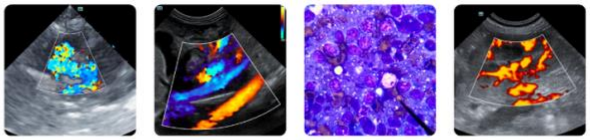

PATIENT

Sansa Wong

SPECIES

Canine

BREED

Cavalier X

SEX

Spayed Female

AGE

11

WEIGHT

9.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Kaur

INVOICE

12828

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Diarrhea with blood on occasion for last 60 days Not lethargic or Inappetent. On chicken and rice diet last few weeks. Temporary response to antibiotics.

Abnormal PE/Chem/CBC/UA Results: None recent fecal and ovum negative

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 urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The visualized medial iliac lymph nodes were sonographically normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 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 0.58 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 0.51 cm width at the caudal pole.

Spleen

The spleen revealed several fairly expansive nonhomogenous hypoechoic splenic nodules, some with associated mild regional splenic capsule distortion yet without evidence of capsular escape. An example of the splenic nodules measured 1.8 cm in diameter. Smaller splenic nodule measured 0.85 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. Normal wall without evidence of inflammation or edema. The cystic and common bile ducts were normal. Nonobstructive choleoliths were present in the gallbladder lumen with an example measuring approximately 1.0 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering exhibiting propensity for generalized mild thickened hyperechoic submucosa as well as mildly thickened muscularis layer.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon contained soft fecal matter consistent with patient's history.

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 visualized significant omental lymphadenopathy or peritoneal effusion was present.

Heart

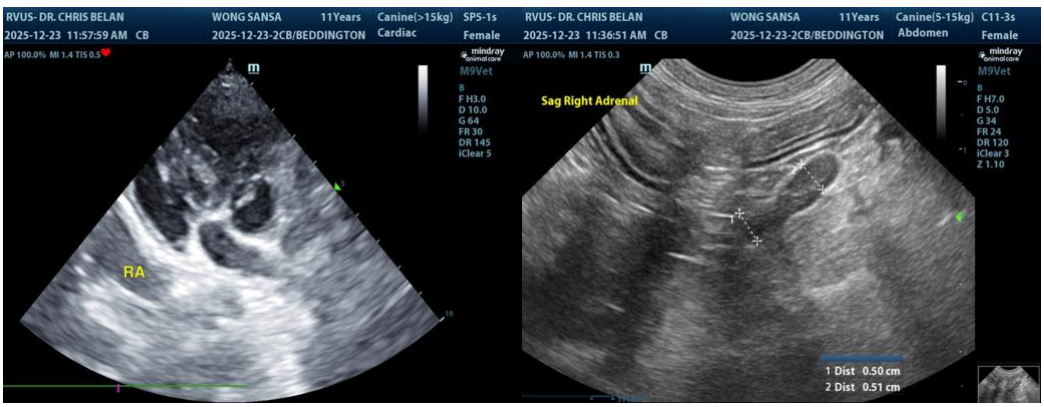
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective normal left and right chamber dimension and adequate LV systolic function.

ULTRASONOGRAPHIC FINDINGS

- Subjective inflammatory enteropathy pattern with concurrent colitis.
- Heterogeneous pancreas.
- Nonobstructive cholelithiasis.
- Variably expansive splenic nodules- concern for emerging neoplastic criteria, variable lymphoid hyperplasia, hematopoiesis, granulomas, inflammation are all potentials.
- Mild age-related renal changes.
- Subjective normal echocardiogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, splenic nodule FNA cytology is warranted for further clarification. A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to correlate with the intestinal presentation and rule out occult disease may be considered. Assuming no pathology on three view chest radiographs, diagnostic and prophylactic splenectomy with intestinal biopsies and gross inspection of the gallbladder is warranted. Gastrointestinal support and serial sonographic monitoring of the splenic nodules for evidence of progression would be a more conservative approach. Mild potential for emerging or occult neoplasia is thought less likely.



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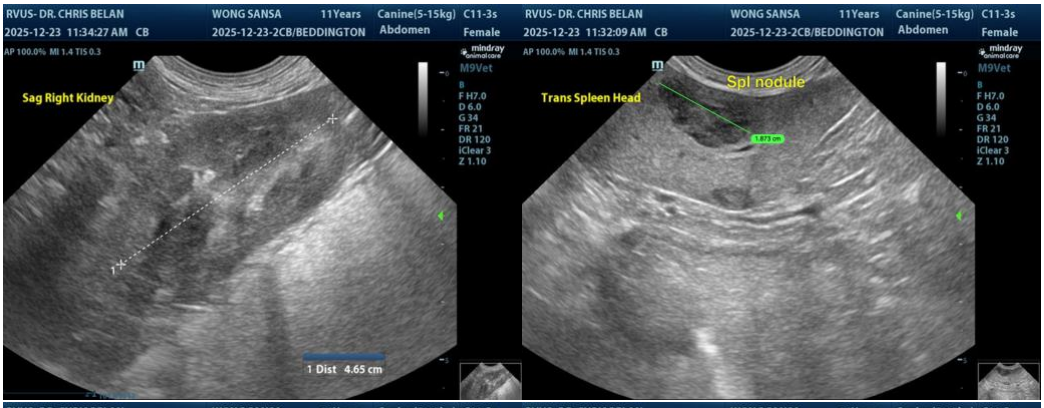

