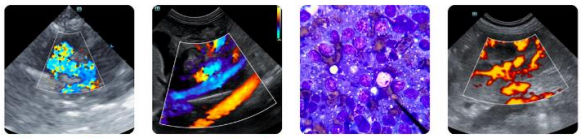


PATIENT

Bear Savitske

SPECIES

Canine

BREED

Cavalier King Charles Spaniel Mix

SEX

MN

AGE

2013

WEIGHT

36

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

North Saucon Animal Hospital

REFERRING VET

Dr. Harley

INVOICE

10295

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Behavior changes, large submandibular lymph node, pre surgical

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Mild polyploid cystitis pattern was noted in the ventroapical and dorsal urinary bladder wall. Multiple dependent lumen cystic calculi were noted.

The residual prostate was normal in size with mild capsule asymmetry and mild nonhomogeneous focally hyperechoic parenchyma measuring 1.35 cm diameter. No evidence of prostatic or proximal urethral calculi to a depth of 4.0 cm.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.1 cm in length. Nonobstructive renolithiasis was noted in both kidneys.

Adrenal Glands

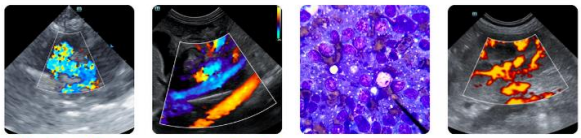
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the caudal pole. The right adrenal gland measured 0.34 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size exhibiting a normal wall without evidence of inflammation or edema. Moderate variably congealed to nondependent gallbladder debris was present. The common bile duct was not definitively visualized. No evidence of peripheral gallbladder inflammation.



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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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjective benign
- Immature gallbladder mucocele
- Chronic renal changes with renolithiasis
- Cystic calculi with mild polyploid cystitis pattern
- Pinpoint to focal residual prostate hyperechoic parenchyma – suspect age variant / fibrosis, minor potential for mineralization
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. No overt abdominal neoplastic or metastatic criteria.

Hepatosupportive medications including Denamarin and Ursodiol with sonographic reassessment of the gallbladder, if evidence of progressive cholestasis, is recommended.

Although no evidence of adrenomegaly or pathology, adrenal screening could be considered if clinical signs consistent with Cushing's Syndrome are present in conjunction with hepatopathy and thrombocytosis.

