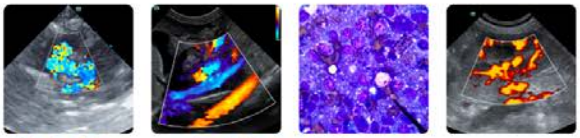


PATIENT

Hannah Devos

SPECIES

Canine

BREED

Bassett Hound

SEX

Spayed Female

AGE

12 Years

WEIGHT

48.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stewart's Mountain View Animal Hospital

REFERRING VET

Dr. Stewart

INVOICE

75961

DATE

6/17/26

PRESENTING CLINICAL SIGNS

P initially presented for urinary accidents overnight. P on Librella, laser, carprofen and gabapentin for osteoarthritis. Rads showed enlarged spleen with possible mass effect.

Abnormal PE/Chem/CBC/UA Results: Glu 116, Crea 0.4, ALT 958, AST 143, ALKP 338 usg 1.045, pro 30, ket 15, T4 8.8 (on treatment for hypothyroidism)- rDVM decreasing dose

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 (6.02 cm) with 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.98 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is plump, measuring 0.86 cm at the cranial pole and 0.78 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.

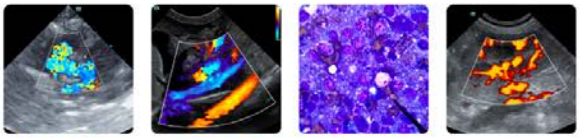
The right adrenal gland is plump, measuring 1.24 cm at the cranial pole and 0.84 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large, slightly irregular in shape, and mottled, measuring 2.24 cm in width at the level of the hilus. There are numerous hyperechoic foci primarily visualized at the hilus and around the vasculature, most consistent with benign myelolipomas. Vascularity appears normal. There are some views of the splenic vein distal to the spleen where there is some intraluminal echogenic material possibly consistent with an early thrombus formation, echogenic flow, etc. The spleen is in a slightly folded configuration.

Liver

The liver is normal in size but slightly rounded in shape. The visible portions of the vasculature and biliary tract appear normal. There is a poorly defined hypoechoic mass effect visualized in the right side of the liver measuring 4.58 cm x 2.93 cm.



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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/moderate fluid/gas. 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 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 0.30 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.

ULTRASONOGRAPHIC FINDINGS

- Borderline plump adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.
- Age related changes visualized associated with both kidneys and mild left-sided pyelectasia.
- Subjectively large, irregular, mottled spleen with numerous myelolipomas and a questionable early thrombus in the splenic vein – 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.
- Hypoechoic mass effect in the right liver – The lesion is somewhat subtle and could represent a benign adenoma, early carcinoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are somewhat plump but not overtly enlarged. If symptoms consistent with Cushing's are present, you could consider adrenal function testing.

The liver generally appears relatively normal, but there is a subtle/poorly defined, hypoechoic mass effect associated with the right liver. Options would include a fine needle aspirate (if a safe window for

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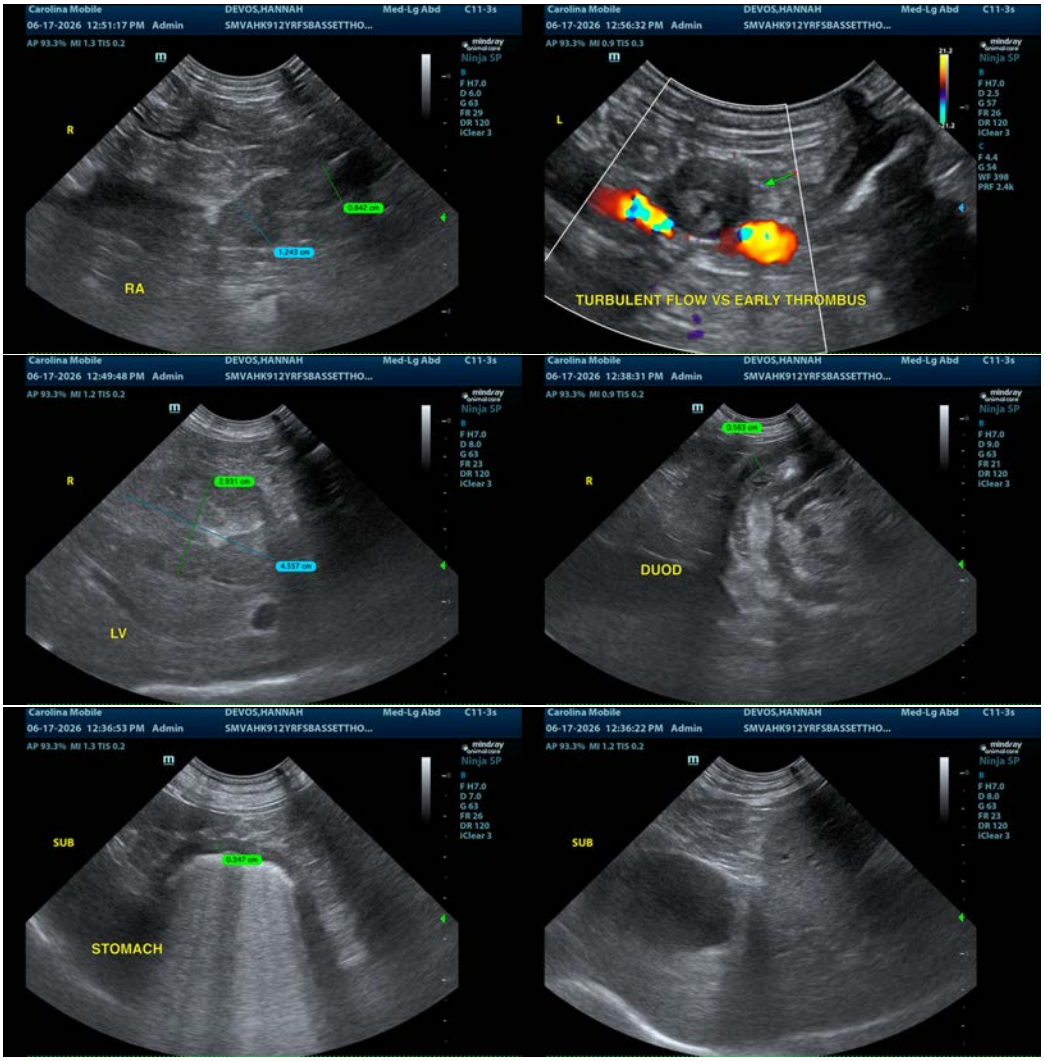
sampling is available), or continued monitoring with ultrasound. Additionally, you could consider a fine needle aspirate of general hepatic tissue, looking for a cause of the ALT elevation (elevated thyroid levels could cause both PU/PD and an elevation in ALT).

