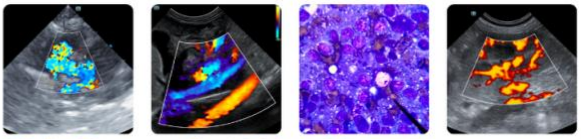


PATIENT

Bella Santiago

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11

WEIGHT

8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

13408

DATE

01/26/26

PRESENTING CLINICAL SIGNS

- Distended abdomen
- Chronic mitral valve disease (B2)

Abnormal PE/Chem/CBC/UA Results: Palpation - enlarged liver Bw-pending Urine spgr-1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length.

The right kidney was not definitively visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole.

Spleen

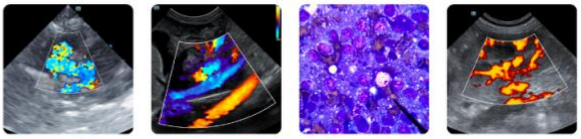
The spleen presented normal in size and contour with primarily homogenous parenchyma. A small hypoechoic noncapsule deforming to discrete hypoechoic nodule was visualized without capsule distortion measuring 0.77 cm in diameter.

Liver & Gallbladder

The liver was enlarged in size. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Subjective mild prominent to congested hepatic vasculature most notable at the level of the caudal vena cava junction with concurrent mild prominent to distended cranial abdomen caudal vena cava with no evidence of thrombus.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous subjective mild congested liver.
- Normal gallbladder.
- Discrete splenic nodule.
- Mild age-related left kidney.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending lab work is recommended. Assuming patient is non-sedated, the mild hepatic congestion may suggest cardiac or intrathoracic disease. Correlation with clinical history and three view chest radiographs, if patient is non-sedated, is recommended. Hepatic vacuolar changes, inflammatory disease, hyperplasia, occult hepatic neoplasia (thought less likely) are all potentials. Assuming normal clotting status and if elevated liver enzymes, hepatic FNA cytology could be considered for further clarification. No evidence of adrenal pathology, although adrenal workup is warranted if clinical signs are consistent with Cushing's syndrome.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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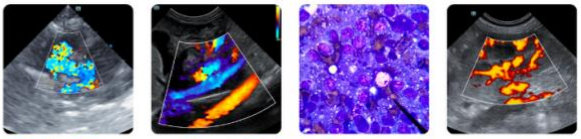

Clinical Sonography & Telecytology
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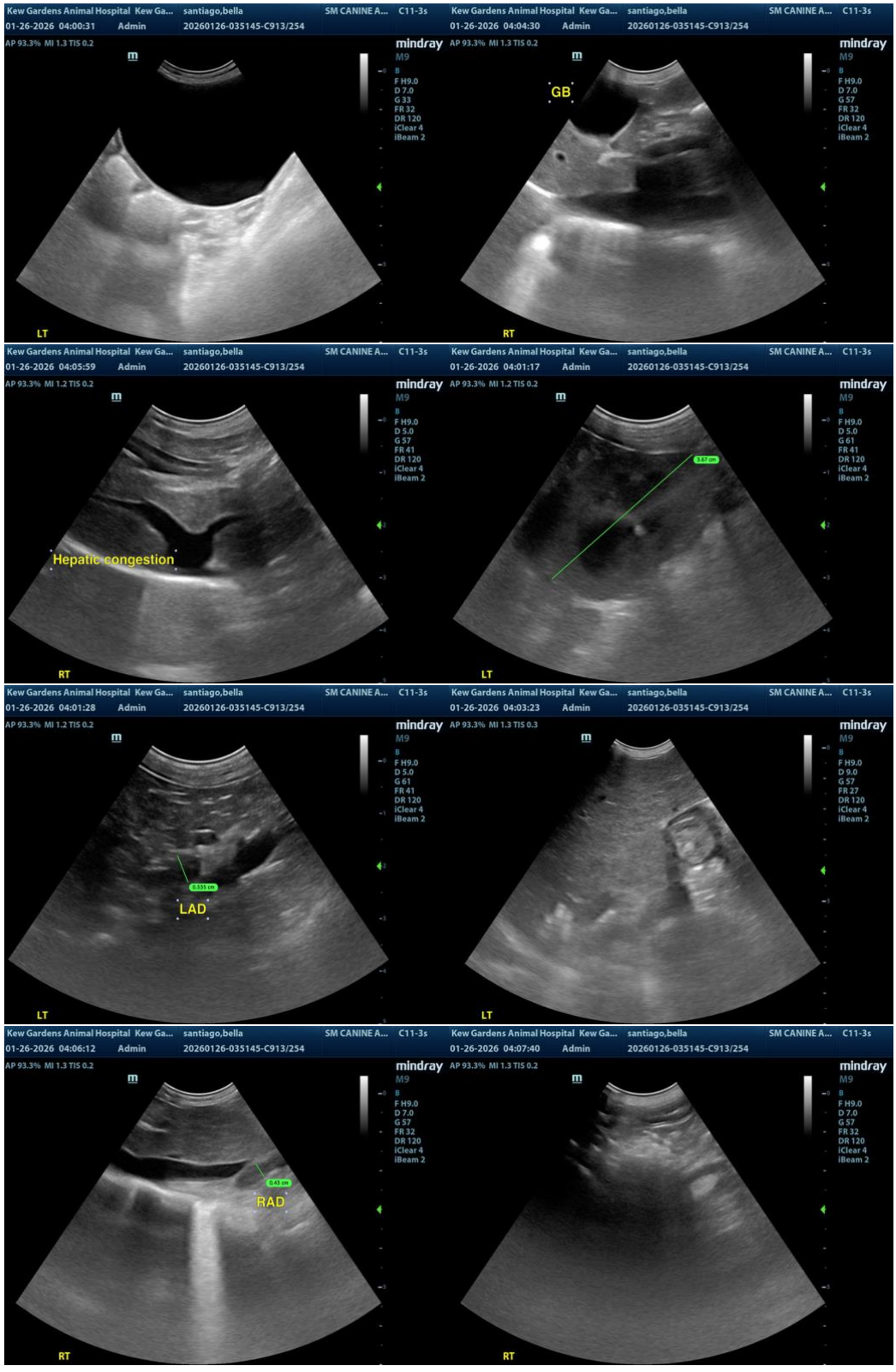

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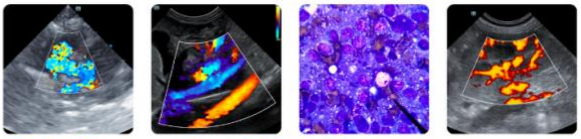

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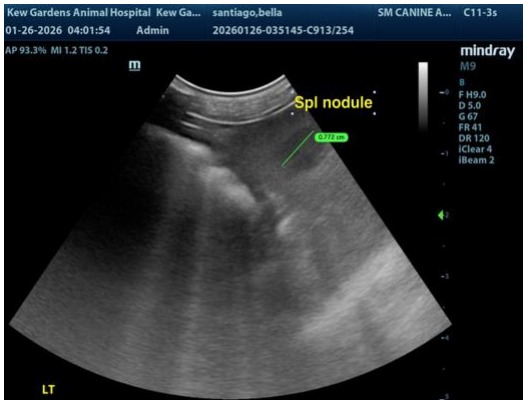

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com