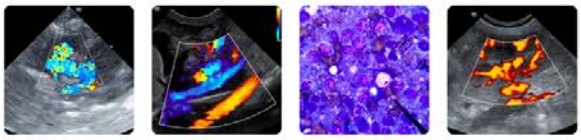


DATE

6/4/26

PATIENT

Savannah Russell

SPECIES

Canine

BREED

Terrier

SEX

Spayed Female

AGE

2/15/14

WEIGHT

42 lbs

INTERPRETED BY

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

HOSPITAL NAME

Abbey Animal Hospital

REFERRING VET

Dr. Kluttz

INVOICE

75705

PRESENTING CLINICAL SIGNS

Patient History: Increased bouts of GI upset. Was seen in January for vomiting. Seen in February for explosive diarrhea. Did rads in April as a follow up to February rads, there was a unusual outpouching of stomach/transverse colon. Also on original report, there was a splenic mass noted, but not on the follow up radiology report. Patient has had an increased appetite since March with no weight change.

Current Medications: Trazodone 100mg BID, Gabapentin 300mg BID
Labwork Results: Diagnostics attached, reported as: Evet report - 04/02/26: Ventral aspect of spleen has small focal rounded shape. VD projection the transverse colon has curvy shape and extends under rib cage. 4/27/26: No GI/abdomen lesion detected. No evidence of previous splenic mass.
Date of Previous IntraPet Ultrasound: 3/26/19. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
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 (5.04 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 (5.55 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 0.79 cm at the cranial pole and 0.64 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 1.24 cm at the cranial pole and 0.77 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 (2.71 cm in width at the level of the hilus), 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 subtle hyperechoic “bulge”/mass effect visualized towards the cranial aspect of the spleen, measuring 2.46 cm x 3.62 cm with an occasional hyperechoic focus.

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. There is a hypoechoic nodule visualized within the parenchyma measuring 1.65 cm in diameter.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. A significant portion of debris appears mineralized and shadowing. Findings are most consistent with mineralized debris/small choleliths. There is no evidence of bile duct dilation.

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 0.39 cm. Jejunum wall measures 0.31 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. 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

- Age related changes visualized associated with both kidneys.

- Subtle hyperechoic “mass effect” visualized associated with the spleen with hyperechoic foci – The lesion is subtle and has an appearance most consistent with a benign lesion. A neoplastic lesion cannot be ruled out.

- Mildly heterogeneous liver with a hypoechoic nodule – 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 (less likely) or other hepatopathy. The hypoechoic nodule has a somewhat

benign appearance, although an early neoplastic lesion cannot be ruled out. Recommend continued monitoring.

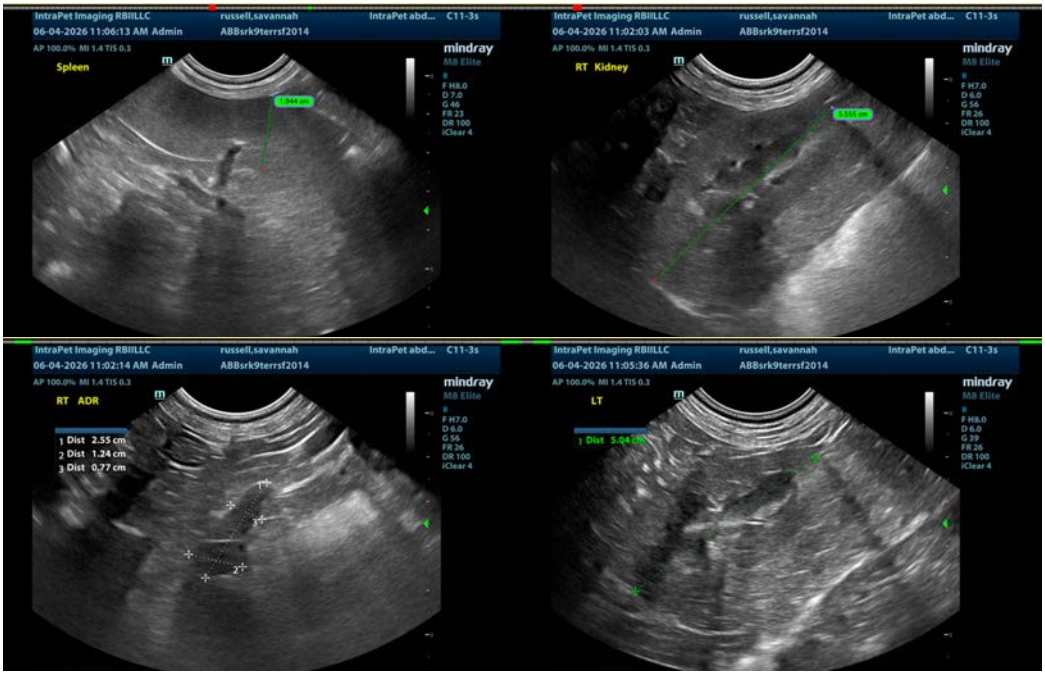
- Large gallbladder debris with mineralized debris/small choleliths – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

