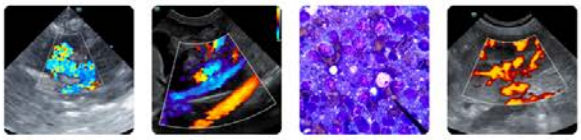


DATE

5/5/26

PATIENT

Zoe High

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

10/22/15

WEIGHT

81.9 lbs

INTERPRETED BY

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

HOSPITAL NAME

Bel Air Veterinary Hospital

REFERRING VET

Dr. Young

INVOICE

74950

PRESENTING CLINICAL SIGNS

Patient History: Zoe was presented on 5/1/26 for not acting like herself overnight. She was restless overnight and could not settle. She was panting heavily and drinking a bit more than normal. Mr. High stated that she goes out to urinate a few times a night and she seemed to want to go out more too. Prior to the appointment on 5/1/26 Zoe seemed mostly back to her normal self. On physical exam, her abdomen was slightly pendulous and she has an underbite. 5/4/26, Zoe came in for radiographs and Mr. High stated that Zoe is acting completely back to normal. On 4/20/26 Mr. High call as Zoe has had intermittent soft stool since March. At that time Proviable was started. Stools have still been intermittently very soft (puddling-like per Mr. High).

Current Medications: 4/20/26 – Proviable, 5/4/26 - Cefpoderm 400 mg PO q 24 hours x 14 days
Labwork Results: Labwork attached, reported as: 5/1/26: Chem - Alb 2.5 g/dL, BUN 42 mg/dL, Creat. 1.5 mg/dL, Glucose 145 mg/dL, precision PSL 383 U/L. CBC - RBC 4.7 10^6/uL, HCT 35%, HGB11.6 g/dL PLT 116 K/uL, Neut 10920 /uL
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not approved.
Imaging Performed by: Rachel Brilhart, RDMS.

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 has a normal shape and size (6.16 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 (7.03 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 0.78 cm at the cranial pole and 0.70 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 1.07 cm at the cranial pole and 0.85 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 (2.06 cm in width at the level of the hilus). The spleen echotexture is mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

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 0.52 cm. Jejunum wall measures 0.36 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 normal and isoechoic to surrounding mesentery. *See note regarding mass effect in the right cranial abdomen under “other”. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
There is scant free fluid in the cranial abdomen. There is no evidence of a diffuse lymphadenopathy. The omentum is generally normal in echogenicity.

Other
There is an irregular, heterogeneous, hypoechoic mass effect visualized in the right cranial abdomen medial to the right kidney, measuring approximately 7.37 cm x 4.62 cm. A clear association between this structure and other abdominal structures is not visualized. Consider the possibility of an association with the pancreas, liver, or large vessels in the region (benign or neoplastic mass effect, lymph node, hematoma, 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

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Irregular, heterogeneous, hypoechoic mass effect in the right cranial abdomen – Findings could include a benign or neoplastic mass effect, hematoma, other.

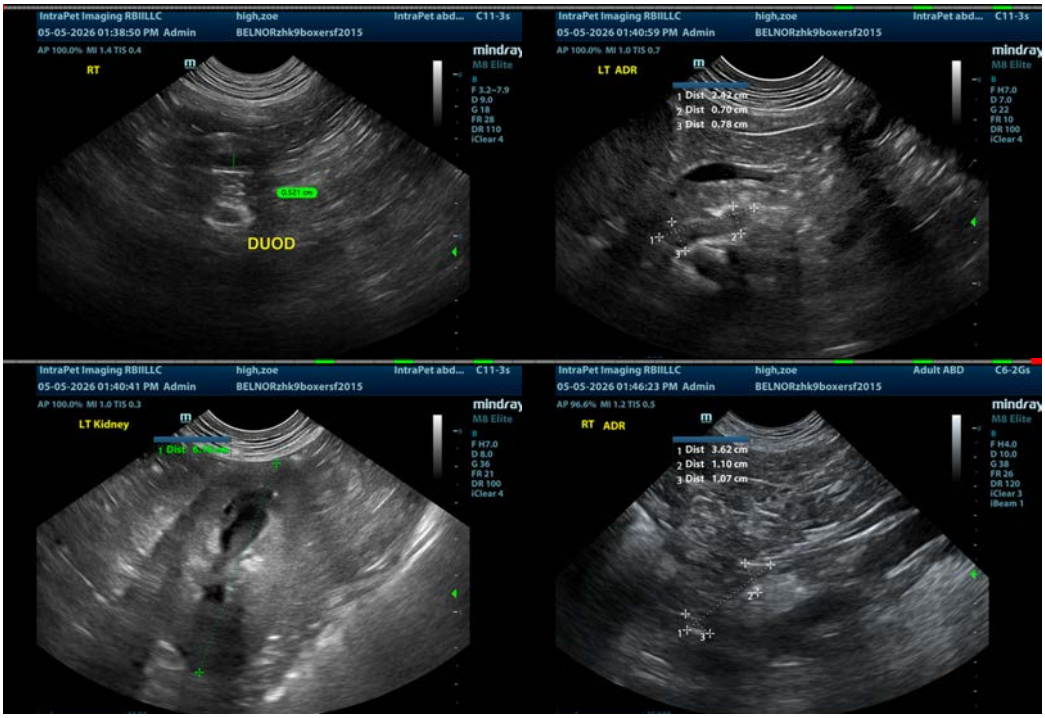
- Scant free abdominal fluid.

