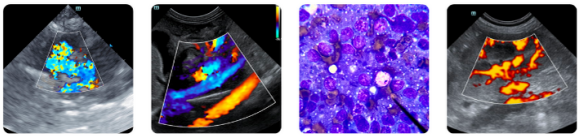


PATIENT

Mickey Zeigler

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

7 years 2 months

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Vets

REFERRING VET

Dr. Glennon

INVOICE

10686

DATE

10/5/2025

PRESENTING CLINICAL SIGNS

R/o splenomegaly? Concerned about blood loss? ETC. Anemic and thrombocytosis. Has Ca oxalate stones (bladder) and has DM- vetsulin, gaba.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. In the dependent portion of the urinary bladder, there is echogenic debris and mineralized debris most consistent with small stones. Additionally, there is a non-shadowing soft tissue appearing structure visualized measuring 0.93 cm, and has the appearance most consistent with a polypoid-like lesion, although a mass effect, atypical suspended debris, etc., is also possible.

The prostate is normal in size (0.8 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.59 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is pinpoint mineralization noted in these images. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.83 cm). Overall echogenicity is slightly hyperechoic with poor 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 in size measuring 0.61 cm at the cranial pole and 0.6 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.

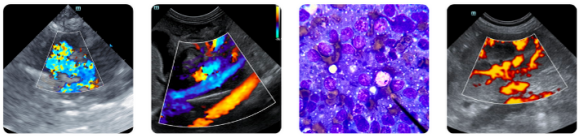
The right adrenal gland is normal in size measuring 0.94 cm at the cranial pole and 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.83 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size, and hyperechoic. The parenchyma is 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate 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 to mild fluid/ingesta distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.42 cm in wall thickness) and the jejunum measured as normal (0.22 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 prominent and hypoechoic in the right limb. 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.

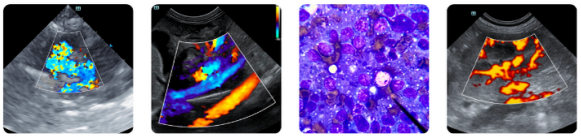
PRIMARY FINDINGS

- Dependent echogenic debris in the urinary bladder, in addition to small mineralization/stones and a suspected polypoid like lesion. A mess lesion cannot be ruled out. Correlate with urinalysis, culture, and radiographs.
- Large, hyperechoic, heterogenous liver. Findings are most consistent with a vacuolar/diabetic hepatopathy. Other hepatopathies are possible.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Moderate fluid/ingesta visualized within the stomach and some areas of small intestine. Findings are most consistent with a non-fasted patient.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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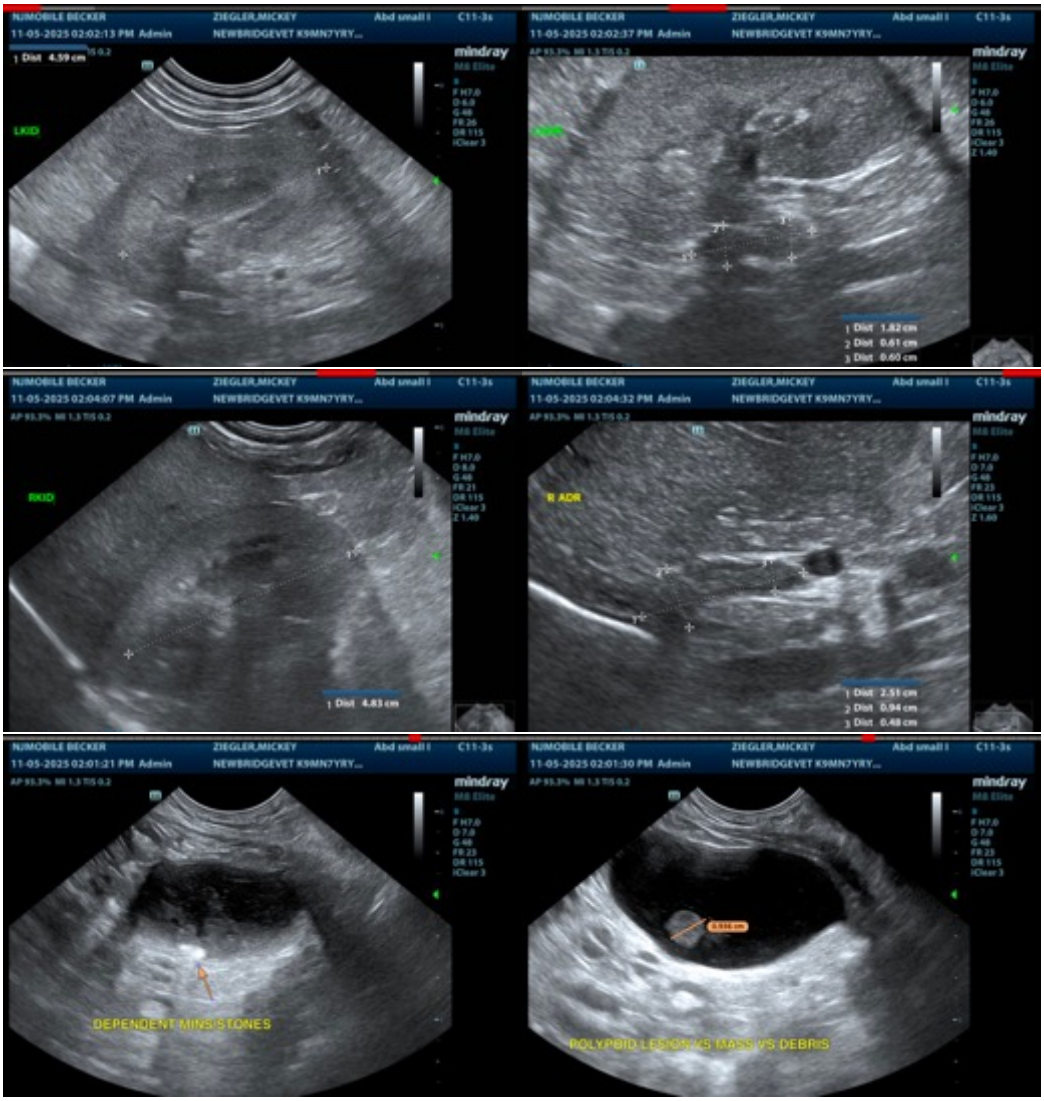
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A source of potential blood loss is not visualized. The changes observed on today's scan are most consistent with a diabetic patient +/- chronic urinary tract infection/stones. Correlate with urinalysis and culture. If no infection is present, you could consider a urine BRAF test to further evaluate (keeping in mind a negative urine BRAF test isn't non-diagnostic.) Additionally, you could correlate with radiographs or follow the appearance of the bladder lesion over time with ultrasound (re-check in 8-12 weeks.)

