significant lymphadenopathy. A jejunal lymph node is visualized at 0.46 cm. The omentum is of normal echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Large, mottled prostate – Given the previous history provided, this likely represents a late neuter with previous prostatic disease.

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- Two hypoechoic/mixed echogenicity splenic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

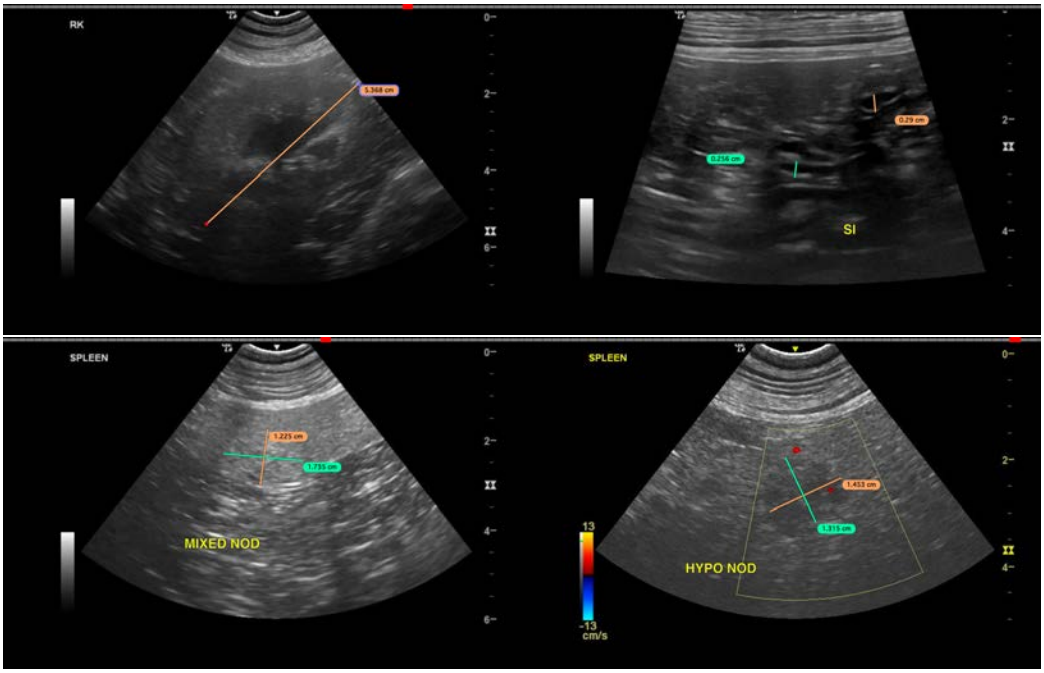
- Focal hypoechoic region visualized at the ileocecal junction – This could represent an area of focal inflammation, infiltrative disease, folded wall, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two poorly defined hypo/mixed echogenicity nodules visualized associated with the spleen. These could represent benign or neoplastic lesions. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

The bladder wall appears mildly thickened. Correlate with urinalysis and culture results.

There is a focal hypoechoic region associated with the cecum. The significance of this is currently unclear. If a safe window for sampling is available, consider a fine needle aspirate. Otherwise, consider recheck imaging in 8-12 weeks, looking for progressive enlargement.



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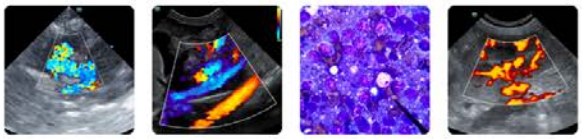

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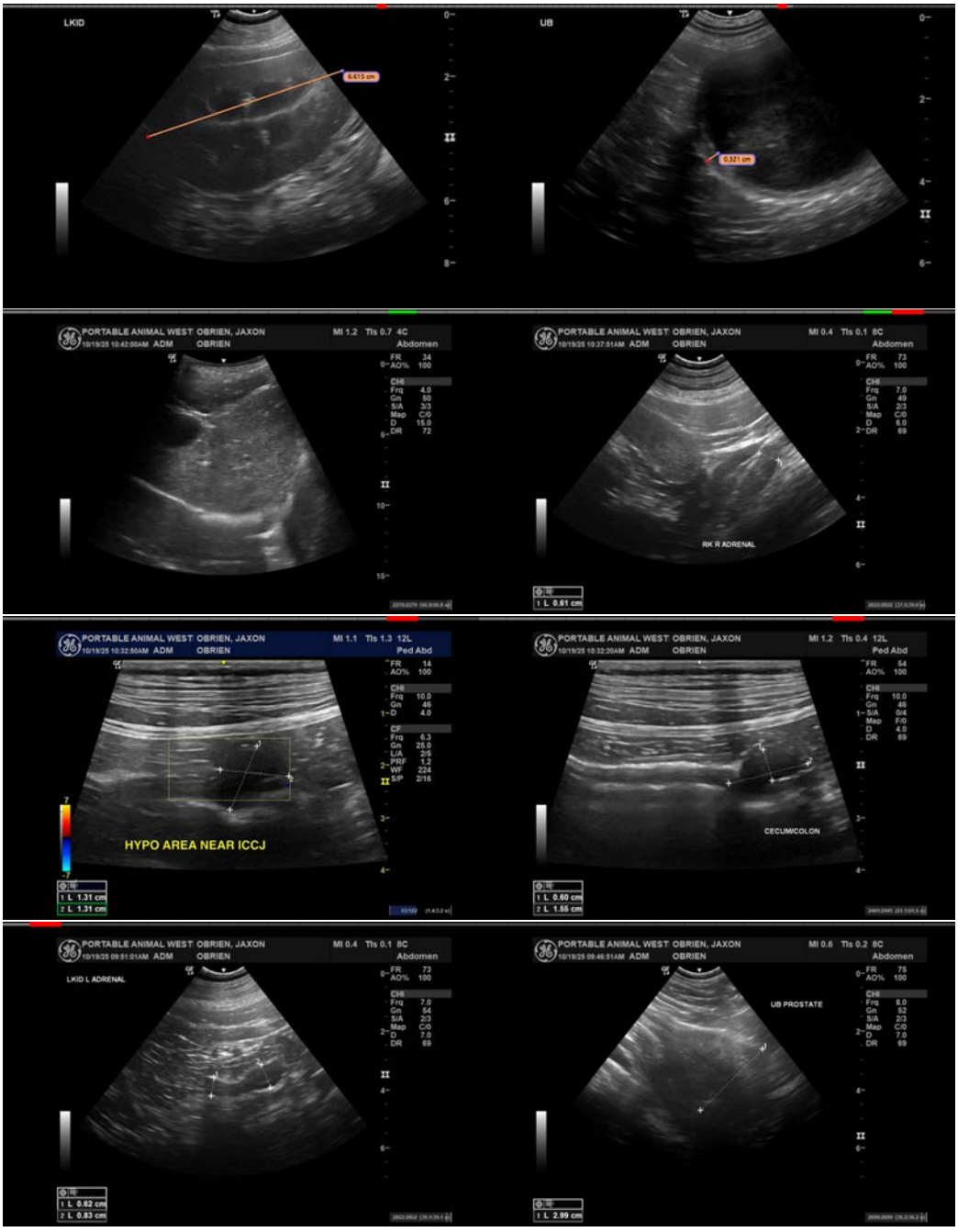

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine) info@sonopath.com