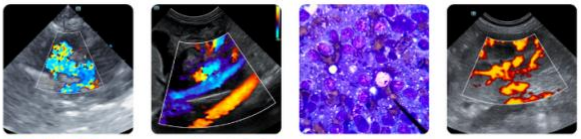


PATIENT

Pippet Doody

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

10

WEIGHT

45.4 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Amy Capraro

HOSPITAL NAME

Braintree Vet Care

REFERRING VET

Dr. Amy Capraro

INVOICE

13673

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- Seen 1/28/26 for diarrhea at urgent care, PE NSF, sent home with probiotics and bland diet
- Recheck 2/3/26 in hosp for continued diarrhea, noted pale pink MM, sent home on probiotics and bland diet
- O noted today that doing much better on probiotics and bland diet
- Labs attached below

Abnormal PE/Chem/CBC/UA Results: CBC- HCT 38.5 (L), Chem- SDMA 18 (H), Creat 1.4 (N), BUN 29 (N), ALT 204 (H) T4 - 1.2 (N) 4Dx- neg x4

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 change were noted.

The area of the residual prostate appeared normal and 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. Mild medullary mineral was present bilaterally. The left kidney measured 5.7 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized and overtly normal in size, position and shape. The left adrenal gland measured 0.49 cm width at the caudal pole.

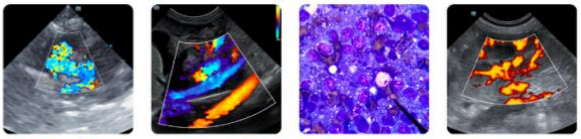
The right adrenal gland was not definitively visualized.

Spleen

A mass involving the cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured 8.0 to 9.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver & Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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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 contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained wall layer ratio. Duodenojejunal hyperechoic mucosal speckling to segmental increased jejunal mucosa echogenicity to the level of the colon.

Normal visible colon wall layers were present with semi formed fecal matter 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 visualized significant omental lymphadenopathy was present. Minor pockets of peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass.
- Mild hepatomegaly.
- Mild gallbladder debris (non-mucocele).
- Nonspecific small intestinal mucosal speckling to increased segmental mucosa echogenicity.
- Semi formed fecal matter in colon.
- Minor peritoneal effusion.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma or other favored). Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micro metastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted.

The small intestine mucosa changes are nonspecific and may indicate resolving nonspecific enteritis. Although underlying small intestinal disease, i.e. IBD or other (assuming normal albumin levels) may be possible. Intestinal biopsies at time of splenectomy is suggested.

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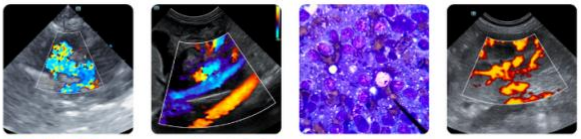

Clinical Sonography & Telecytology
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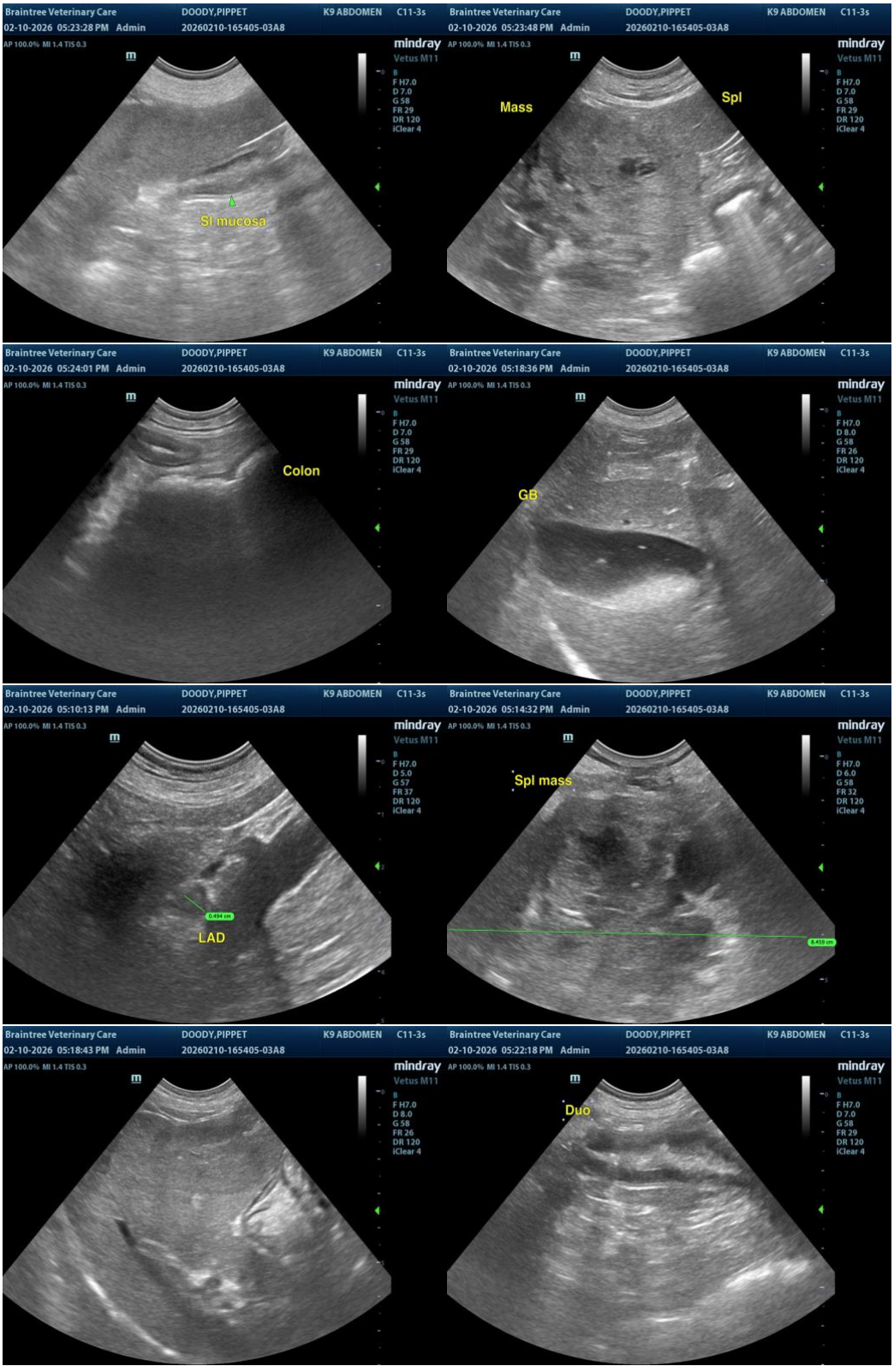

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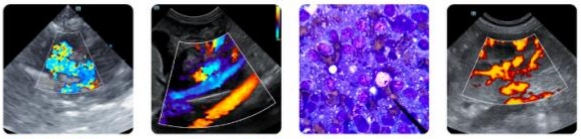

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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