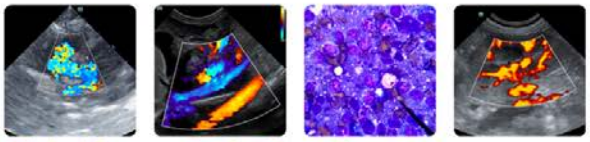


PATIENT

Amaya Mauras

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

7 Years

WEIGHT

38.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Marilyn Davila

INVOICE

72655

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal u/s to evaluate hx of vomiting, lethargy and anorexia that started a week ago (last Wednesday). Pt has been hospitalized for 5 days at rDVM where vomiting has been controlled with meds and IV Fluids. Medications include Famotidine, Cerenia, Metronidazole, Baytril and supportive care with iv fluids.

Abnormal PE/Chem/CBC/UA Results: SMA: Cr 1.9 BUN 19 (corrected after iv fluids) CHEM and rads are attached as supporting documents.

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 0.35 cm in the ventral wall. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (5.39 cm) with pyelectasia at 0.43 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a focal hyperechoic area visualized associated with the cortex, most consistent with a previous infarct. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.8 cm) with pyelectasia at 0.43 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 cm at the cranial pole and 0.51 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.

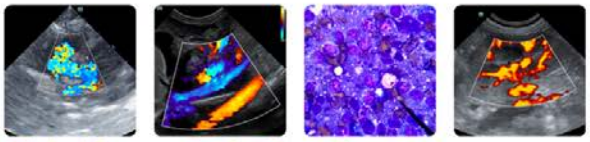
The right adrenal gland is normal in size measuring 0.32 cm at the cranial pole and 0.52 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large in size and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity, hyperechoic mass effect visualized arising from the caudal aspect of the spleen, measuring at least 6.62 cm x 5.56 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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. 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 0.34 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 uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There are areas of jejunum that appear more focally thickened, with reduced detail of wall layering. These areas measure approximately 0.47 cm. Additionally, there is a focal mass effect in the jejunum exhibiting complete loss of layering. In this area the bowel measures 1.44 cm in diameter. Bowel wall measures 0.57 cm.

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. There is no evidence of a diffuse lymphadenopathy. Occasional prominent mesenteric lymph nodes are visualized, an example measures 0.83 cm x 1.01 cm. The omentum is hyperechoic around the abnormal jejunum.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular ventral bladder wall – Correlate with urinalysis +/- culture.
- Bilateral renal pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mixed echogenicity/hyperechoic mass effect arising from the tail of the spleen – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Extensive areas of jejunum that appear focally thickened with reduced detail of wall layering, and a focal mass effect with complete loss of layering and more severe thickening. Findings are concerning for diffuse infiltrative disease. Round cell neoplasia would be a more significant concern, although other differentials including severe inflammation cannot be definitively ruled out.

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- Prominent mesenteric lymph nodes – Findings are most consistent with reactive or early neoplastic lymph nodes.

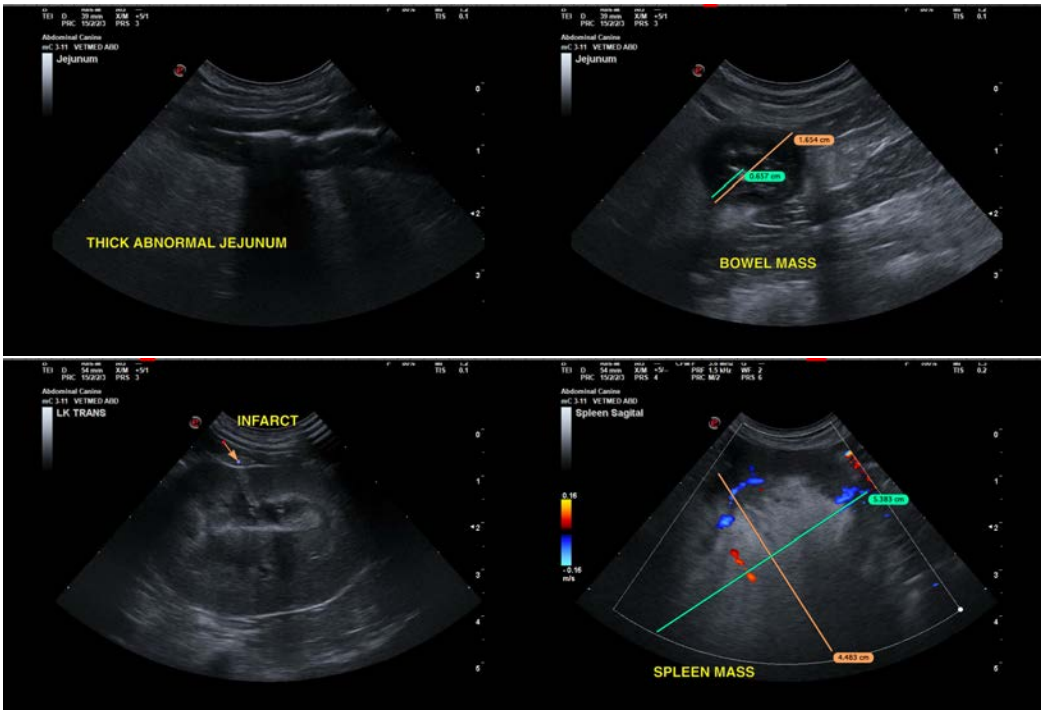
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunum appears diffusely thickened with an extensive area with more severe thickening and reduced detail of wall layering in addition to a focal bowel mass lesion with complete loss of layering. Findings are most concerning for infiltrative neoplasia, although other differentials are possible. Recommend a fine needle aspirate of the focal mass lesion for cytologic evaluation.

