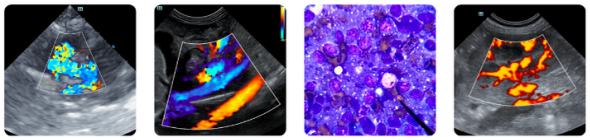


PATIENT

Nina Melo

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

7 years

WEIGHT

18.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

12079

DATE

6/3/2026

PRESENTING CLINICAL SIGNS

5 day history of anorexia, polyuria, polydipsia, vomiting, and lethargy. USG: 1.006. Leukocytosis 19,000 5/30 22,000 6/3. Neutophilia 15,000 5/30 19,000 6/3. BUN: 5 Glucose 149 ALP 220. Not vaccinated for lepto.

Ultrasound findings from referral hospital: Conclusions: Equivocal hepatomegaly; hepatic size is best assessed with radiography. Differentials include normal variant, steroid/vacuolar hepatopathy, less likely hepatitis, neoplasia, or toxin ingestion. Focal hypoechoic splenic nodule; benign etiologies (nodular hyperplasia, extramedullary hematopoiesis, hematoma) prioritized, malignancy less likely. Age-related nephropathy. Ovarian appearance most consistent with anestrus or early proestrus; two small right ovarian anechoic nodules may be follicles, suggestive of proestrus to estrus. No overt evidence of ascites or lymphadenopathy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The majority of the bladder wall is normal thickness with a smooth mucosal surface. In what appears to be the mid dorsal region of the urinary bladder there is a hypoechoic mass effect visualized associated with the wall measuring 1.53 cm x 1.38 cm. The region of the trigone and ureteral papillae appear free of any calculi. The urethra is not clearly visualized.

The left kidney has a normal shape and size (4.25 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is mineralization in the region of the renal pelvis (sandy debris versus a stone.) There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.63 cm). Overall echogenicity is slightly hyperechoic with poor 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.

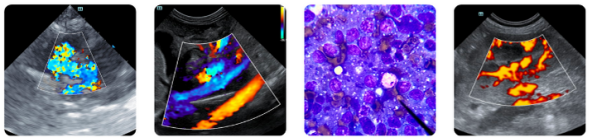
Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.55 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 0.61 cm at the cranial pole and 0.63 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 (1.6 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic



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parenchyma appears normal. There is a hypoechoic nodule visualized at the caudal aspect of the spleen measuring 0.78 cm in diameter.

Liver

The liver is subjectively normal/borderline large 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.25 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

- Hypoechoic mass effect visualized associated with the bladder wall. Findings are concerning for a mass effect (transitional cell carcinoma, leiomyoma, leiomyosarcoma, etc.) The appearance is not classic for a transitional cell carcinoma.
- Age related changes visualized associated with both kidneys.
- Hypoechoic nodule in the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

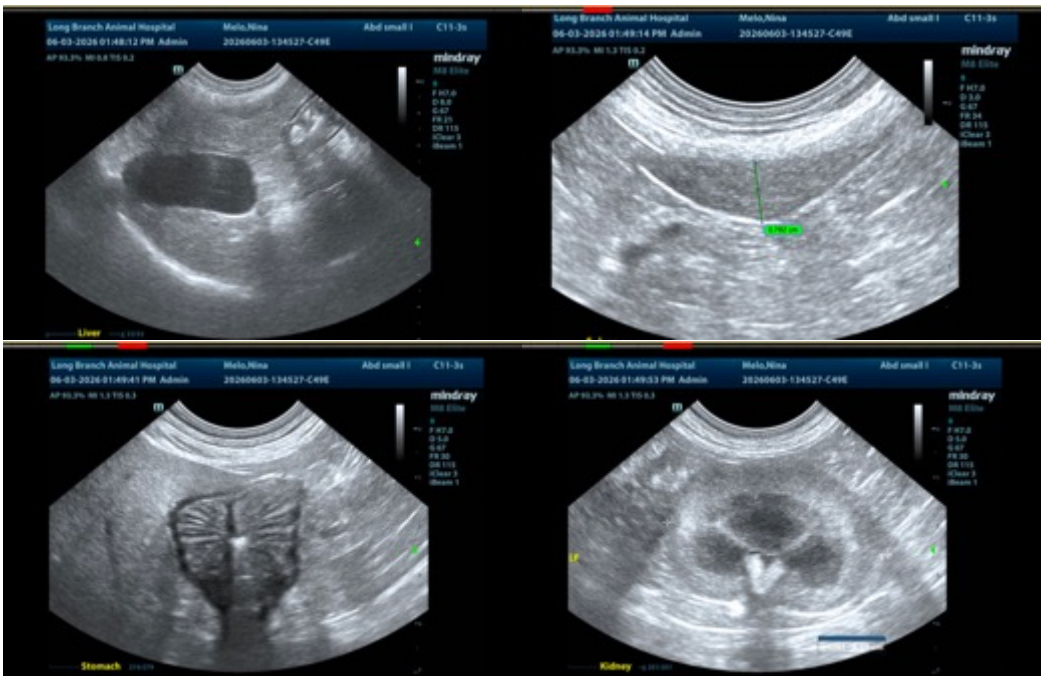
There is a suspected mass effect visualized in the bladder. This lesion does not have the classic appearance of a transitional cell carcinoma (recommend evaluation of the lesion with power doppler to assess vascularity, etc.), regardless this could represent a benign or neoplastic lesion. Correlate with a urinalysis, culture, and possibly cytology on a free catch urine sample if it is highly cellular. If a diagnosis cannot be obtained options could include cystoscopy, surgical evaluation (recommend confirmation that the lesion is persistent prior to considering surgery), a fine needle aspirate or traumatic catheterization could be considered but there can be concern for tracking neoplastic cells along the needle path. It is uncertain if this is currently causing clinical symptoms or is responsible for the patient not feeling well.

