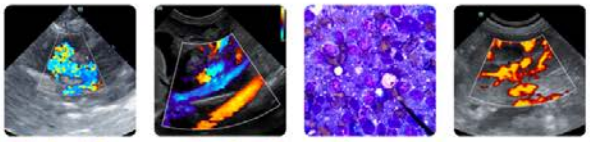


PATIENT

Cesar Nowakowski

SPECIES

Canine

BREED

Dalmatian

SEX

Neutered Male

AGE

11 Years

WEIGHT

66.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg Animal Hospital

REFERRING VET

Dr. Tanya Miller

INVOICE

72751

DATE

12/24/25

PRESENTING CLINICAL SIGNS

Weight loss. Chronic pollakiuria episodes, cause unknown. Presumptive DDX DI, on Desmopressin which had control these episodes and improved urine concentration. Chronic otitis externa. Chronic iliopsoas muscle strain. Chronic ALKP elevation since 2021,slow progress increase since. ALT elevation spike 2022 but has remained wnl since. Liver and GI bx 2023: Liver Cu 175ppm, mild chronic plasmocytic, lymphocytic, lesser active eosinophilic mucosal enteritis, microvesicular vacuolar hepatopathy. Sonopath AUS done 2024. Currently on Ursodiol, Ursolyc chews, Claro AS, Dasuquin, Carprofen, pyridoxine. Reason for Ultrasound: weight loss, nonregenerative anemia. Initial ultrasound impressions found large splenic tumor, moving forward with splenectomy today and will do liver biopsy at this time. O declining cystotomy d/t prev. poor reaction to the surgery post-op.

Abnormal PE/Chem/CBC/UA Results: 1/25: UA USG 1.032, UPC 0.2-0.3. 12/25 BW: RBC 5.54M/uL, HCT 37.5%, Hgb 11.9g/dL, MCH 21.5pg, MCHC 31.7g/kL, ReticHgb 22.3pg. BUN 8mg/dL, Na 153mmol/L, TP 6.2g/dL,Alb 3.0g/dL, Glob 3.2g/dL, Alt 30U/L, AST 25U/L, ALP 419U/L, tT4 1.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. There is a large amount of dependent, shadowing, mineralized debris most consistent with sandy debris or small stones. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (1.04 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 (6.9 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 (5.39 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.

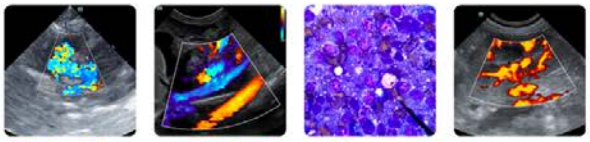
Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 cm at the cranial pole and 0.64 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic mixed echogenicity mass effect visualized in the body of the spleen measuring approximately 5.96 cm x 5.14 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris and dependent mineralized debris/small stones visualized in the urinary bladder – Recommend urinalysis, culture +/- radiographs.
- Solid, hyperechoic/mixed echogenicity splenic mass lesion – 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..)
- 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.

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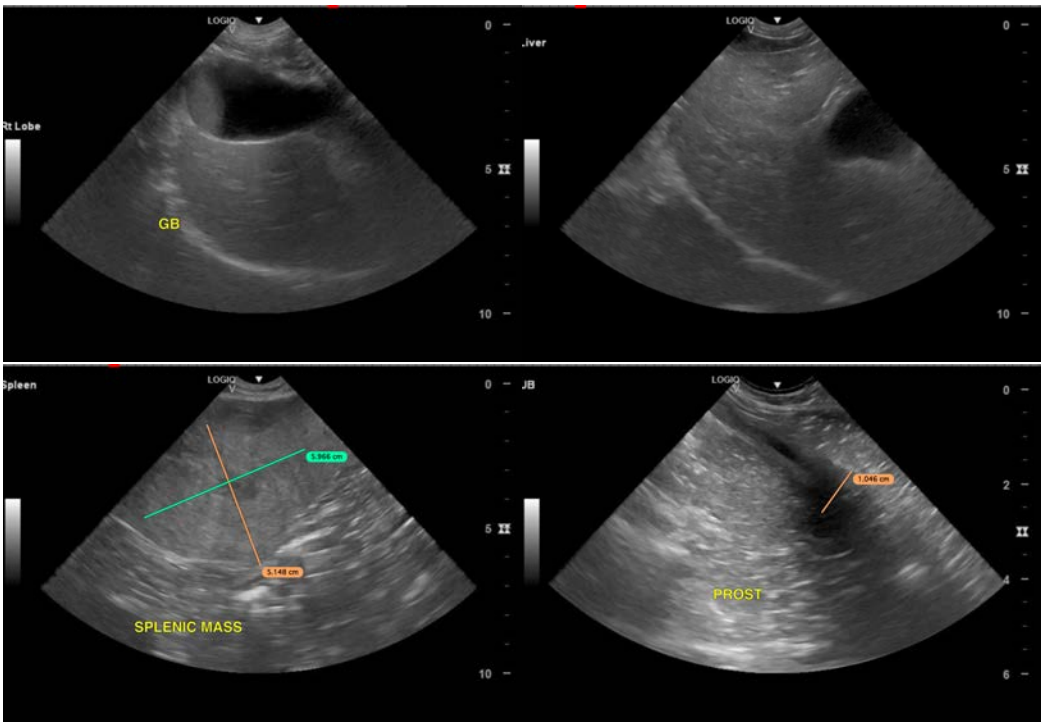
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal mixed echogenicity, hyperechoic mass effect visualized in the spleen. Options moving forward could include a splenectomy for both diagnostic and therapeutic purposes +/- a fine needle aspirate and/or continued monitoring with ultrasound.

