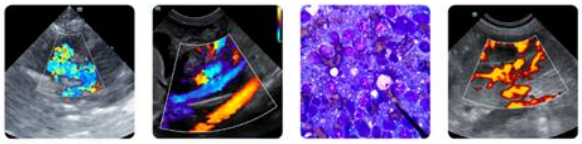


PATIENT

Tank Johnston

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

9yr

WEIGHT

80

INTERPRETED BY

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

IMAGING PERFORMED BY

Johnathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Johnathan Moss

INVOICE
23480

DATE
01/07/2026

PRESENTING CLINICAL SIGNS

Pt presented for recheck proteinuria and weight loss. pt has lost about 10lbs since 10/22 after starting on enalapril.

Abnormal PE/Chem/CBC/UA Results: weight loss. ALB was 2.4 today. previous BW attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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. Solitary visualized lateral left kidney cortical cyst present measuring 0.84 cm in diameter. The left kidney measured 8.0 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

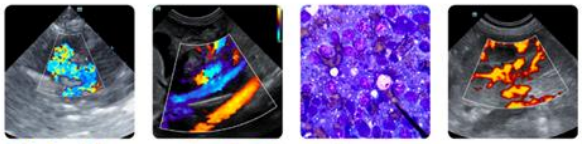
The spleen exhibited overall normal size with a primarily homogenous parenchyma. A solitary non-capsule deforming mid-splenic non-homogenous to hypoechoic nodule measuring 2.0cm in diameter was present.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor congealed, possibly adhered gallbladder debris The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The left pancreas was mildly prominent size with asymmetrical capsule contour and non-homogenous, mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific mild chronic renal changes
- Splenic nodule.
- Mild non-organized gallbladder debris (non-mucocele)
- Sonographically unremarkable visualized gastrointestinal tract with gastric ingesta
  Most consistent with food echogenicity
  Mildly prominent non-homogenous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with recheck urinary workup, including UPC and suggested recheck CBC and chemistry panel to assess for underlying non-obvious disease is recommended.

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 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.

Correlation with most recent meal ingestion is recommended. If documented NPO, recheck gastrointestinal ultrasound may be considered following documented 12-hour fast. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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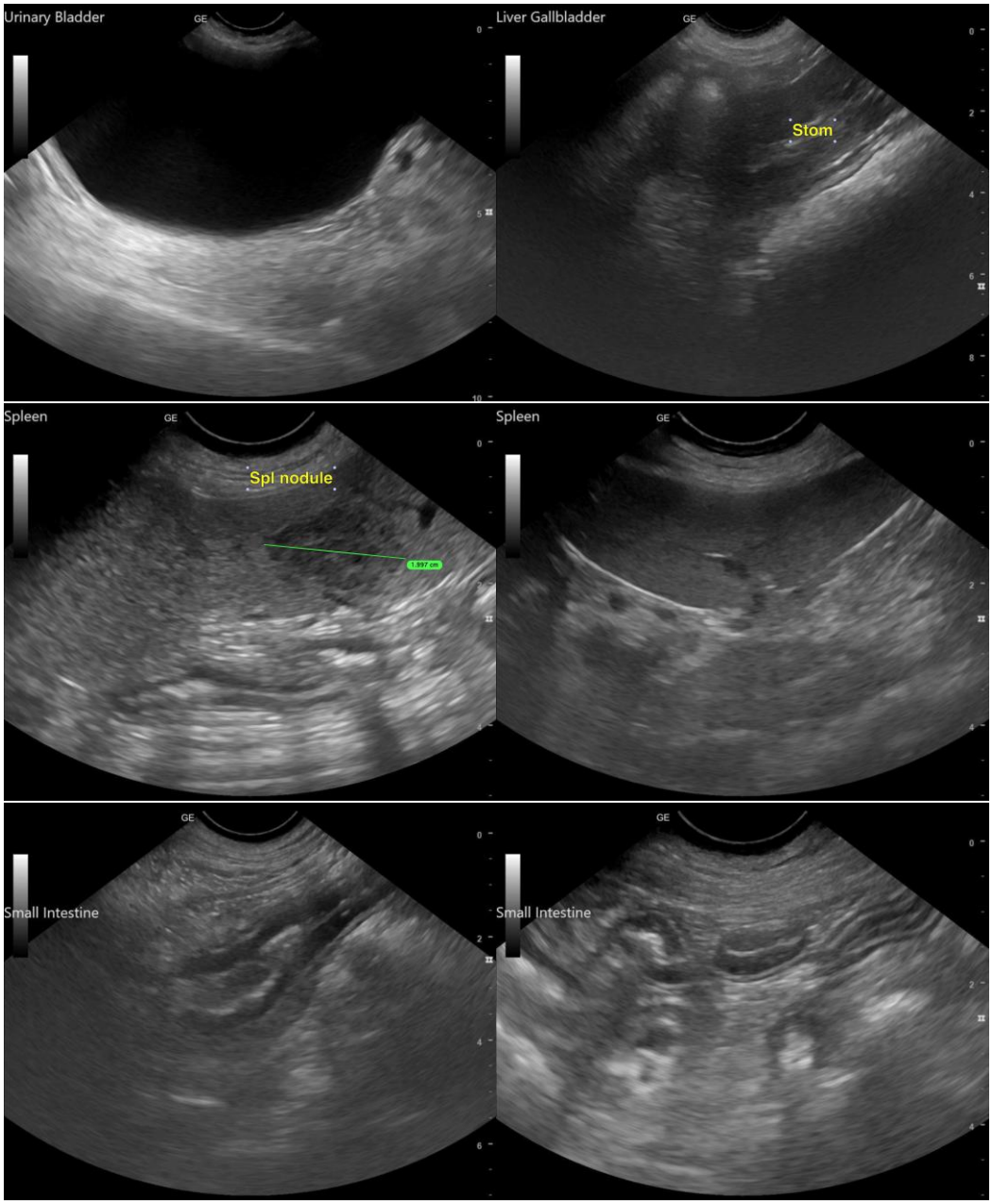