The remainder of the changes observed on today's scan are relatively non-specific. There are changes visualized associated with both kidneys. In the absence of significant azotemia, the significance of this is uncertain. There is a questionable stone in the left kidney. Recommend correlation with radiographs.

There is a small hypoechoic nodule in the spleen. Options moving forward would include a fine needle aspirate (if a safe window for sampling is available) or continued monitoring with ultrasound.

No significant focal lesions are visualized associated with the liver. Subjectively, it is borderline large. You could consider pre- and post-prandial bile acids to assess liver function +/- leptospirosis screening if clinically appropriate.

No evidence of significant gastrointestinal disease is visualized. Although, if this is strongly suspected you could consider a GI Panel to Texas A&M for a qualitative PLI/TLI, cobalamin, and folate to further evaluate.



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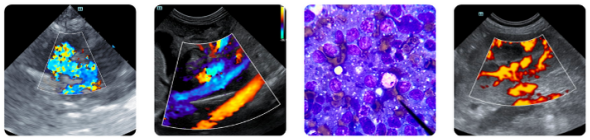

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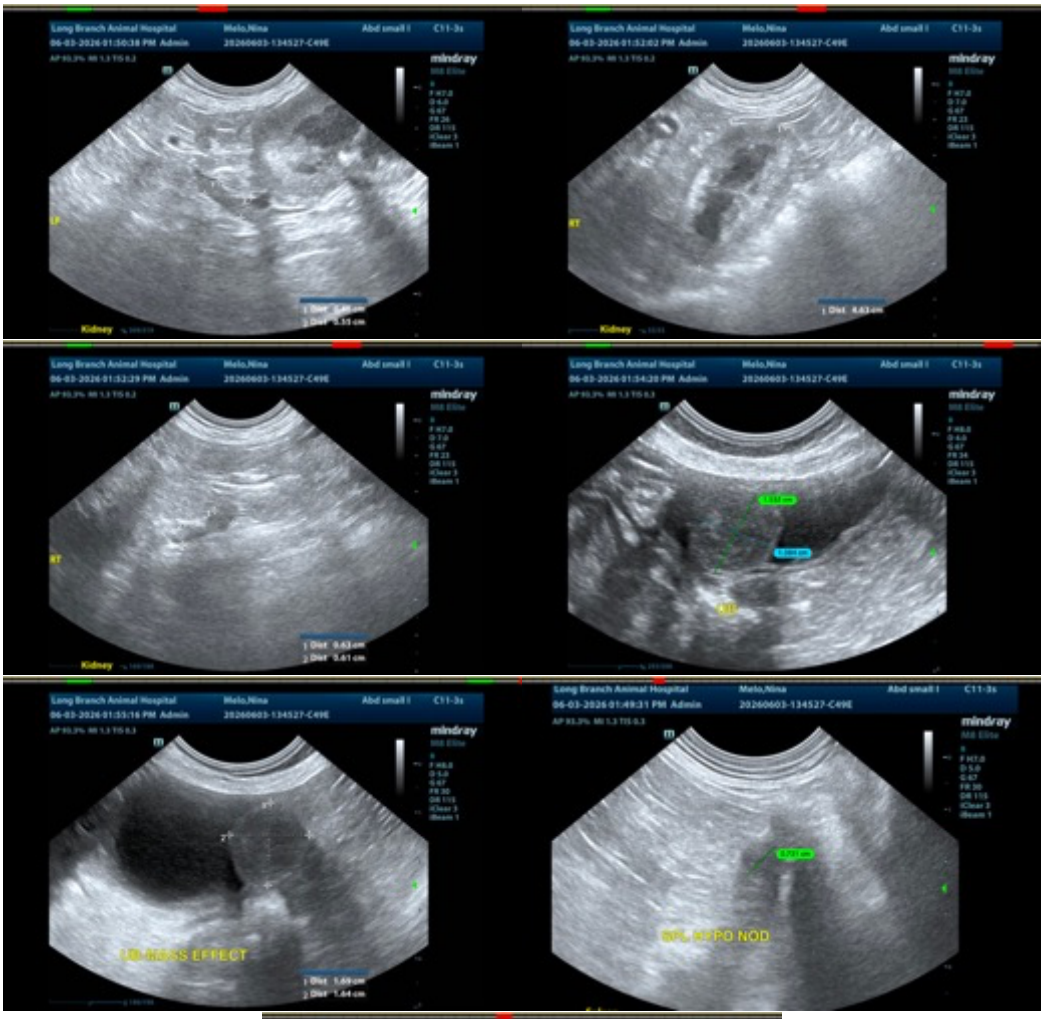

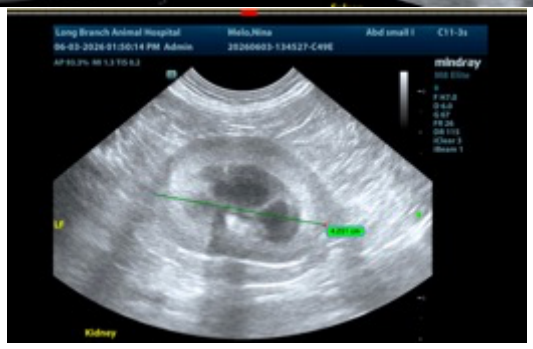

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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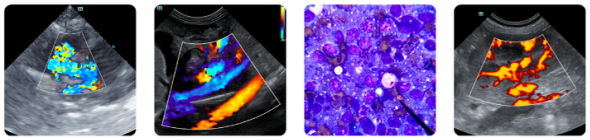

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