



PATIENT

Pinto Bujas

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9 yrs, 8 mon

WEIGHT

86 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. Elshafie

INVOICE

10297

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Further diagnostics high liver values, low plt. Meds- hydrox and doxy.

Abnormal PE/Chem/CBC/UA Results: ALP-1848 ALT-588 Tbili-1.3 glob-4.9 wbc-19.65 Neu-14.50
 PLT-71

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

The residual prostate was free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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. A left kidney, caudal, thinly-walled cyst was present, containing anechoic fluid, and measuring 4.1 cm diameter. The left kidney (including the cyst) measured 9.9 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

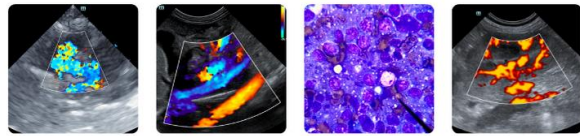
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

Multiple, variably expansive, nonhomogeneous, hypoechoic splenic masses to nodules were present, some with associated splenic capsule distortion. An example of a mass measured 4.4 cm diameter. An example of a nodule measured 2.5 cm diameter.

Liver/ Gallbladder

Hepatomegaly was noted with asymmetrical hepatic capsule contour and nonhomogeneous parenchyma exhibiting hypoechoic intraparenchymal nodules. An example of a liver nodule measured 1.5 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris.



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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 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 significant mesenteric lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Multiple splenic masses / nodules
- Enlarged nonhomogeneous nodular liver
- Minor gallbladder debris
- Age-related renal changes with left kidney cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, although sampling is required for further clarification, hepatosplenic neoplastic criteria is met with considerations including round cell neoplasia, sarcoma, or other. Assuming normal clotting status, splenic mass and hepatic FNA cytology could be considered for further clarification and oncology consultation. However, an unfavorable prognosis is indicated.



