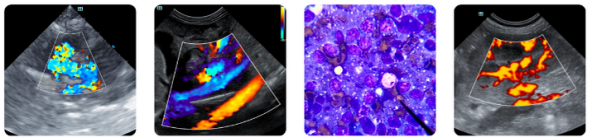

PATIENT

Gibbs Wheway

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

9y

WEIGHT

9.5 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk, RDMS, RDCS

HOSPITAL NAME

Falconridge AH

REFERRING VET

Dr. Rix

INVOICE

13047

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Follow up of splenic nodule(s) from June 2025 on Sonopath.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with urine with mildly thickened ventral to ventral apical urinary bladder wall measuring 0.66 cm. The bladder contained dependent to non-dependent, accumulated, mildly mineralized debris. The visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Static, non-obstructive, small renoliths present. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm.

Spleen

The spleen was normal in size with symmetrical contour and mild heterogeneous parenchyma. Previously noted, caudal splenic nodule measuring 0.8 cm in diameter without associated capsule distortion and was hypoechoic in appearance. Concurrent similar appearing xcranial splenic nodule measuring 0.71 cm in diameter.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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 with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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.

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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

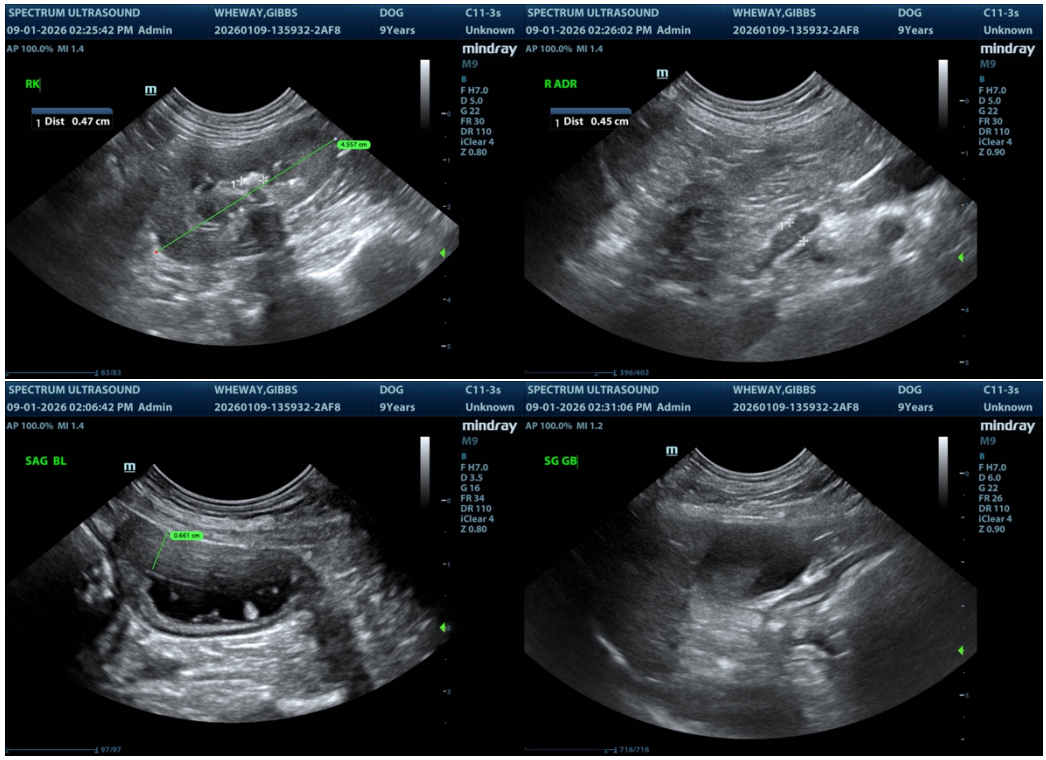
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment/mineral
- Static bilateral, non-obstructive small renoliths
- Normal volume liver with mild, non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of splenic nodule progression or capsule distortion given lack of progression. Benign splenic etiology such as lymphoid hyperplasia or hematopoiesis is favored. Using 25-gsgugel needle and assuming normal clotting status, splenic nodule FNA cytology could be considered for further clarification vs continued sonographic monitoring. Urinary workup recommended if not recently done.