Correlate today's findings with a CBC with a path review, reticulocyte count, and chemistry panel findings to try and assess if this is a regenerative anemia, the severity of the anemia, and if there's supportive evidence for blood loss, anemia, chronic disease, hemolysis, lack of production, destruction, etc. Correlate these findings in light of the current diabetic regulation.



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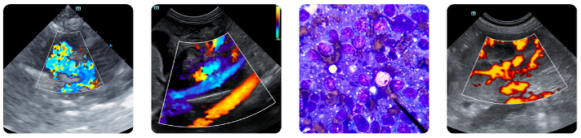

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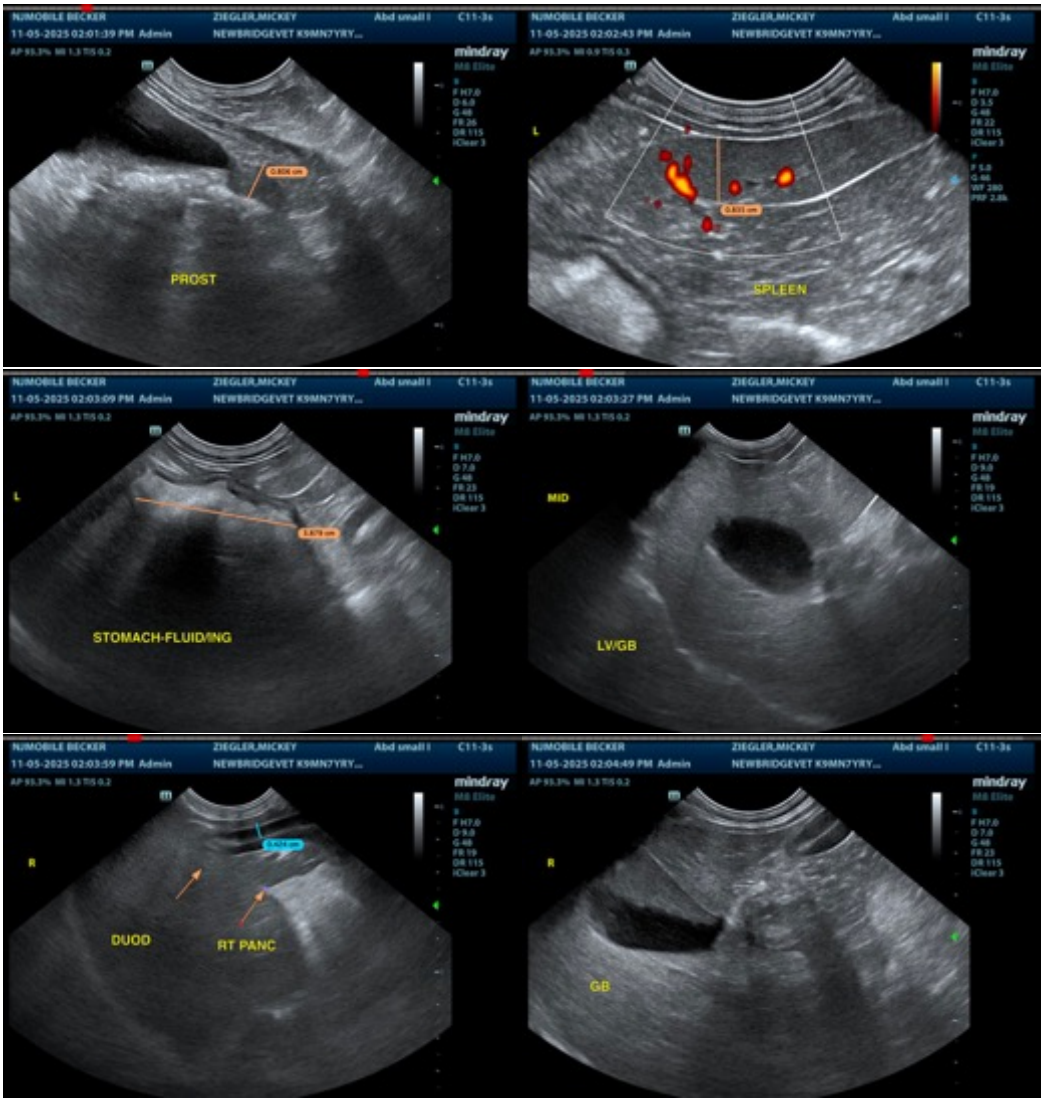

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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