PATIENT

Jessie Tullo

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

14 yrs

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Vets

REFERRING VET

Dr. Glennon

INVOICE

10299

DATE

11/5/25

PRESENTING CLINICAL SIGNS

R/o met to abd LN's- cytology ACAGCA R side. CXR-clean. Also has urinary (cyctic) calculi.

Abnormal PE/Chem/CBC/UA Results: Hemat-39 Mono-91 PLT-661 Cal-12.2 TP-7.9 ALB-4.1 Bili-0.2 Chol-467 Lipase-599

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. An example of a calculus measured 1.1 cm diameter. There was no evidence of obstructive pathology in the area of the ureteral papilla.

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Right kidney medullary renoliths and lateral cortical cysts were present. The left kidney exhibited moderate hydronephrosis with concurrent renolithiasis and mild proximal left hydroureter with ureteral lumen mineral extending visualized 4.0-5.0 cm distal to the left kidney. The left kidney measured 5.0 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size based on caudal pole width measurement. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several to coalescing, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild

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parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Subtle mid-liver hyperechoic intraparenchymal nodule was present, measuring 1.3 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with minor, nonorgnaized gallbladder debris. The cystic and common bile ducts were normal.

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 omental lymphadenopathy or masses were visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Cystic calculi with mild cystitis
- Chronic renal changes exhibiting medullary renolithiasis, left kidney hydronephrosis with concurrent proximal left hydroureter with ureteral mineral
- Benign splenic nodules – consistent with myelolipomas
- Enlarged mildly nonhomogeneous liver with subtle intraparenchymal nodule – subjective benign
- Mild nonorganized gallbladder debris (non mucocele)
- Mild bilateral adrenomegaly – subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intrabdominal or retroperitoneal lymphatic metastasis. The subtle liver nodule is suggestive of benign criteria, i.e., lipogranuloma or nodular hyperplasia in conjunction with splenic myelolipomas. This patient is suspected to be passing mineral from the kidneys into the urinary bladder with concern for partial left ureter obstruction. Correlation with urinary workup is recommended. Sonographic monitoring of the abdomen based on oncology recommendations is indicated. Adrenal screening or workup may be considered if clinical signs consistent with adrenal disease are noted.

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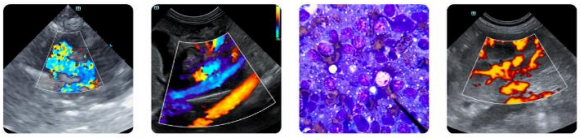

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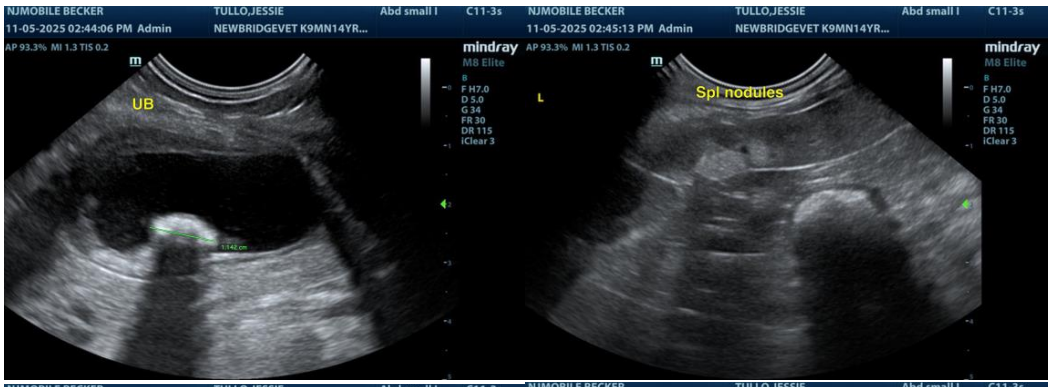