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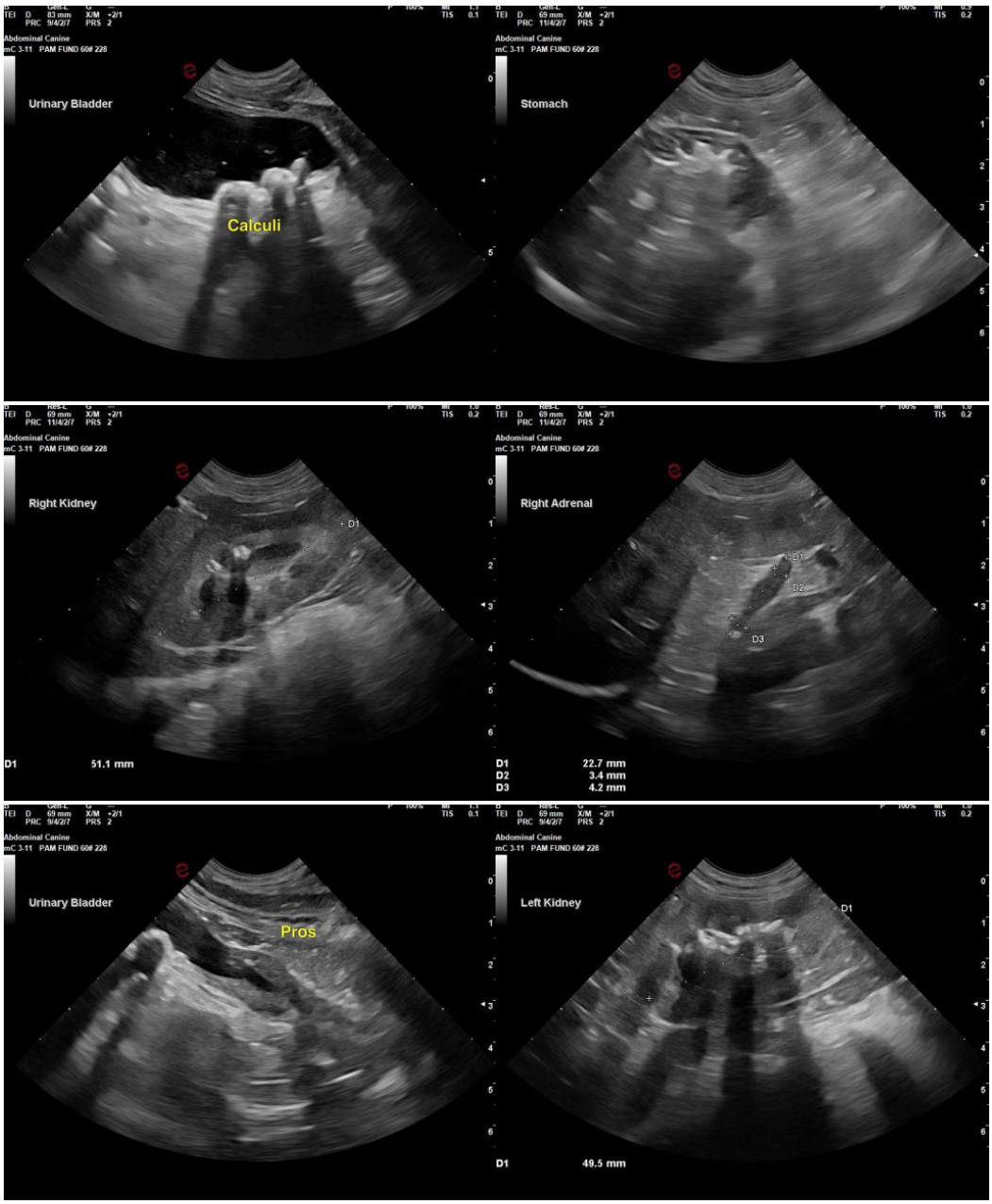

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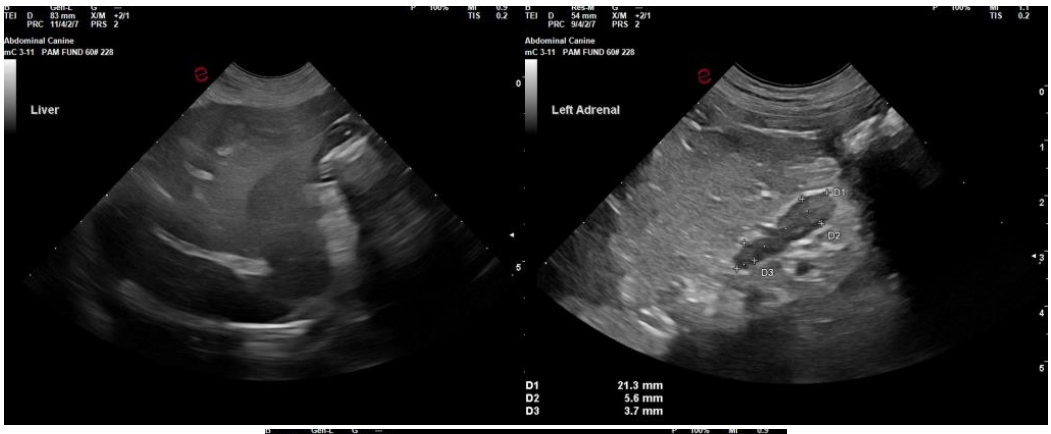

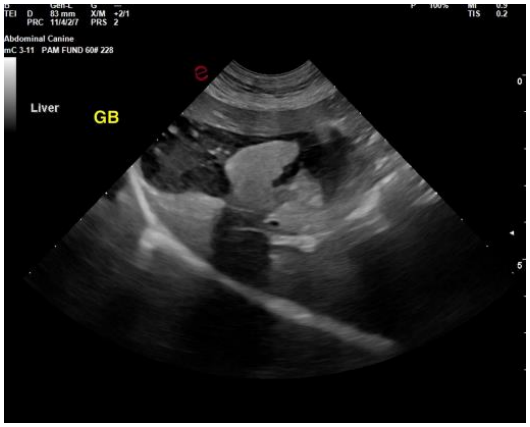

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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