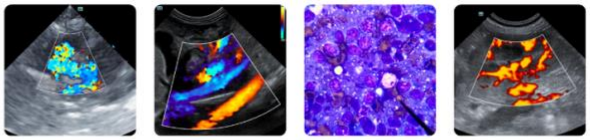

PATIENT

Gabe Brunk

SPECIES

Canine

BREED

Bichon/Poodle Mix

SEX

Neutered Male

AGE

15 Years 5 Months

WEIGHT

20.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Milad Gendi

HOSPITAL NAME

Severn River Animal Hopsital

REFERRING VET

Dr. Milad Gendi

INVOICE

12375

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Radiographs showed splenomegaly. P fasted since 10 pm. Sedation given: 0.15 mL Torb and 0.15 mL Midazolam. Current medications: Gabapentin 100mg - 1 C BID Galliprant 20mg- 1 T SID Clindamycin 75mg - 1 C BID R/O Splenomegaly vs Splenic masses

Abnormal PE/Chem/CBC/UA Results: BUN 32.8 9.0 - 29.0 mg/dl HIGH MONO 0.13 0.14 - 1.02 10^3/uL LOW

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 residual prostate was sonographically normal.

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. The left kidney measured 4.8 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.54 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. A subtle isoechoic homogenous ventral liver nodule was visualized measuring 2.5 cm in diameter.

The gallbladder was indistinctly visualized with no evidence of gallbladder over distention or mucocele criteria. The common bile duct was not visualized.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme 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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal spleen.
- Subtle homogenous hepatic nodule- suspect benign process such as hyperplasia or hepatoma-like nodule.
- Age-related renal changes.
- Mild nonshadowing gastric ingesta- consistent with retained food/chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral (specifically splenic) pathology. Urinary work up including urinalysis +/- renal staging to include screening culture/sensitivity and UPC level if clinically indicated and given borderline azotemia is recommended. Sonographic monitoring of the suspect benign hepatic nodule for evidence of progression would be reasonable. Assuming normal clotting status, FNA cytology of the liver nodule for further clarification could be considered.

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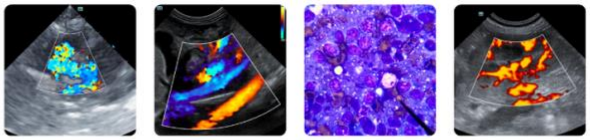

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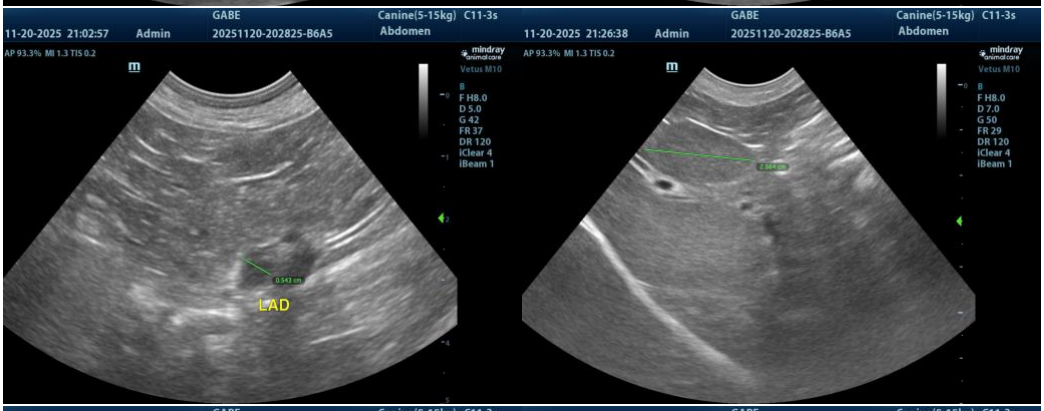

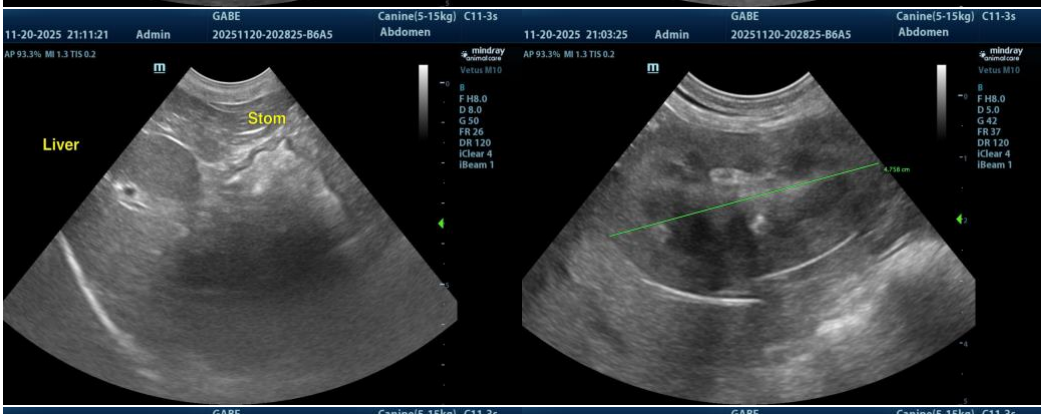

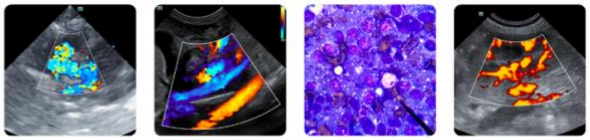

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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