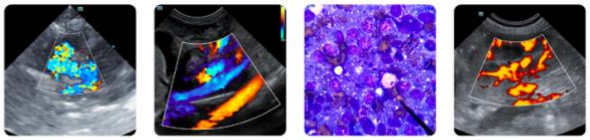

PATIENT

Sadie Mae Grewing

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

2.5 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary Clinic

REFERRING VET

Dr. Lauren Salgo DVM

INVOICE

12634

DATE

12/08/25

PRESENTING CLINICAL SIGNS

SQ growths found on ventral neck during routine exam. — screening ultrasound, and 3-view chest x-rays are being performed.

Abnormal PE/Chem/CBC/UA Results: 2 cm soft subcutaneous mass on either side of ventral neck — cytology reveals epithelial tumor, concern for high-grade given location. — suspected ectopic, thyroid tumor.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Subjective mild thickened cystourethral junction with focal area of cystourethral junction lumen or possibly adhered lumen surface mineral. The urethra was normal in structure and tone to a depth of 3.0 cm. Minor particulate nondependent urine sediment was present.

No evidence of medial iliac or sublumbar lymphadenopathy or 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of medullary mineral were visualized bilaterally with no evidence of pyelectasia. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the caudal pole. The right adrenal gland measured 0.51 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented normal in size, contour and vascular volume. Mild primarily homogenous hyperechoic parenchyma with intermittent discrete hypoechoic nondisruptive intraparenchymal nodules with an example measuring 0.50 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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 was evident.

Free Abdomen

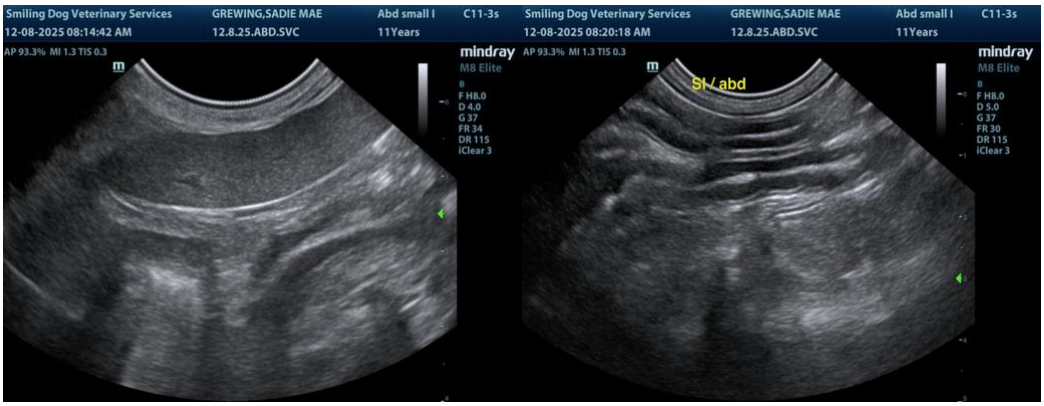
No overt lymphadenopathy, omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with medullary mineral.
- Possible mild thickened cystourethral junction wall with focal lumen versus adhered mineral.
- Age-related adrenal changes.
- Mild hyperechoic liver with discrete hypoechoic nodules.
- Mild nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. The discrete liver nodules are nonspecific with considerations including favored benign etiology i.e. vacuolar changes, hyperplasia, hematopoiesis or similar. Emerging, primary or metastatic hepatic neoplastic nodules not definitively excluded. Correlation with full lab work and urinalysis is recommended. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology if elevated hepatic enzymes or for further clarification, is warranted. Sonographic monitoring of the liver nodules for evidence of progression as well as the urinary bladder if evidence of stranguria, dysuria, etc. would be a more conservative approach.



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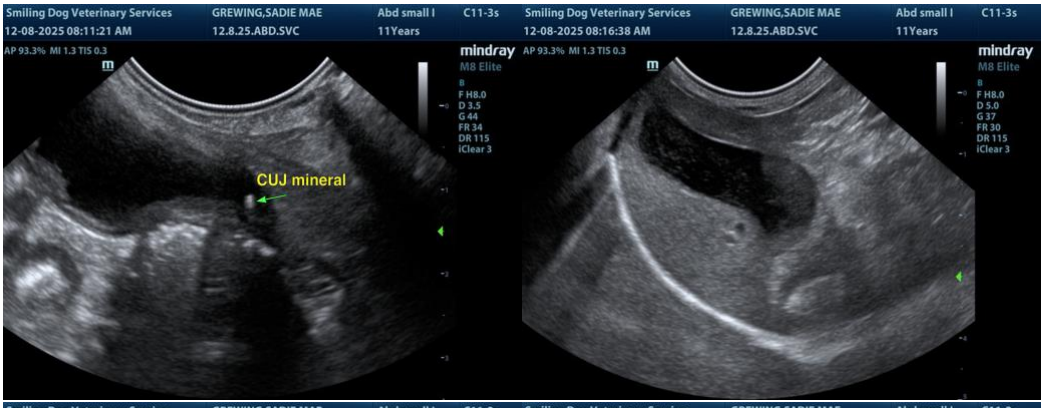