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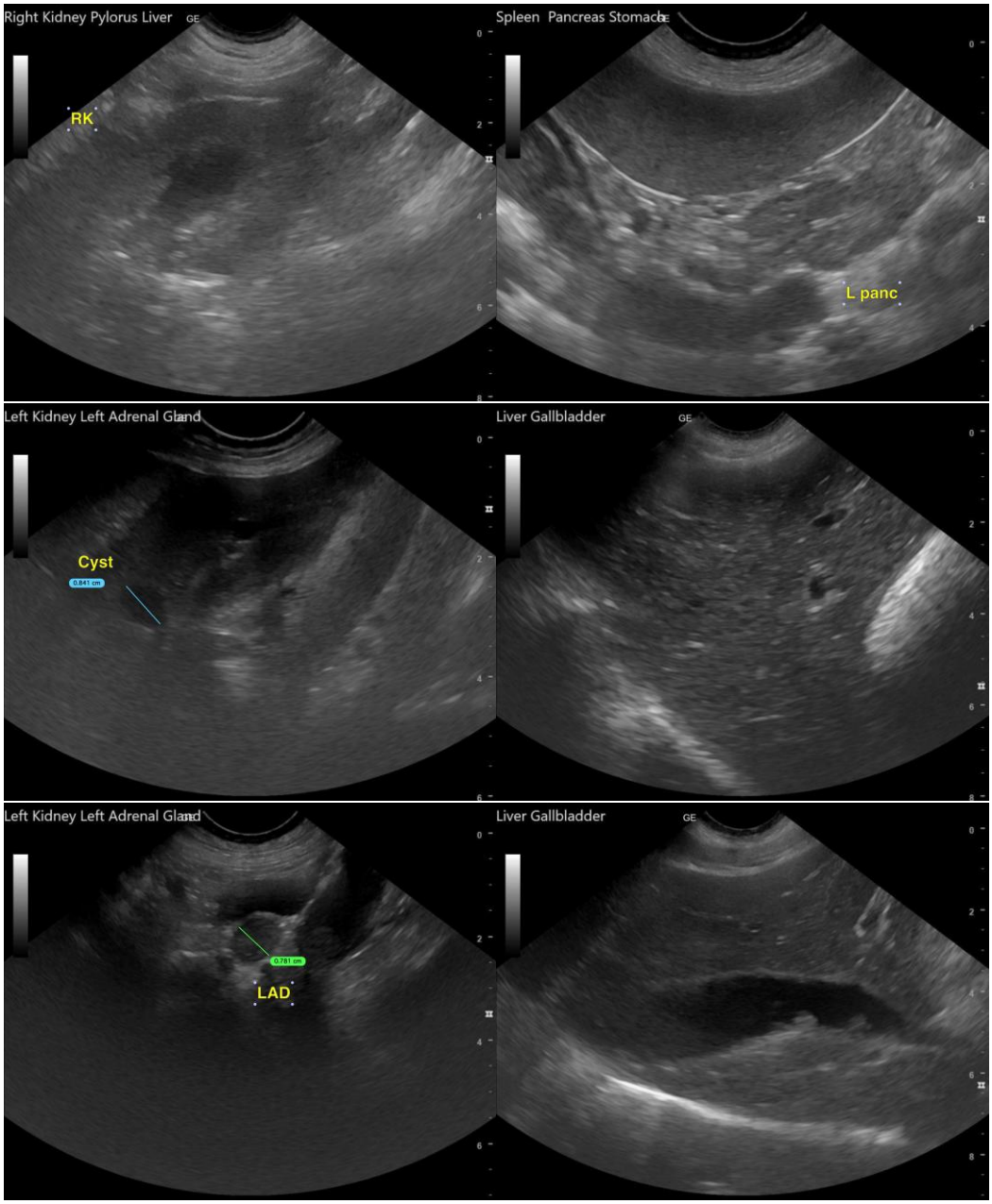
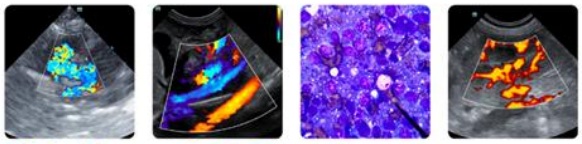


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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