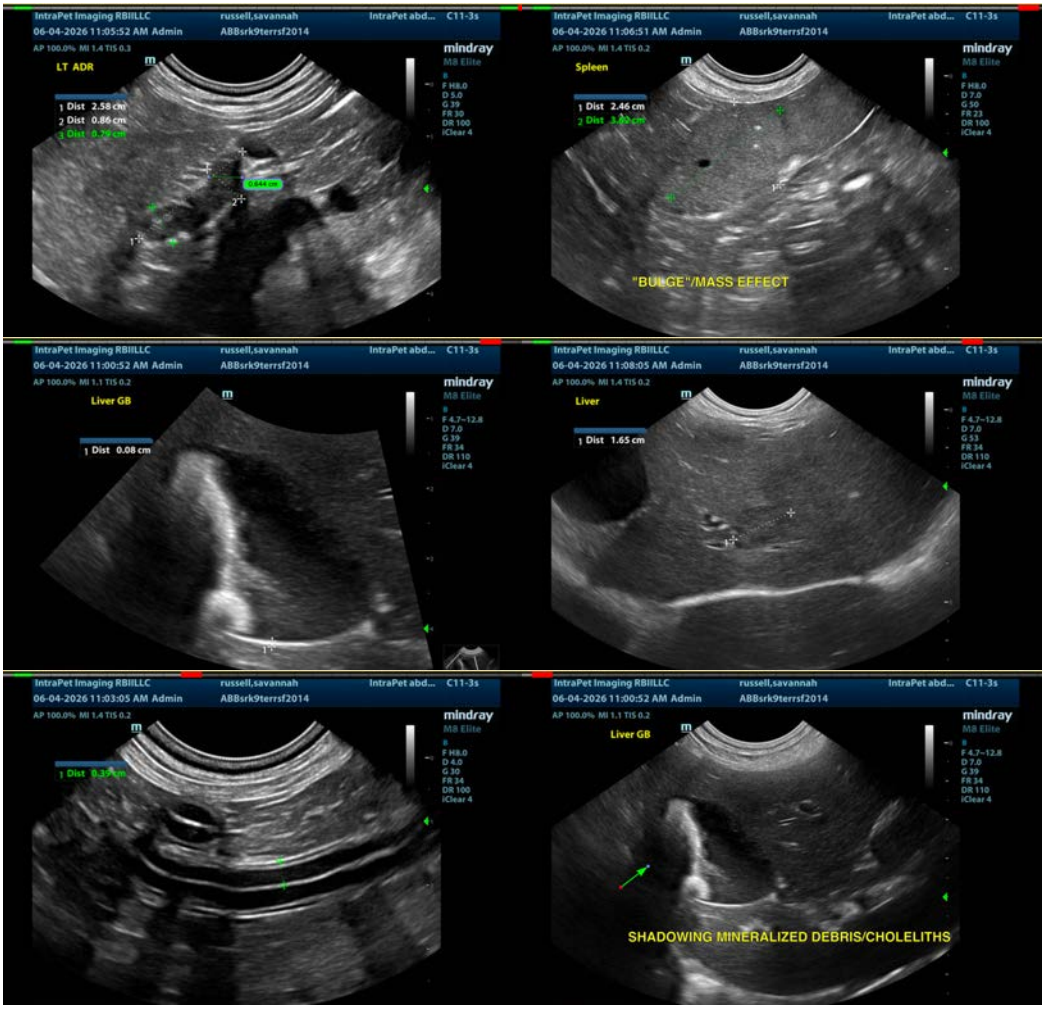
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a subtle hyperechoic mass effect/bulge visualized associated with the spleen. This generally has an appearance most consistent with a benign lesion, but a neoplastic lesion cannot be definitively ruled out. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

Subjectively, the liver is mildly heterogeneous and there is a poorly defined hypoechoic nodule. Correlate with current lab work. In the absence of liver enzyme elevations, the significance of this is uncertain. The general appearance is that of a potential mild vacuolr hepatopathy. The hypoechoic nodule likely is not in an easy are to sample. If a safe window for sampling is available, you could consider a fine needle aspirate. Otherwise, continued monitoring is recommended.

There is a large amount of mineralized debris within the gallbladder. Consider starting chronic Ursodiol therapy and continued monitoring of the gallbladder for evidence of wall thickening, obstructive disease, etc.





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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