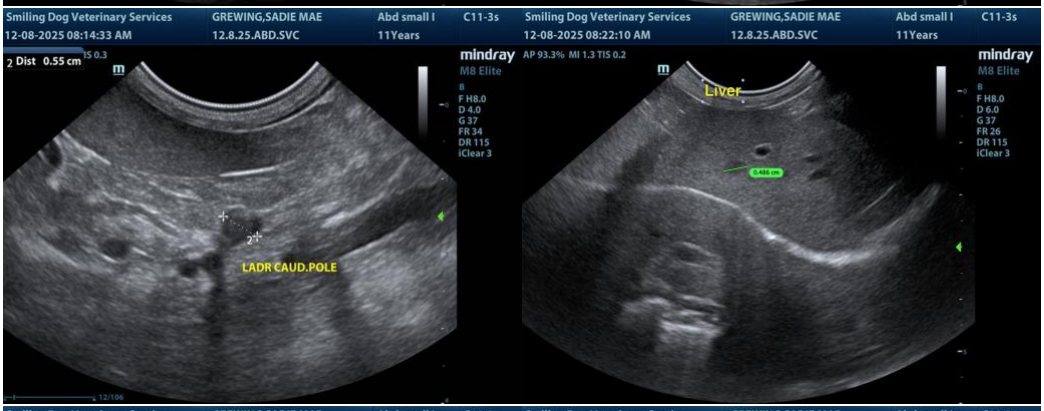

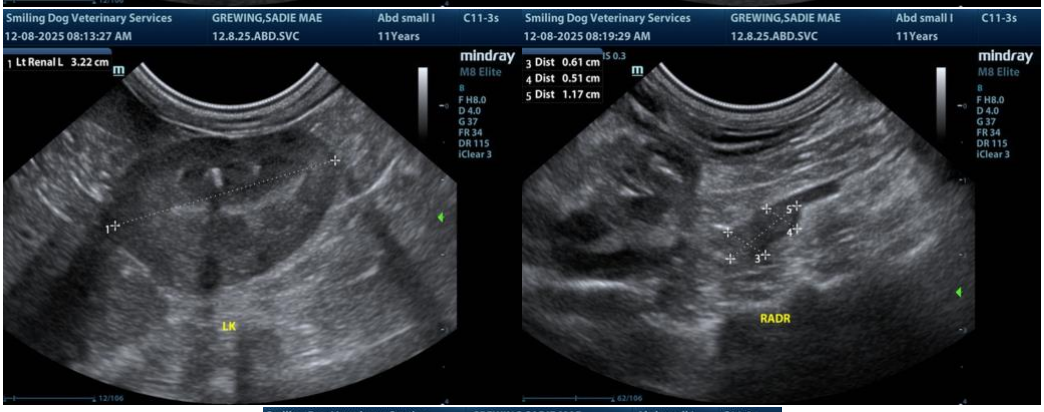

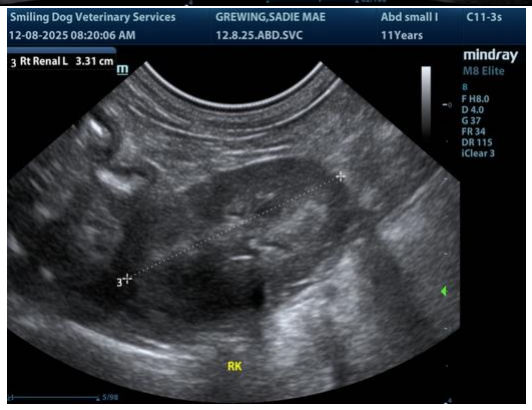

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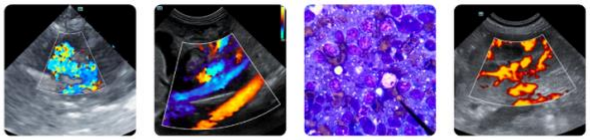

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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