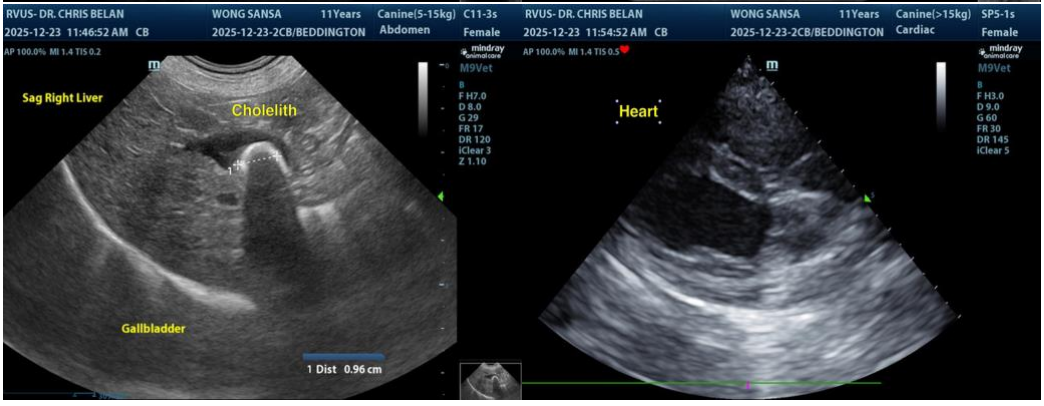

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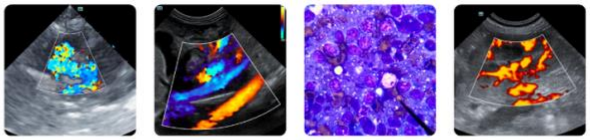

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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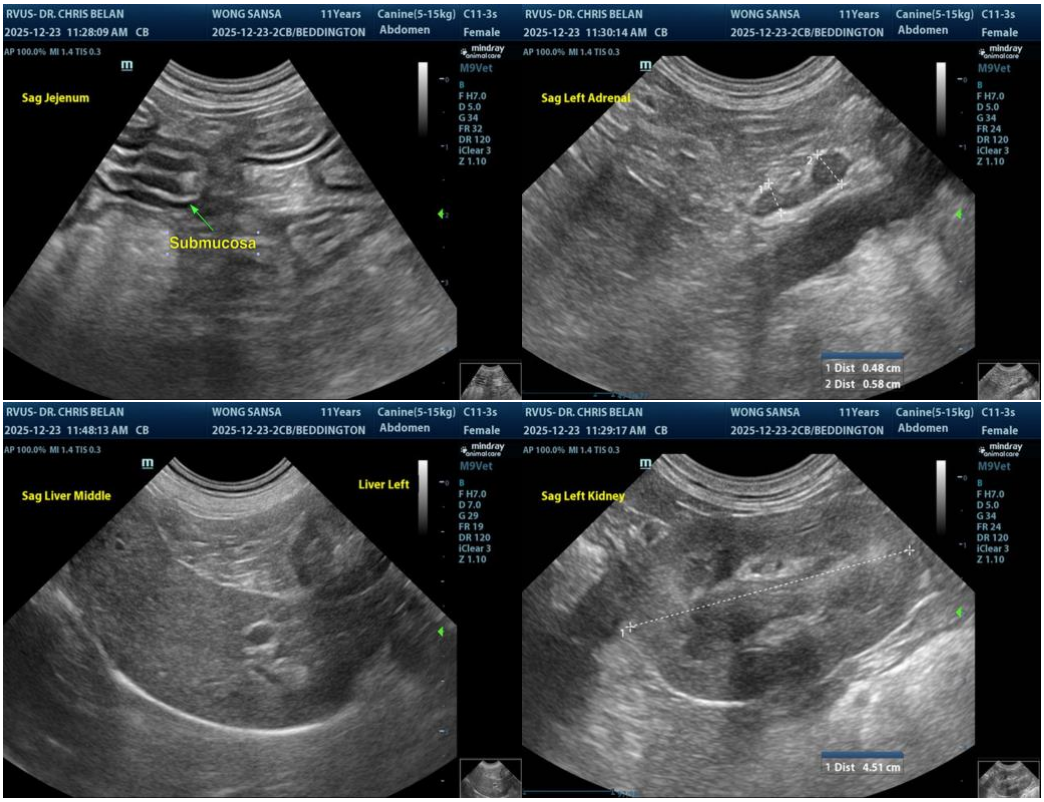

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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