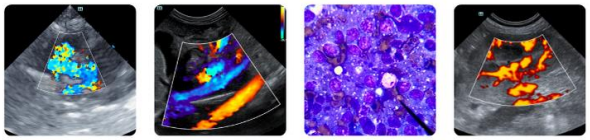


PATIENT

Ollie Kennedy

SPECIES

Canine

BREED

Australian Sheperd

SEX

MN

AGE

12y

WEIGHT

55.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

All Creatures Great & Small Fairfield

REFERRING VET

Dr. Ruiz

INVOICE

10638

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- Weight Loss and Vomiting
- Normal physical exam
- Sedated with Gabapentin/Traz

Abnormal PE/Chem/CBC/UA Results: Normal Labwork, Fecal negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 residual prostate appeared normal and free of pathology

No evidence of pathology in the area of the aortic trifurcation.

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. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

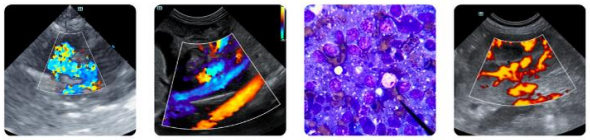
The left adrenal gland was not definitively visualized. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 0.54 cm width at the caudal pole.

Spleen

The spleen was overall normal in size with mild parenchyma heterogeneity. At least one but possibly two visualized mildly expansive nonhomogeneous mildly cystic splenic masses were noted with subtle associated splenic capsule distortion. No evidence of capsular escape. An example measured 3.0-4.0 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach was indistinctly visualized owing to non-distended size and empty lumen. Overtly normal visible gastric wall was noted. No evidence of retained ingesta, fluid, foreign material, or visible gastric mural pathology.

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 formed fecal matter in lumen.

Pancreas

The area 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 or peritoneal effusion was present.

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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable empty visualized gastrointestinal tract
- Mildly expansive nonhomogeneous mildly cystic splenic mass / masses
- Sonographically normal liver
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass to possible masses are nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). No obvious evidence of intrabdominal or cardiac macrometastasis. A GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, and assuming normal clotting status, using a 25-gauge needle, initial splenic mass FNA cytology could be considered for further clarification and assessment for occult disease as a contributing factor to the weight loss and gastrointestinal signs, assuming normal musculoskeletal and neurological exam. Splenectomy with concurrent consideration for gastrointestinal biopsies may be considered, assuming no evidence of pathology on three view chest radiographs.

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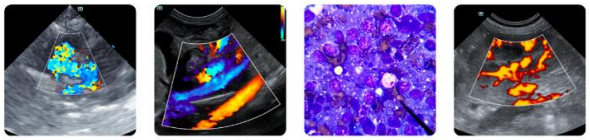

