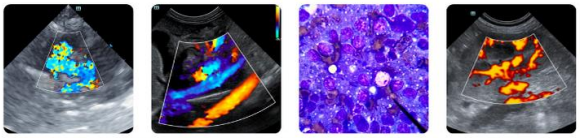


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Oliver Miller

SPECIES

Canine

BREED

Mini Poodle

SEX

NM

AGE

14 years

WEIGHT

15.8 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Banfield Animal Hospital Salem Oregon

REFERRING VET

Dr. Alger

INVOICE

10510

DATE

1/6/25

PRESENTING CLINICAL SIGNS

HM grade 2 left sided systolic, Temp 100.4, HR 160 (shaking) BCS 5/9, CRT <2, Mm pink moist. head tilt to the right. Meds: Enalapril 5 mg q 24 hours, Librela.

Abnormal PE/Chem/CBC/UA Results: 12/5/25- LDDS- Cortisol sample 3, 8.3 (elevated), 10/26/25- ALT 146, Chol 338, GGT 16, Hemoglobin 19.1, Eosinophils 0.3, PCT 0.14, PLT 137

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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was sonographically normal.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild medullary mineral was noted. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

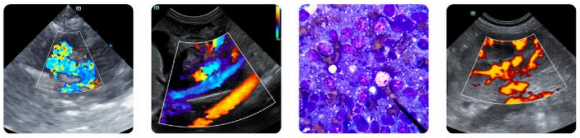
The left and right adrenal glands were mildly enlarged based on caudal pole width measurement in light of body weight with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland measured 0.63 cm width at the caudal pole.

Spleen

The spleen was normal in size with a mild, medial capsule asymmetrical contour and mild heterogeneous parenchyma. A solitary visualized small to non-capsule deforming nonhomogeneous hypoechoic cranial lateral splenic nodule was present, measuring 0.55 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Subjective adequate hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed, nonorganized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver - consistent with mild benign hepatopathy
- Nonorganized gallbladder debris - not consistent with mature mucocele
- Chronic renal changes with mild medullary mineral
- Bilateral mild adrenomegaly
- Small splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenomegaly is suggestive of benign hyperplasia criteria without evidence of adrenal neoplasia. Hepatosupportive medications may be considered if evidence of progressive hepatopathy or cholestasis.

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

Recheck urinalysis is suggested if not recently done.

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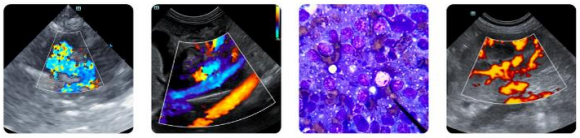

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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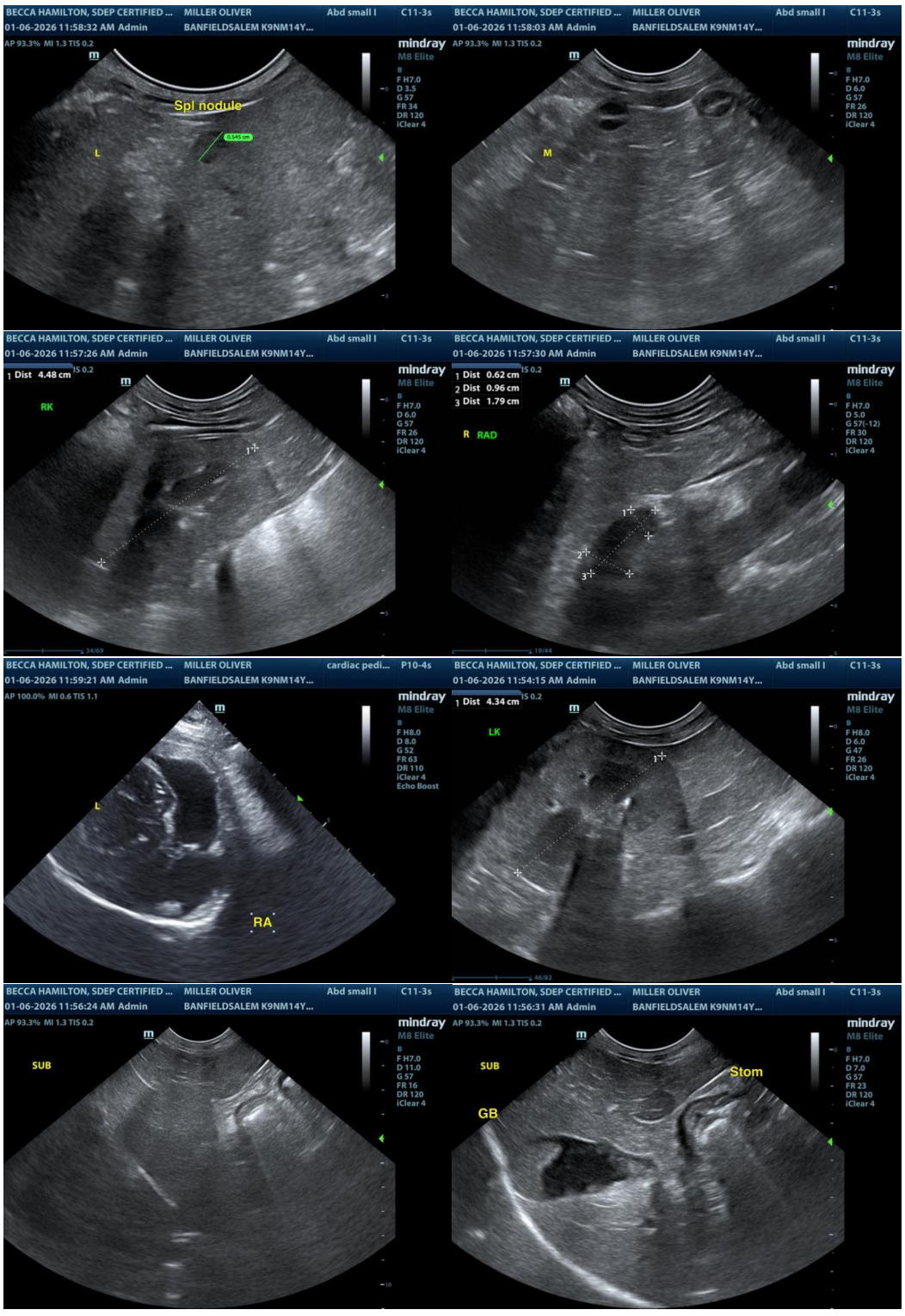

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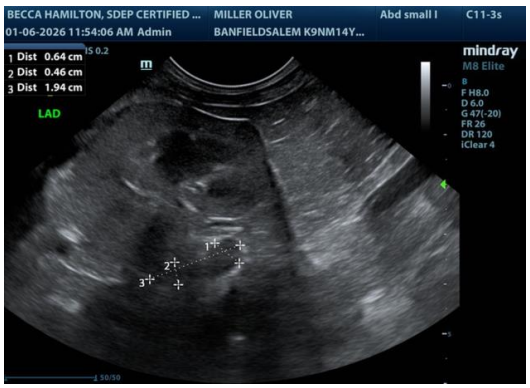

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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