The spleen has irregular margins and is subjectively large with mottled parenchyma. No definitive focal lesions are observed, but it does appear somewhat mottled. Consider a fine needle aspirate for further evaluation. The distal splenic vein appears to have some intraluminal echogenic material. The significance of this is uncertain, as splenic vascularity appears normal. If there are reasons for this individual to be hypercoagulable (active Cushing's, significant proteinuria, underlying neoplasia, autoimmune disease, etc.), then you could consider empirical Plavix use. Otherwise, consider continued monitoring of the spleen and splenic vein (recheck in 3-4 weeks, sooner if concerned).

Both kidneys have mild age related changes. Consider a blood pressure and urine protein to creatinine ratio for further evaluation.



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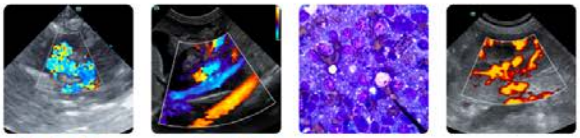

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Educational Teleconsultation Services™

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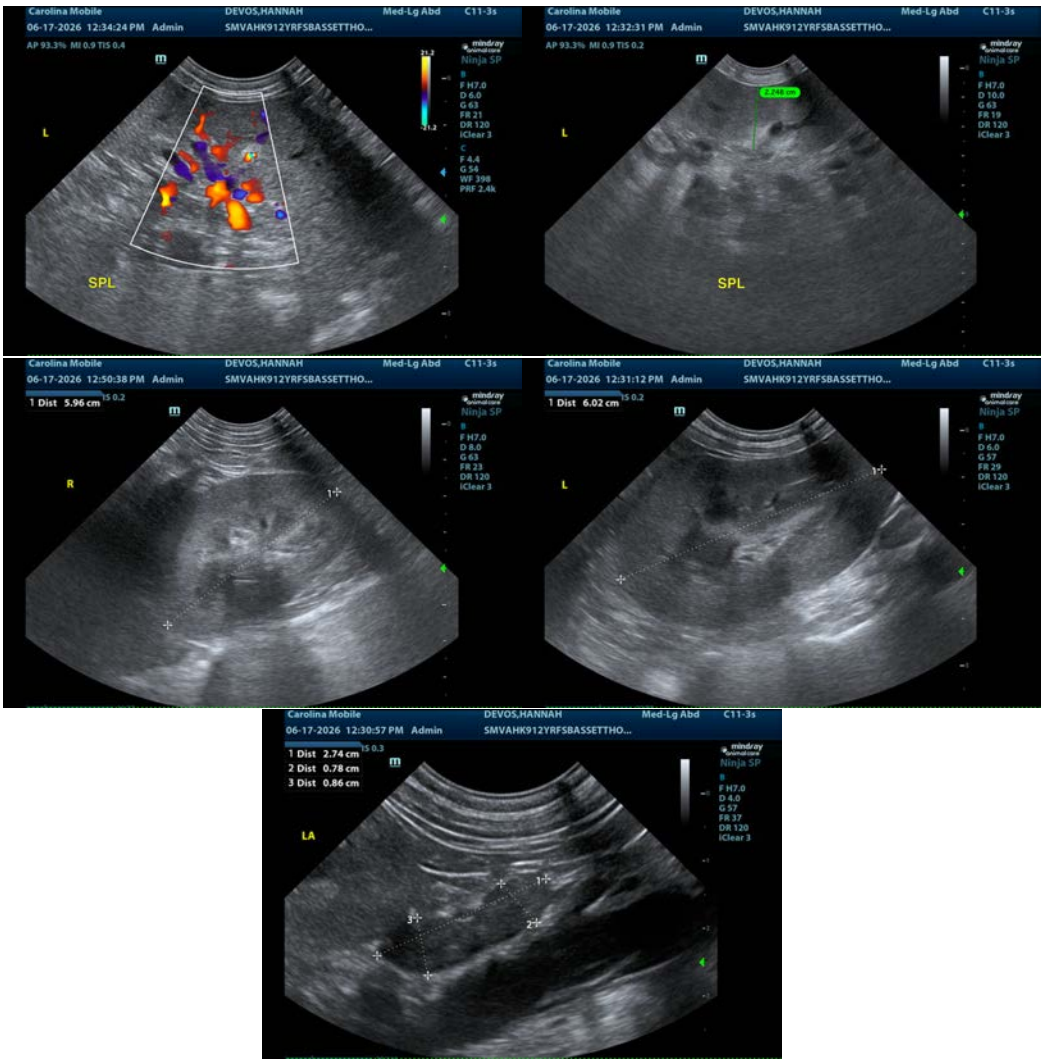

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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