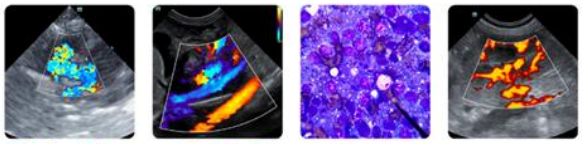


PATIENT

Finnegan Shifrin

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

AGE

11

WEIGHT

69.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Stranzl

HOSPITAL NAME

Dakota Veterinary Center

REFERRING VET

Cassidy Stranzl

INVOICE
23336

DATE
12/24/2025

PRESENTING CLINICAL SIGNS

Diarrhea last 3 days, vomited once when O tried feeding plain white rice. low appetite, ate a little this morning. Hx of chronic non-productive intermittent retching. Started last year December, has increased in frequency since then, could be related to GI issues

Abnormal PE/Chem/CBC/UA Results: Adult Comp + Allergy Panel Results pending Radiographs Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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. Minor left kidney pyelectasia was present. The left kidney measured 7.0 cm in length. The right kidney was primarily visualized in transverse plane.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology or tumors. The left adrenal gland subjectively measured 0.46 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

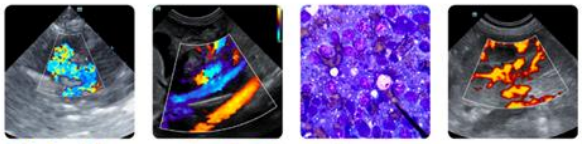
The spleen exhibited a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete non-capsule deforming hypoechoic caudal splenic nodule was present measuring 0.86 cm in diameter. The capsule was smooth and regular without apparent expansion.

Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild segmental ingesta/ chyme and lumen gas with no signs of obstruction or foreign material.

Normal visible colon wall layers were present with semi formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No evidence of peritoneal effusion was present.

Solitary to intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 3.9 cm x 0.83 cm.

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable visualized gastrointestinal tract with mild gastric and segmental intestinal ingesta.
- Discreet splenic nodule - tend to trend benign with mild lymphoid hyperplasia, hematopoiesis or similar suspected.
- Age-related renal changes.
- Normal visualized colon containing semi-foreign fecal matter
- Focal to intermittent mesenteric lymphadenopathy-subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visualized or overt significant gastroenterocolic mural pathology. At times underlying gastroenterocolic disease may present sonographically normal. No evidence of mechanical gastrointestinal obstruction or foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level to assess for occult disease is recommended. Correlation with pending diagnostics indicated.

Continued gastrointestinal support which may include dietary trial, high colony count probiotics such as Proviable, cobalamin supplementation pending assessment of cobalamin level, empirical deworming, and as needed gastroprotectants is recommended.

Potential etiologies for the splenic nodules 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 nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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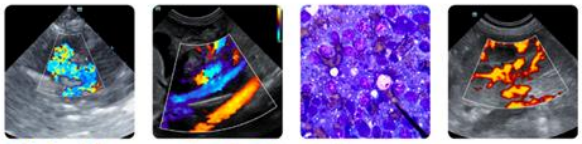