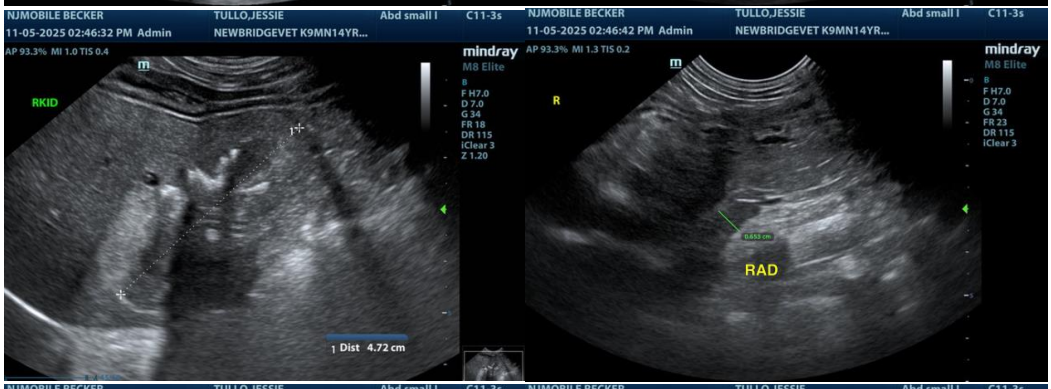

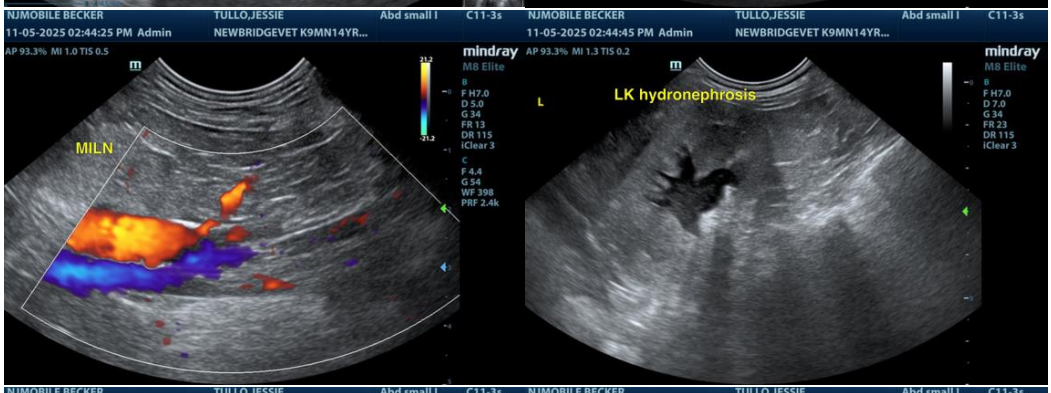

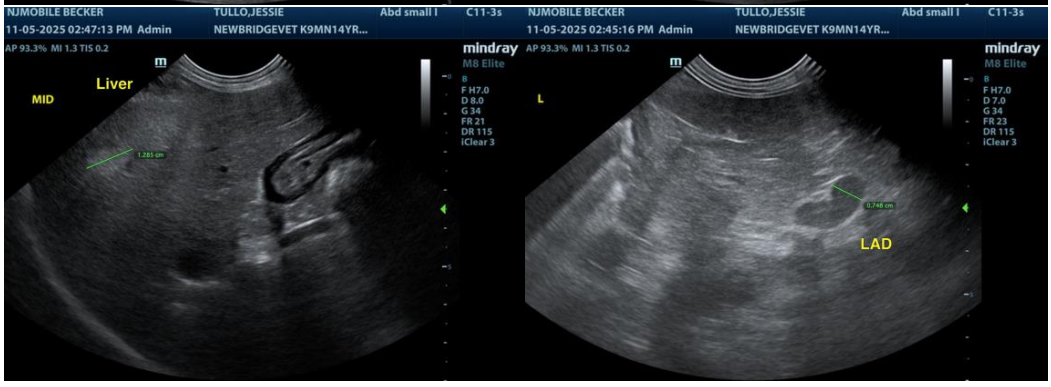

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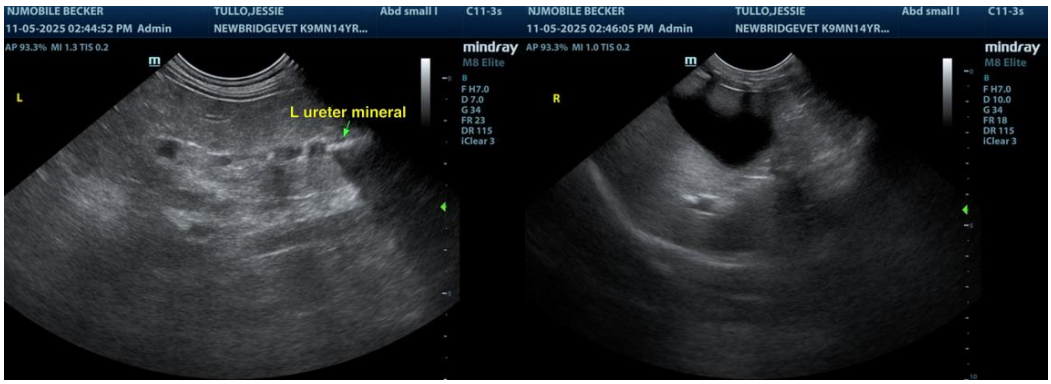

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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