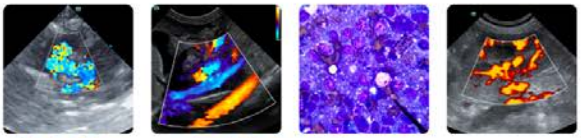


PATIENT

Nina Reynolds

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

13 Years

WEIGHT

56.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Nazareth Veterinary Center

REFERRING VET

Dr. Gusztaw

INVOICE

73958

DATE

3/24/26

PRESENTING CLINICAL SIGNS

BCS 6/9. Lethargy, weight loss, diarrhea. Possible abdominal mass. Non specific PE findings

Current meds: Low fat diet, Proviable

Abnormal PE/Chem/CBC/UA Results: ALT-169; ALKP-1611; GGT-24; QPL-1209

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (6.59 cm) with small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.42 cm) with small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is “plump” measuring 0.95 cm at the cranial pole and 0.97 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.

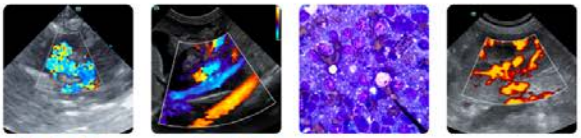
The right adrenal gland is normal in size measuring 1.11 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal/borderline large in size and slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic, mixed echogenicity solid mass effect visualized in the left cranial abdomen, which appears to be arising from the spleen measuring 5.84 cm x 4.63 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. 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. 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. Duodenum wall measures 0.63 cm. Jejunum wall measures 0.38 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 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.

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

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- “Plump” left adrenal gland and normal right adrenal gland – Findings could be consistent with anatomic variation, mild hyperplasia, etc.
- Hyperechoic mixed echogenicity solid left cranial abdominal mass lesion- Findings are most consistent with a solitary splenic mass – 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..)
- 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

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(less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hyperechoic mixed echogenicity solid mass effect visualized the left cranial abdomen, which appears to be arising from the spleen. This could represent a benign or neoplastic lesion. Consider splenectomy for both diagnostic and therapeutic purposes. There is no evidence of surrounding inflammation. At this time, it is uncertain if this lesion is associated with the current clinical signs reported.

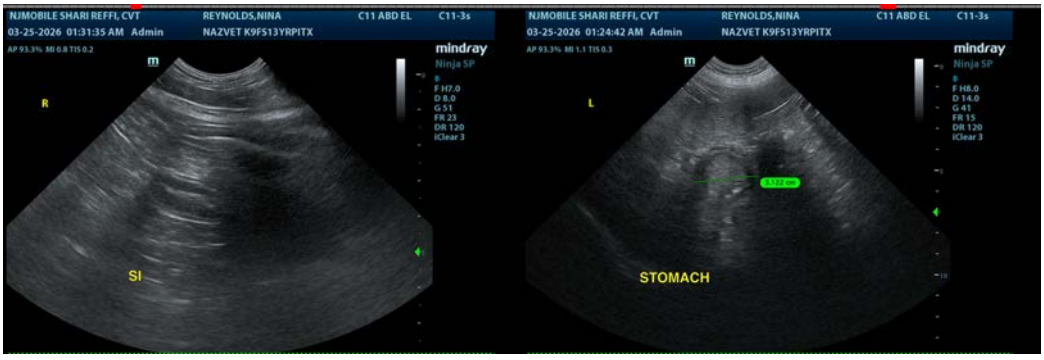
No focal lesions are visualized associated with the GI tract to explain the chronic diarrhea reported. It is uncertain if this is large or small bowel diarrhea, which would affect further evaluation. Consider the following:

- Recommend full biochemical evaluation, abdominal radiographs, and 3-view thoracic radiographs.
- If not already done, recommend parasite screening and empirical deworming.
- Depending on chronicity of symptoms, consider panel screening for infectious causes of diarrhea.
- Recommend hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persistent, ultimately biopsies of the GI tract may be warranted. If surgery is pursued for splenectomy, you could consider biopsies of the GI tract at time of surgery.

If a more conservative approach is desired, you could consider a fine needle aspirate of the splenic mass lesion while further working up the diarrhea.

The changes in the liver generally have the appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Further evaluation could include pre- and post-prandial bile acids to assess liver function, and a fine needle aspirate of the liver.



