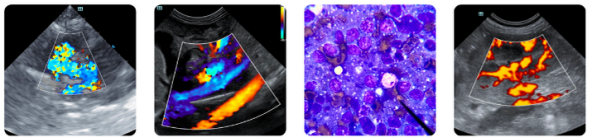

PATIENT

Maisy Caldwell

SPECIES

Canine

BREED

Pit Mix

SEX

Female Spayed

AGE

11

WEIGHT

57.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Salazar

INVOICE

12920

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: azotemia prev suspected Cushing's based on LDDS not currently on Vetoryl since April slightly PU/PD

Abnormal PE/Chem/CBC/UA Results: Creat 2.5 BUN 54 rest WNL ALT and LP WNL USG 1.23 36mg/dl protein

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 changes were noted.

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 5.9 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting subnormal size and measuring ~0.42 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal in size with primarily symmetrical contour and mild heterogeneous parenchyma. Solitary, non-capsule deforming, non-homogeneous mid splenic nodule was present measuring 2.0 cm in diameter.

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. 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 visible gastric walls exhibited intact visible wall layering without mural pathology or hypertrophy. The stomach contained moderate, progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

Normal visualized small intestine exhibiting segmental mild, non-shadowing ingesta/chyme.

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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.

Heart

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

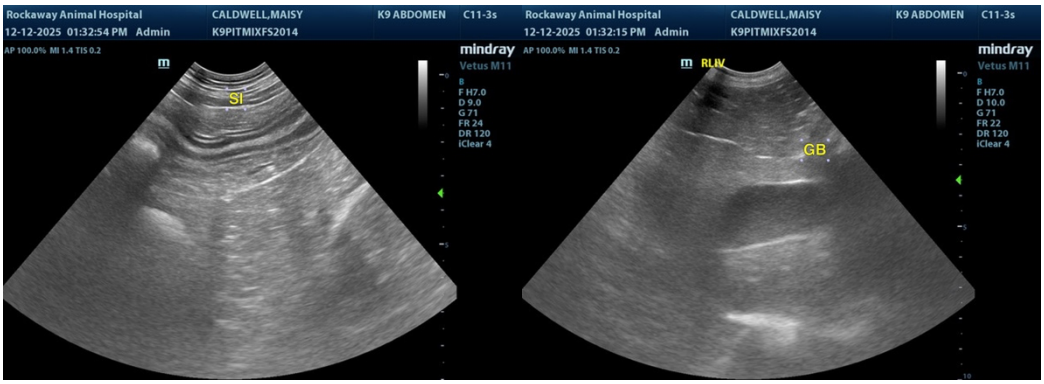
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Subjective subnormal left adrenal gland, non-visualized right adrenal gland
- Non-disruptive, non-homogeneous splenic nodule – hyperplasia, hematopoiesis, hematoma, emerging tumor not excluded
- Progressively shadowing gastric ingesta
- Sonographically normal liver with mild, non-organized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening cortisol level with possible full ACTH stimulation test if resting cortisol level is left than 2.0 is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The gastric ingesta is likely consistent with dense food echogenicity. Correlation with most recent meal ingestion is recommended. If reported NPO, documented 12-hour fast and sonographic reassessment of the stomach is indicted.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.



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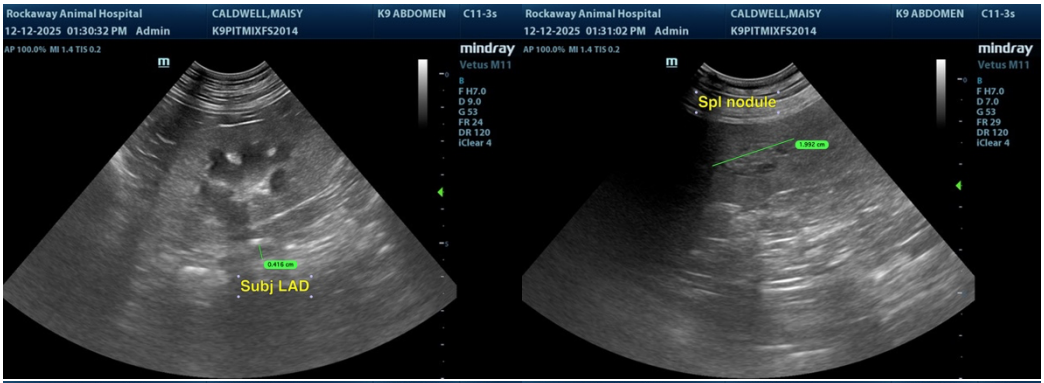

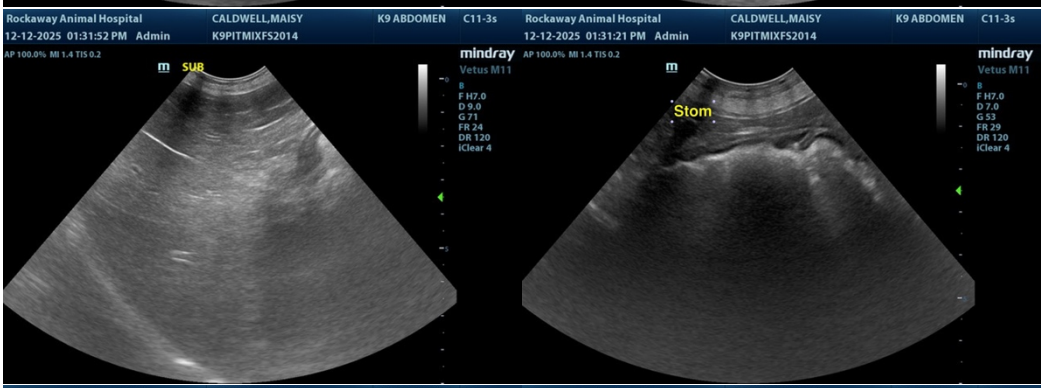

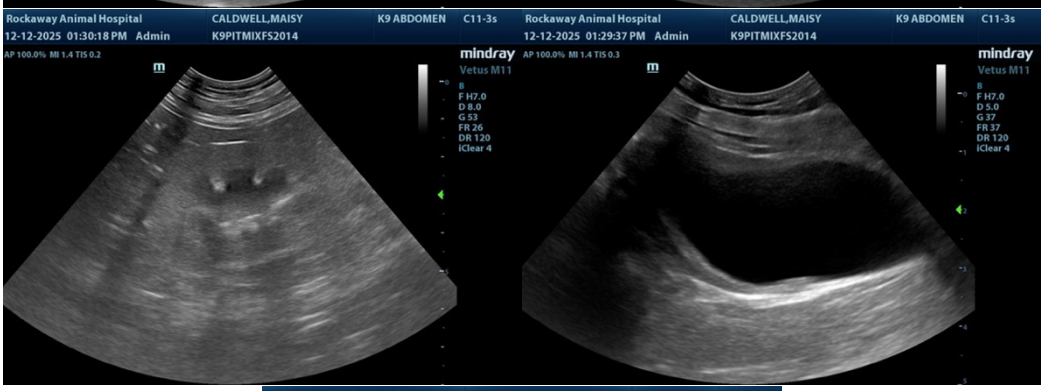

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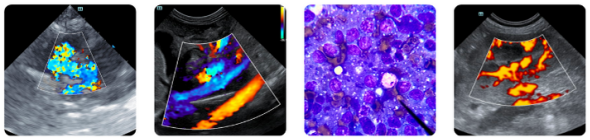

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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