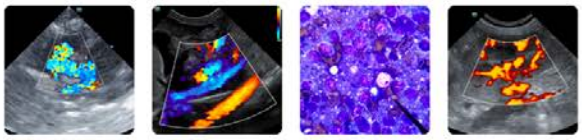


PATIENT

Sadie Youngren

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

10 Years

WEIGHT

25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

PCVC

REFERRING VET

Dr. Dayba Ills

INVOICE

73316

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Arthritic. Splenic Nodule seen on RADS. Abnormal PE/Chem/CBC/UA Results: No labs

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 is normal in size but slightly irregular in shape, measuring 5.21 cm, with pyelectasia at 0.24 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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.

The right kidney is normal in size (5.92 cm) and slightly irregular in shape, with pinpoint cortical mineralizations, and pyelectasia at 0.23 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 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 0.57 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.

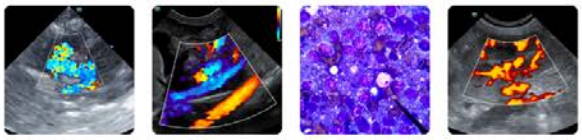
The right adrenal gland is normal in size measuring 0.73 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of 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 hyperechoic nodule/small mass effect visualized within the parenchyma measuring 1.51 cm x 2.21 cm. Additionally, there is a small hyperechoic nodule visualized measuring 0.56 cm.

Liver

The liver is subjectively normal in size, and echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. On the right side of the liver ventral to the gallbladder there is a poorly defined hyperechoic rounded “mass effect” visualized measuring 3.03 cm x 2.23 cm. This could represent a primary hepatic mass lesion (adenoma, carcinoma, regenerative nodule, etc.), or could be a prominent rounded liver lobe.



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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 <0.7cm 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. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.44 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

- Slightly irregular kidneys with decreased corticomedullary distinction and bilateral pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, hyperechoic nodule/small mass effect visualized in the spleen, and a second small nodule – This generally has an appearance most consistent with a benign lesion, although a neoplastic lesion cannot be ruled out. Consider a fine needle aspirate.
- Heterogeneous liver with a hyperechoic, rounded “mass effect” in the mid right caudoventral region – Findings could be consistent with a primary hepatic mass lesion such as an adenoma, carcinoma, other, or a rounded liver lobe.

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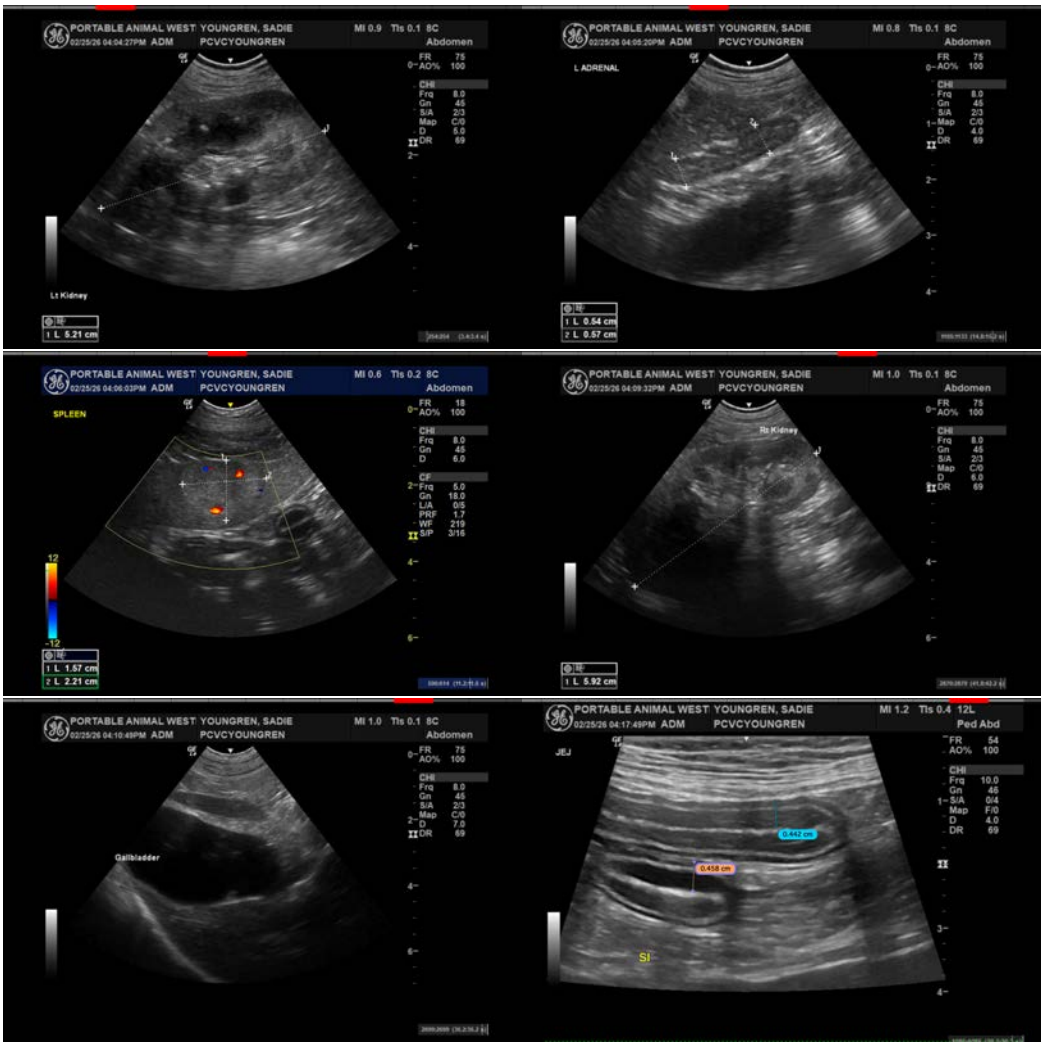
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear somewhat irregular with decreased corticomedullary distinction and bilateral pyelectasia. Correlate with current renal values, a urinalysis, culture, blood pressure +/- urine protein to creatinine ratio as a baseline.