Clinical Sonography & Telecytology
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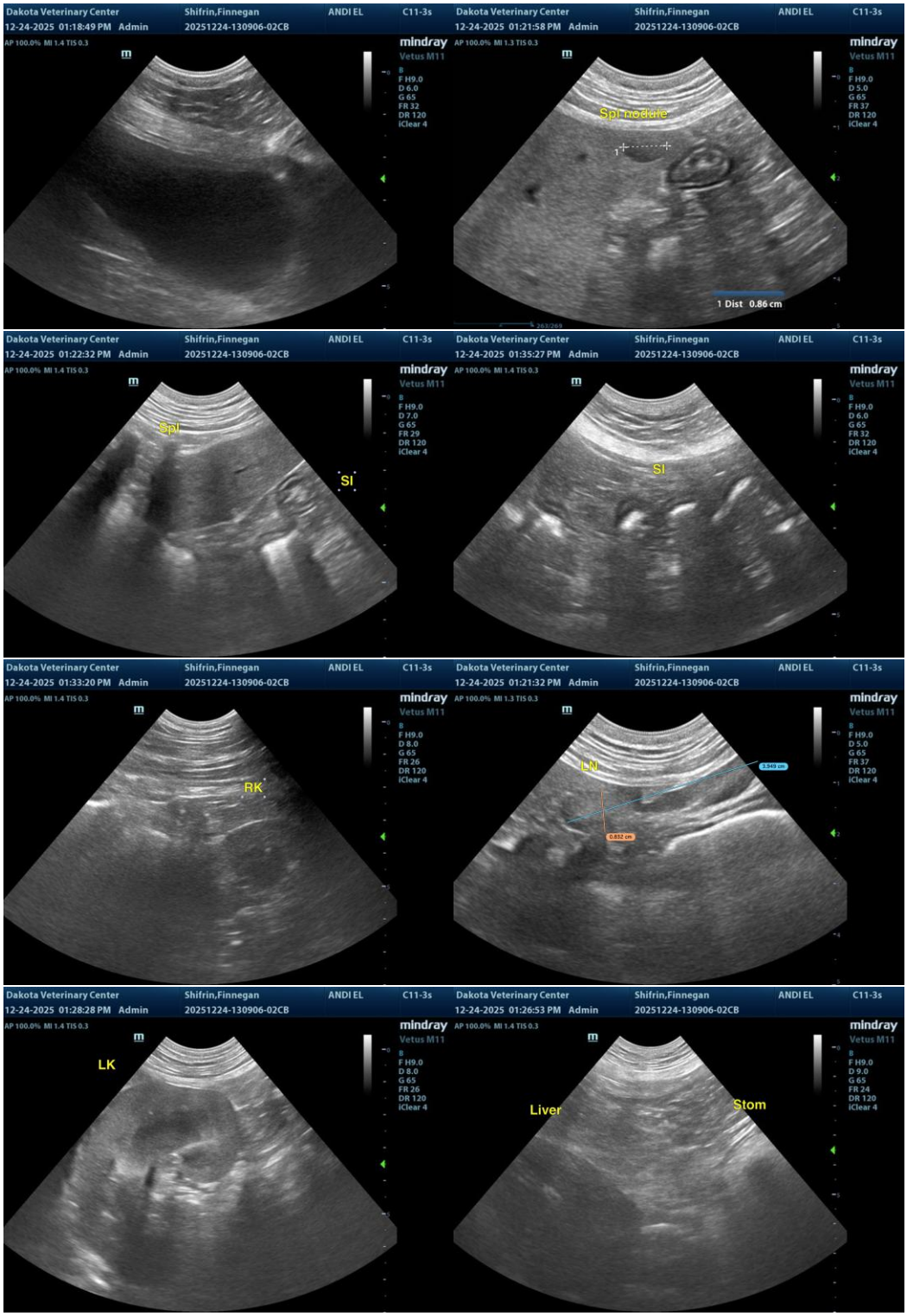

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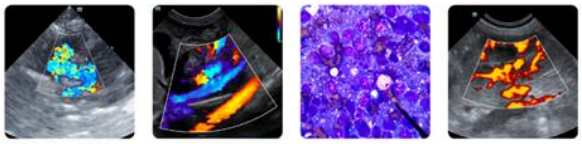

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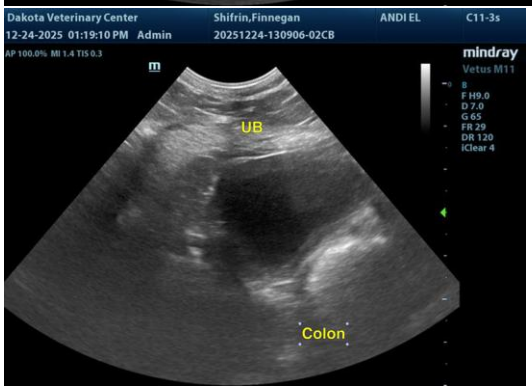

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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