There is a mixed echogenicity, hyperechoic mass effect visualized arising from the tail of the spleen. The full extent of this mass lesion is not visible. This could represent a benign or neoplastic lesion. The significant hyperechoic appearance increases the likelihood of a benign lesion. Recommend a fine needle aspirate as the next step in evaluation.

The bladder wall appears mildly thickened, and there is bilateral pyelectasia. Recommend urinalysis and culture for further evaluation.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding best treatment options and prognosis. If a cytologic diagnosis cannot be obtained, surgical evaluation and biopsy may be warranted as well as splenectomy. Based on the appearance of today's scan, a diffuse/possibly multicentric disease process is suspected.



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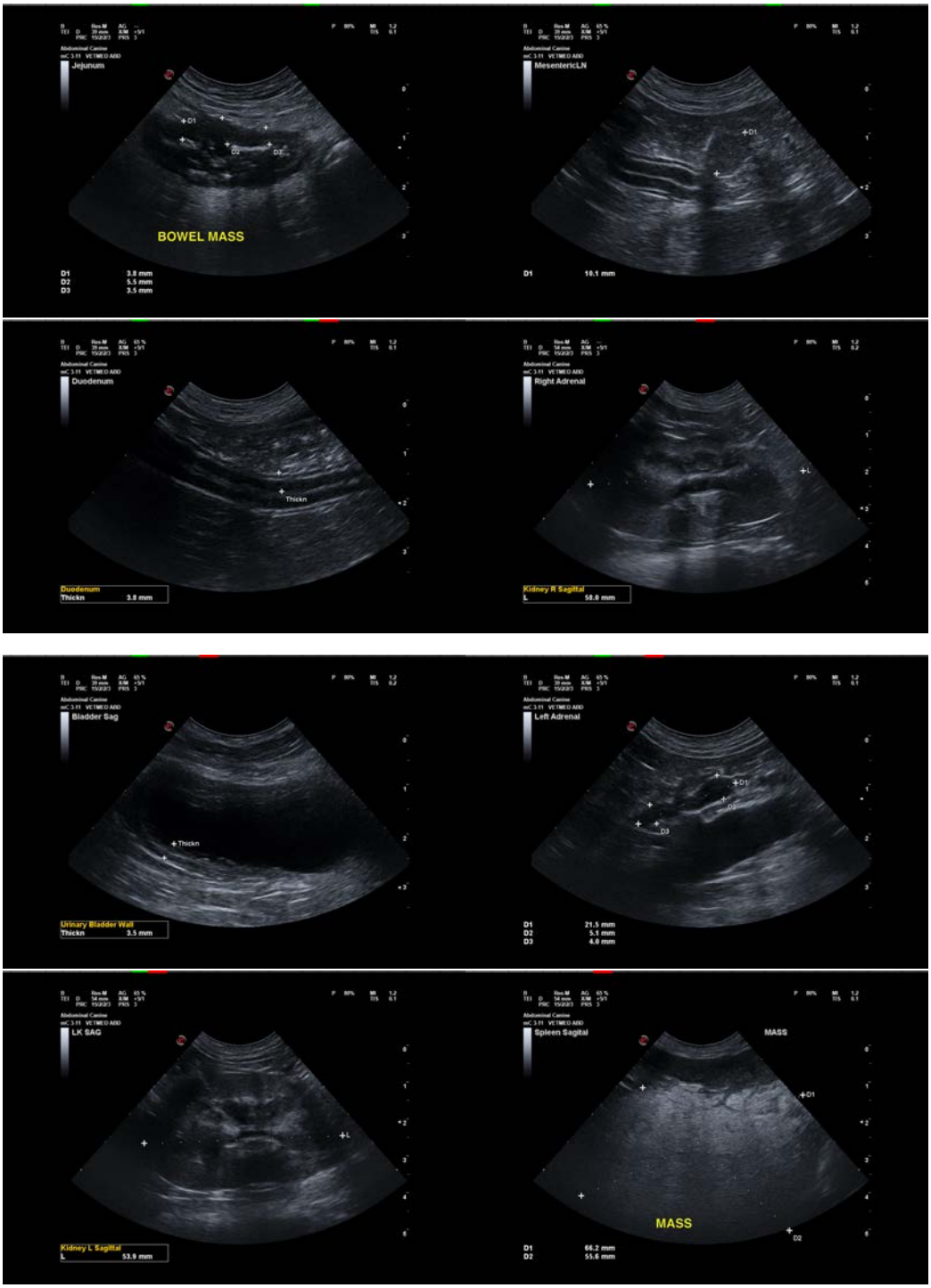

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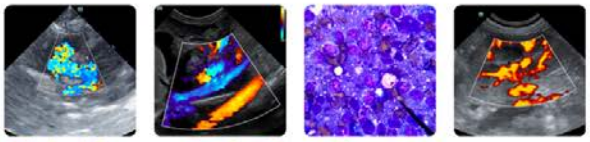

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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