Clinical Sonography & Telecytology
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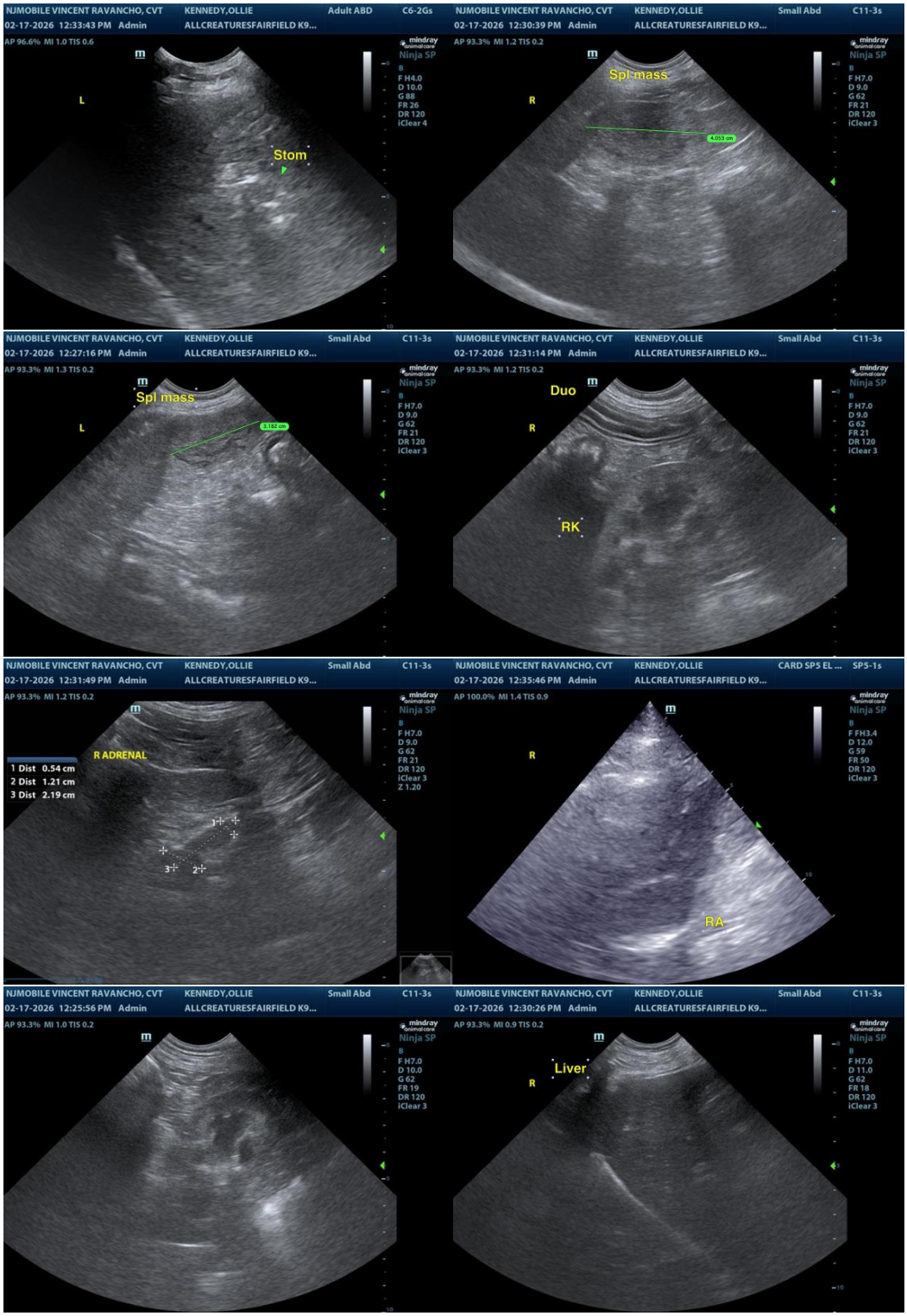

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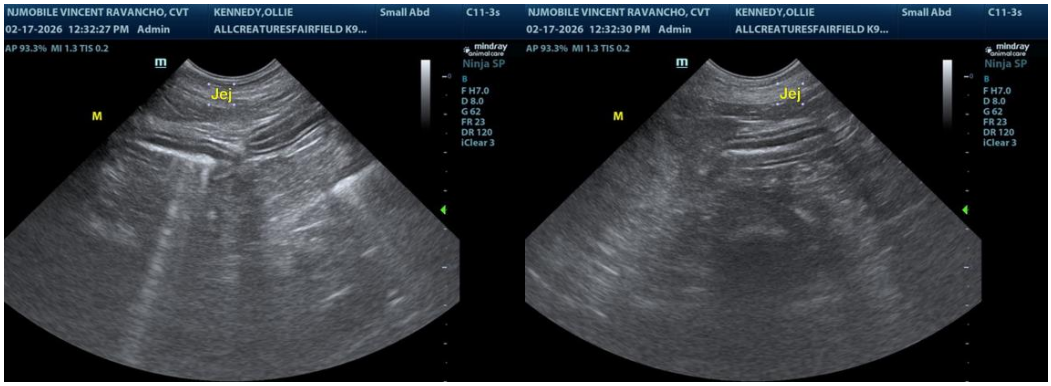

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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