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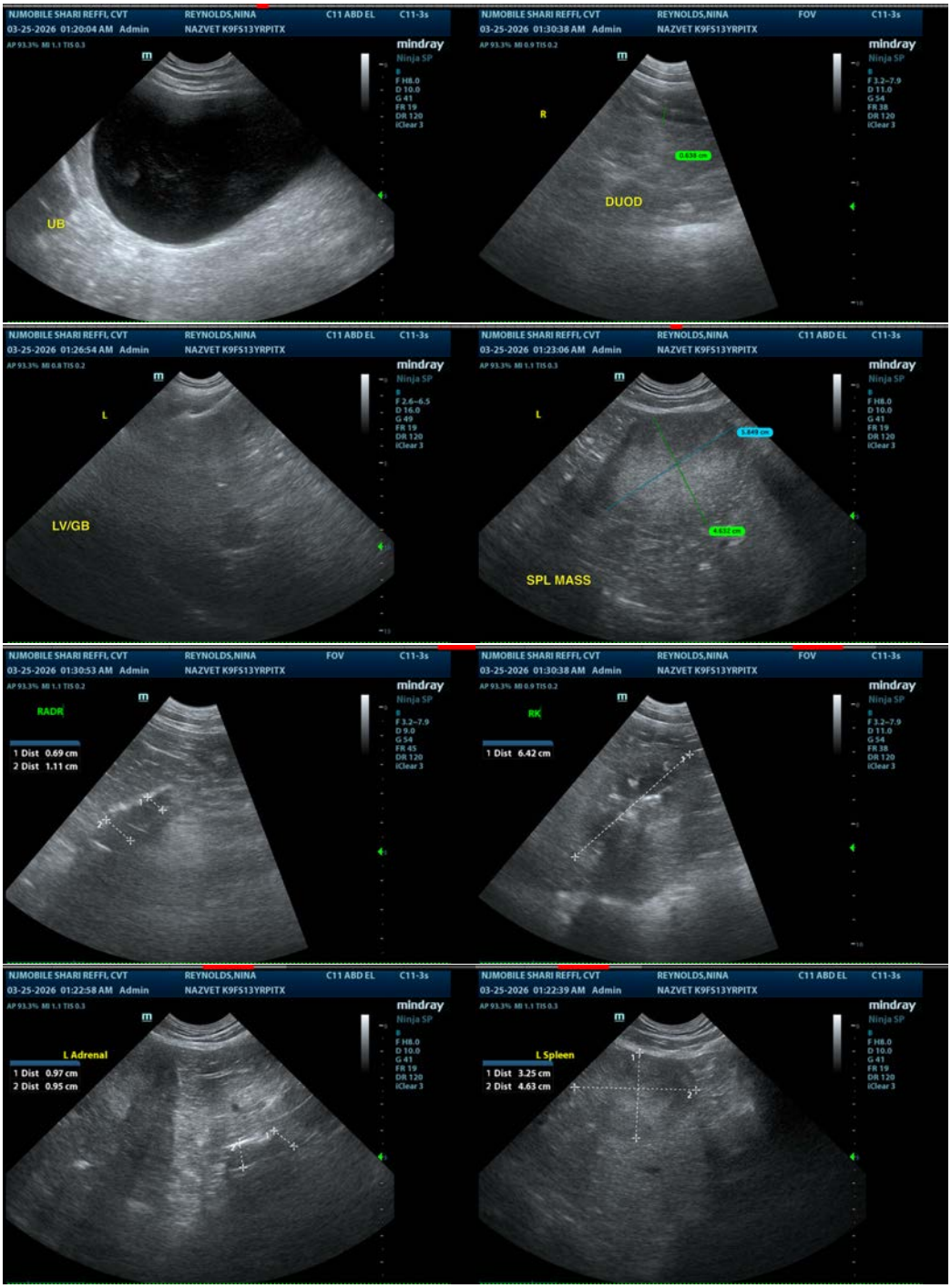
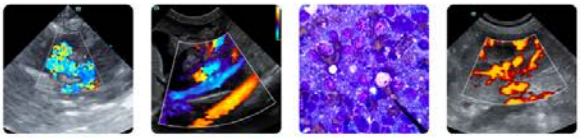


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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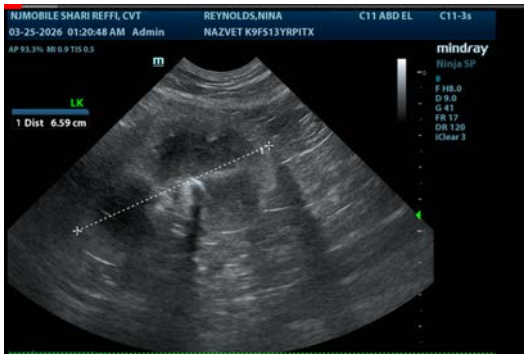

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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