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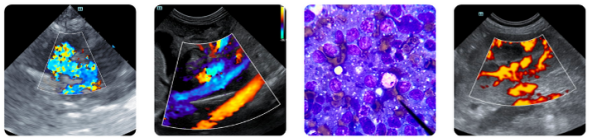

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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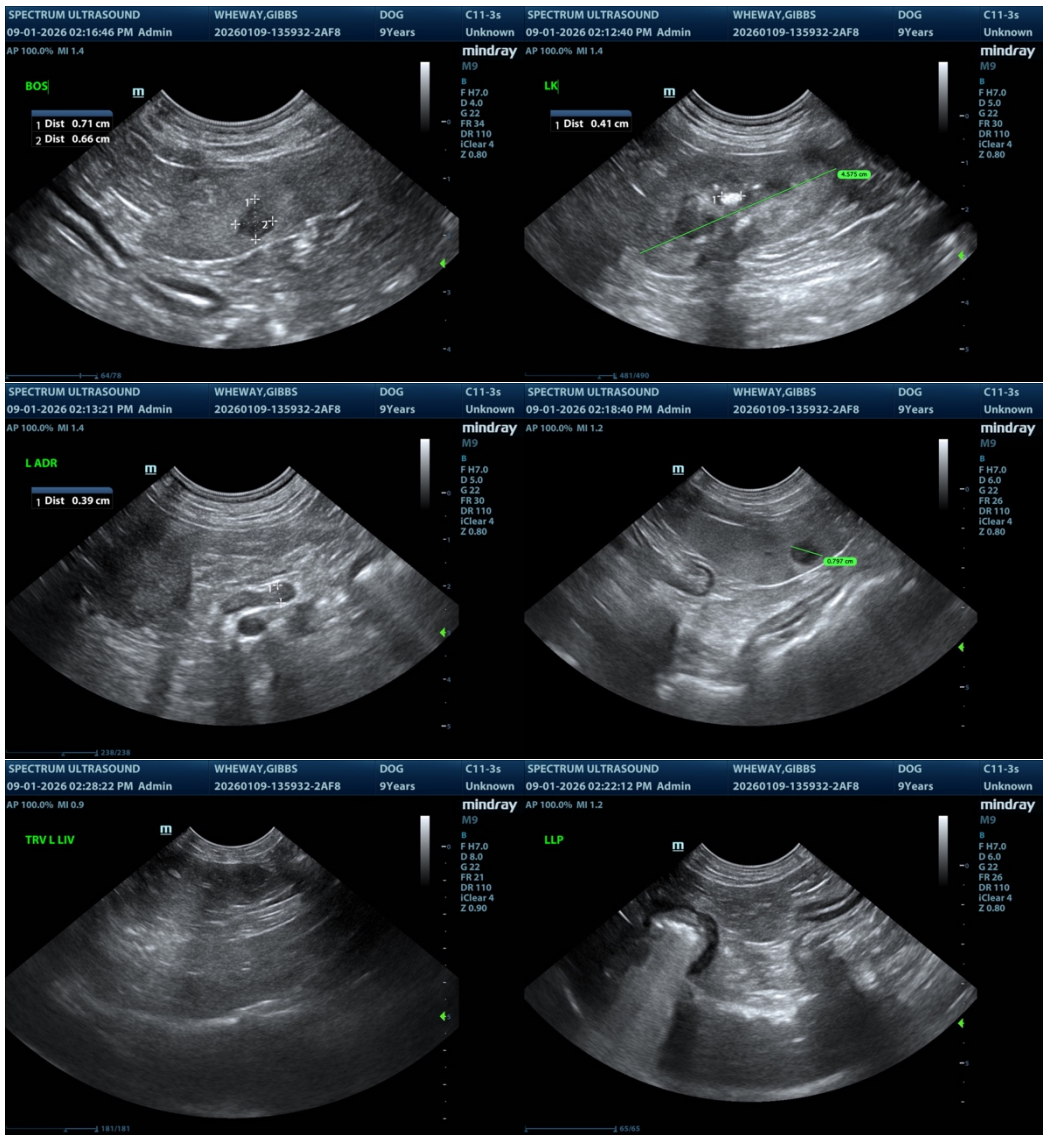

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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