The liver changes noted are non-specific and relatively mild. Correlate with liver function test and consider a liver biopsy with samples for histopathology, culture and copper levels if splenectomy is pursued.

There is a large amount of dependent mineralized debris visualized in the urinary bladder. The nature of this debris (urate stones, oxalate, struvite, etc.) is not known. Given the breed, urate stones would be a significant concern. Correlate with abdominal radiographs as these tend to be radiolucent. If a stone type can be identified, then preventative strategies +/- dissolution might be a consideration. If surgery is pursued for the spleen, consider cystotomy to obtain samples for stone analysis and to remove the mineralizations. If this is done, catheterization of the urethra should be performed to flush any potential stones retrograde. Correlate with clinical findings and radiographs.

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



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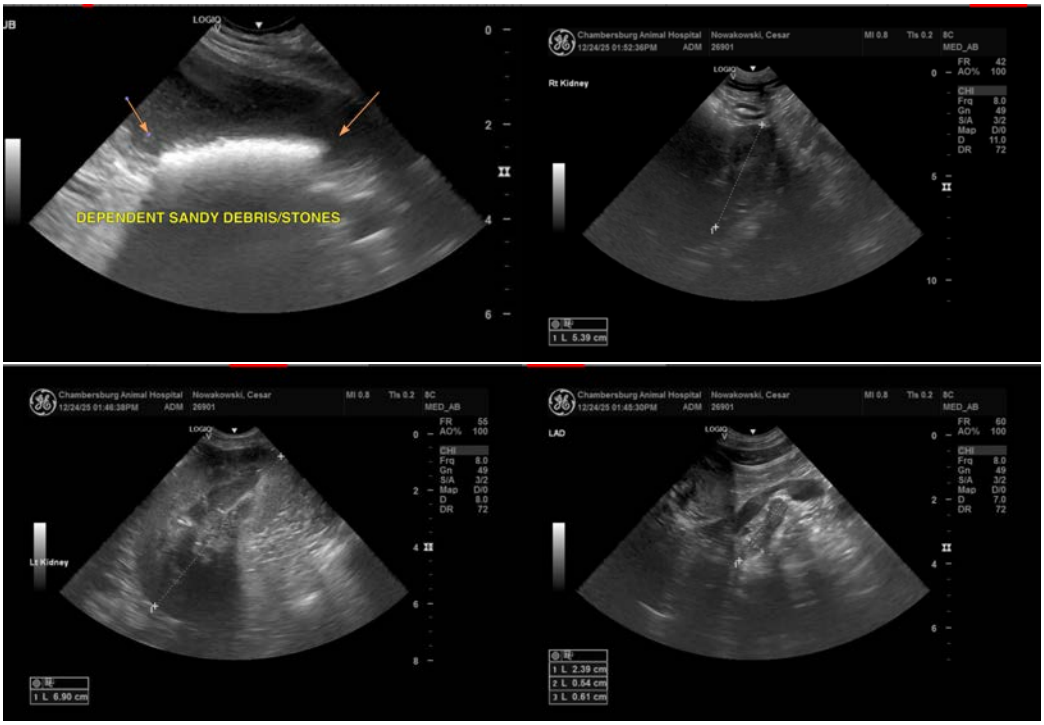

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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