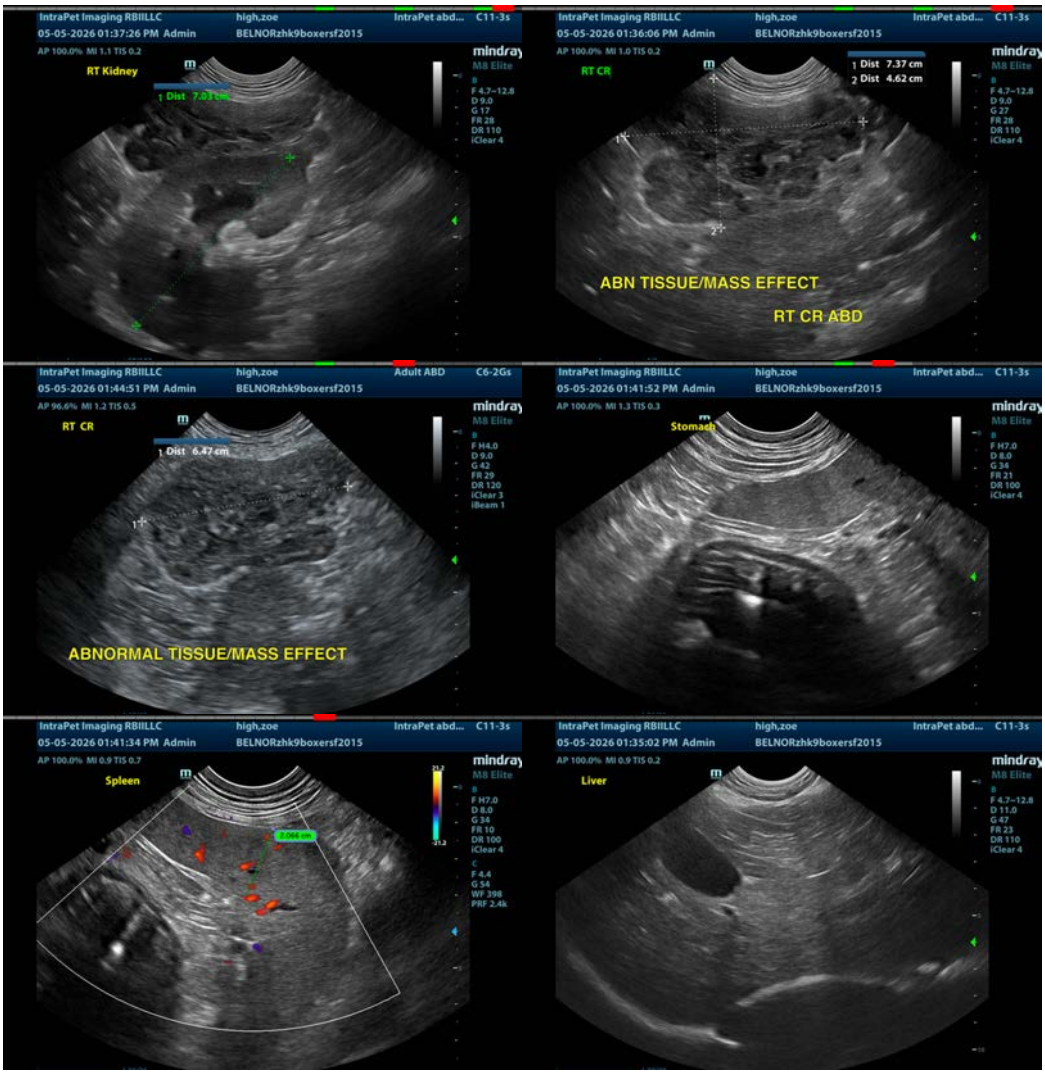
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is focal irregular heterogeneous, hypoechoic, abnormal tissue visualized in the right cranial abdomen medial to the right kidney. The nature of this tissue is uncertain, and a direct association with other abdominal structures is not clearly visualized (consider pancreas, liver, right kidney, lymph node, or a vascular structure). This could represent a benign or neoplastic mass effect, a hematoma, other. Strongly recommend a contrast CT scan to further evaluate the nature and origins of this lesion.

The spleen appears mildly mottled. Options would include continued monitoring with ultrasound or a fine needle aspirate.

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





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.

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