The spleen has a large hyperechoic nodule/small mass effect. This has a somewhat benign appearance, although a neoplastic lesion cannot be ruled out. Options moving forward would include continued monitoring with ultrasound +/- a fine needle aspirate.

The liver is mildly heterogenous with a poorly defined hyperechoic “mass effect”. This likely represents a benign lesion, but an early neoplastic lesion cannot be ruled out. Strongly recommend continued monitoring with ultrasound. If a safe window for aspiration is available, consider a fine needle aspirate. If further evaluation is desired, a contrast CT scan would likely be necessary.

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



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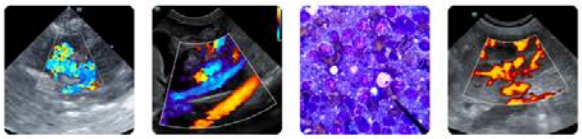

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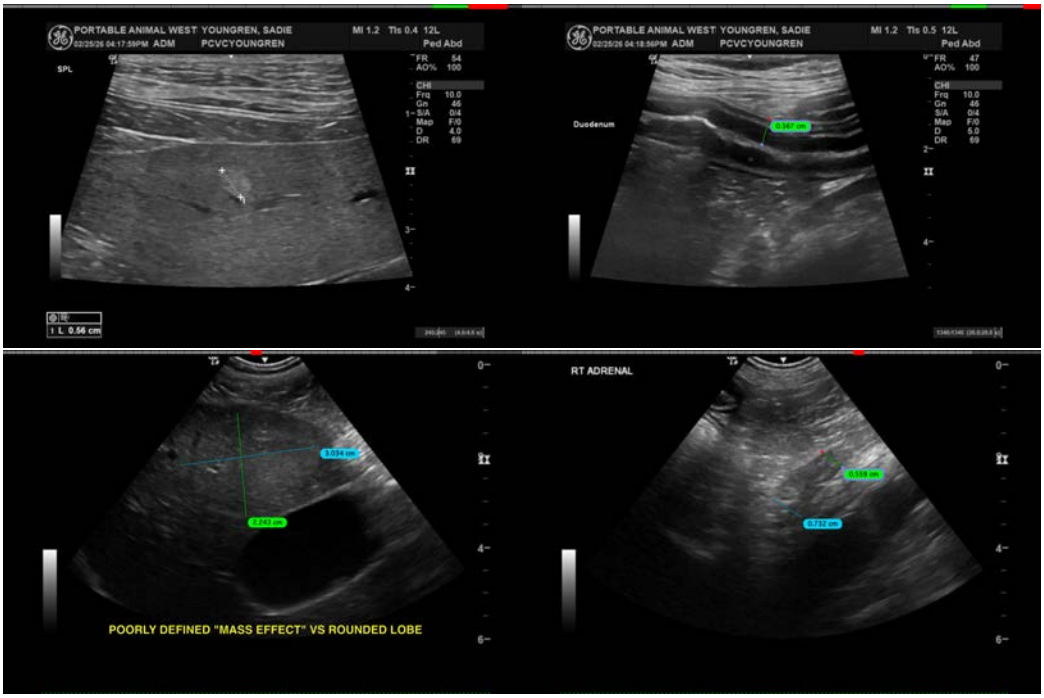

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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