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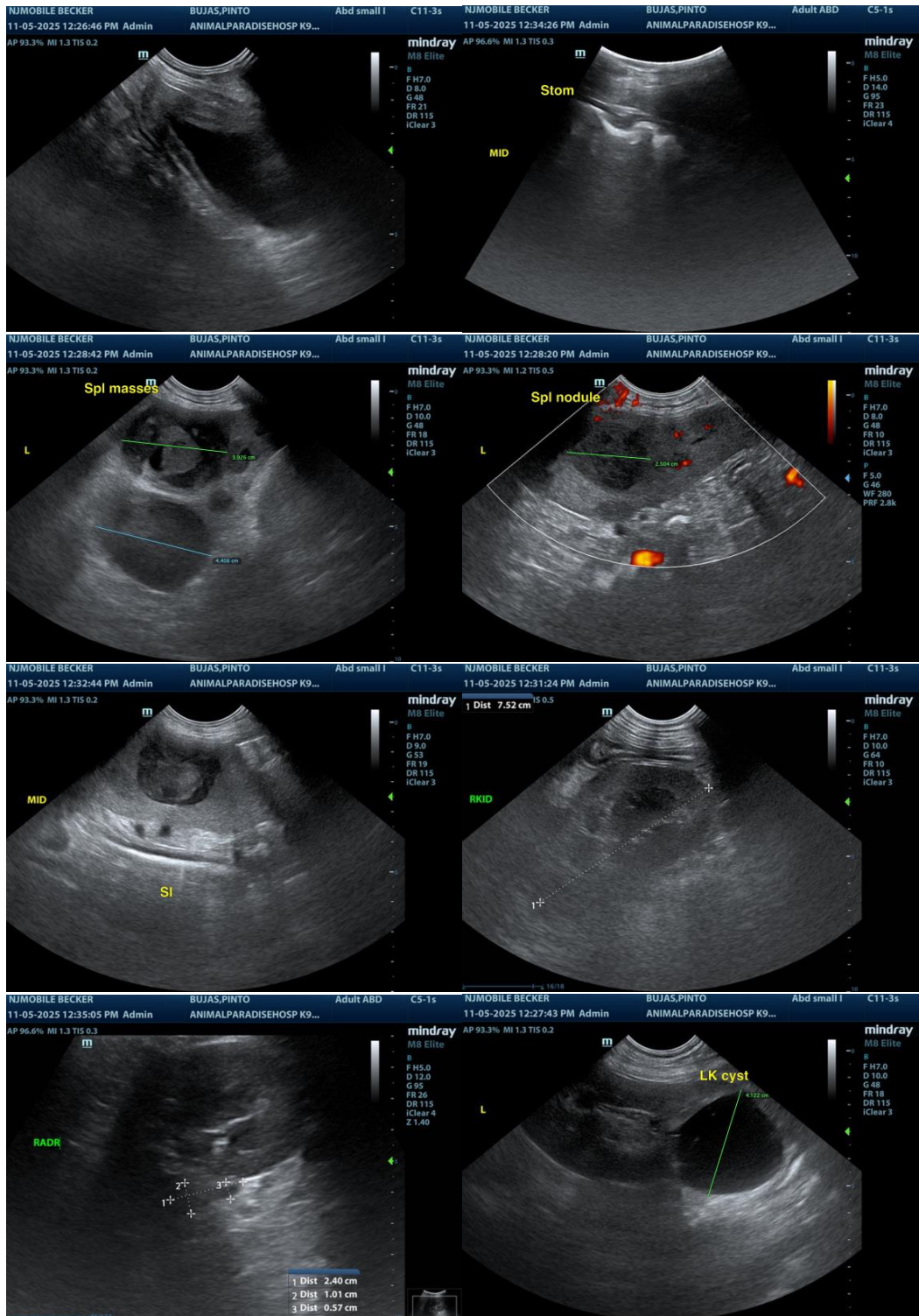
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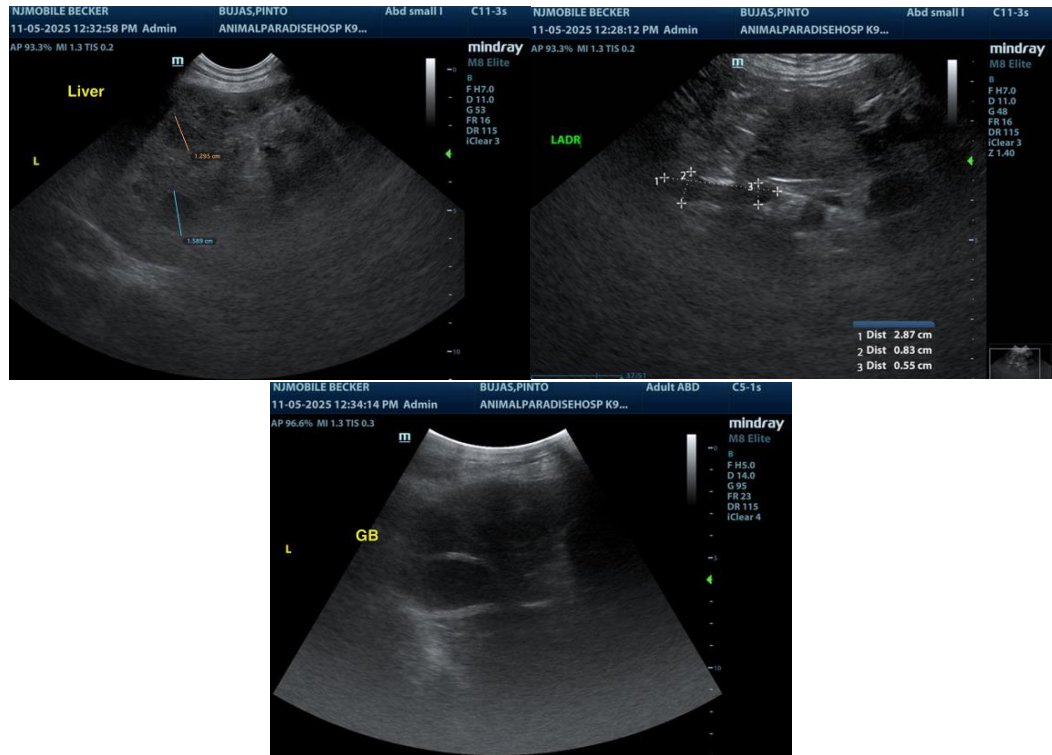
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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