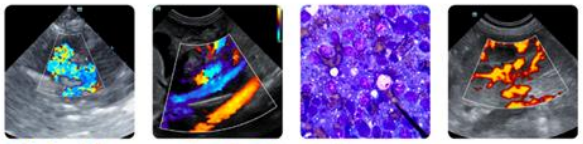


PATIENT

Frankie Baker

SPECIES

Canine

BREED

Lab Ret Mix

SEX

FS

AGE

10yr

WEIGHT

28kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr Harris

INVOICE
23925

DATE
02/19/2026

PRESENTING CLINICAL SIGNS

no obvious clinical signs

incidental anemia with progressive downward trending PCV

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 mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.0 cm in length.

The visualized medial iliac lymph nodes were sonographically normal.

Adrenal Glands

The adrenals were indistinctly visualized to subjective mildly subnormal in size. Symmetrical contour and homogenous parenchymal were maintained. The left adrenal gland measured 0.33 cm width at the caudal pole The right adrenal gland measured 0.43 cm width at the caudal pole.

Spleen

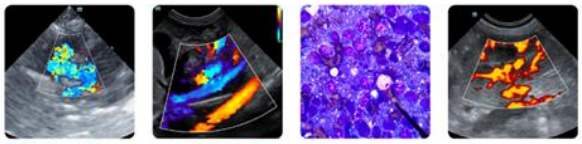
Three visualized mildly to variably expansive non-homogenous hypoechoic splenic nodules were present with some exhibiting associated primarily medial capsule distortion. An example of a splenic nodule measured 1.5-2.0 cm. A smaller non-disruptive perihilar nodule was present measuring 1.0 cm in diameter.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. An indistinctly visualized right lateral to caudate lobe intraparenchymal hypoechoic nodule vs cyst measuring 1.8 cm in diameter was present. 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 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 mechanical/metabolic 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 omental masses, 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

Primary

- Variably expansive splenic nodules
- Mild hepatic parenchymal remodeling with indistinct right lateral intraparenchymal cyst vs nodule
- Mild age related renal changes
- Borderline mild subnormal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodules are nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). Splenic nodule neoplastic criteria is favored given expansive nodules and associated capsule distortion. The hepatic nodule vs cyst may be incidental although focal to early hepatic metastasis not excluded. Correlation with pending splenic cytology is recommended.

Assuming no pathology on three view chest radiographs, splenectomy with gross inspection of the liver +/- hepatic biopsies is warranted. Serial monitoring of the splenic nodules and hepatic nodule vs cyst for evidence of progression would be more conservative if splenic cytology suggests benign criteria.

A screening cortisol level to assess for or rule out occult Addison's disease suggested prior to potential surgical considerations.

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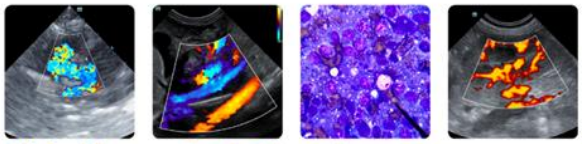

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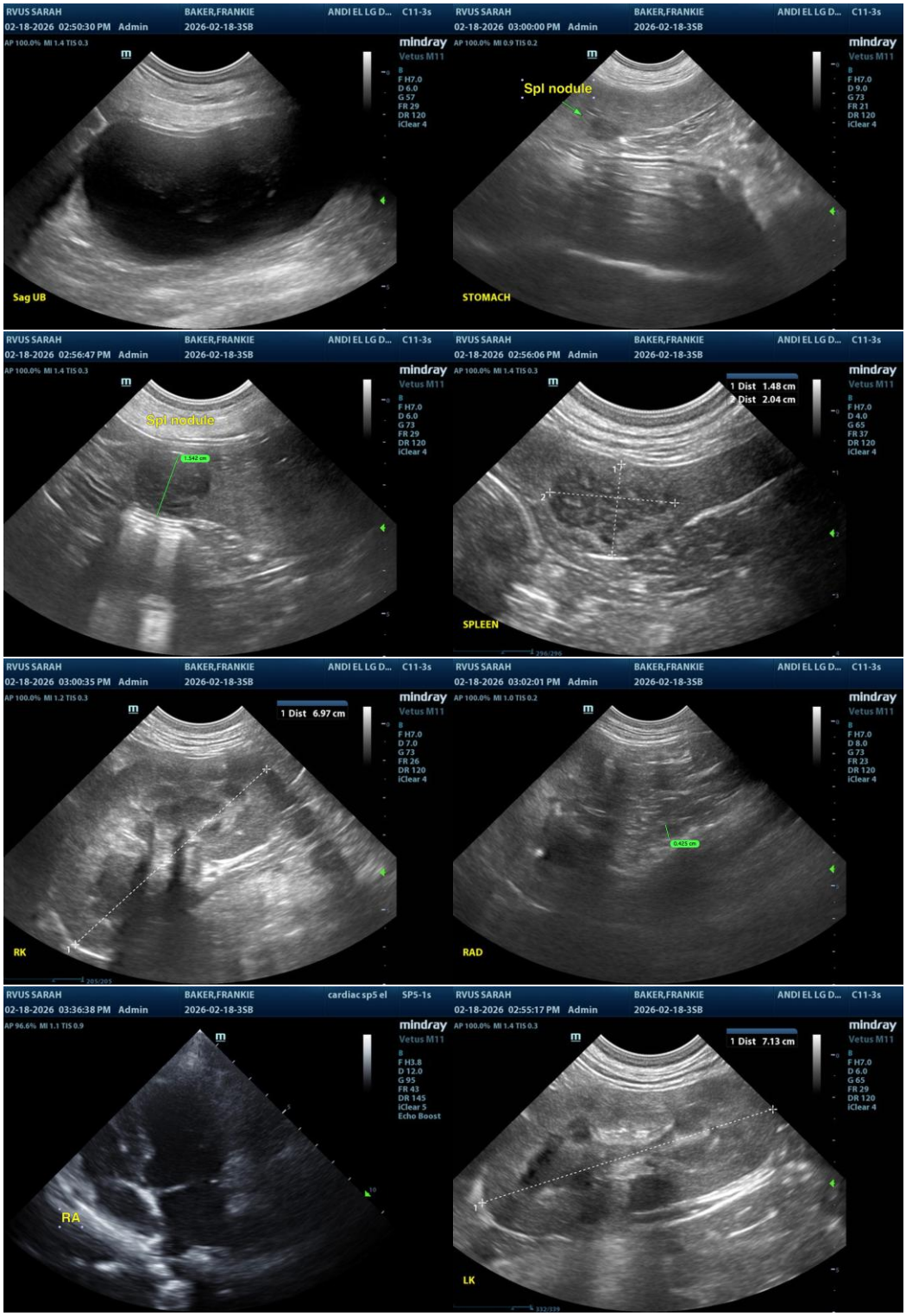

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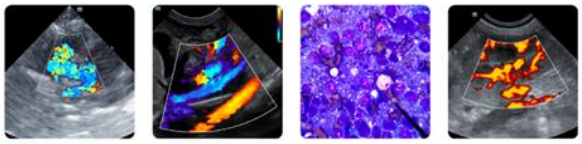

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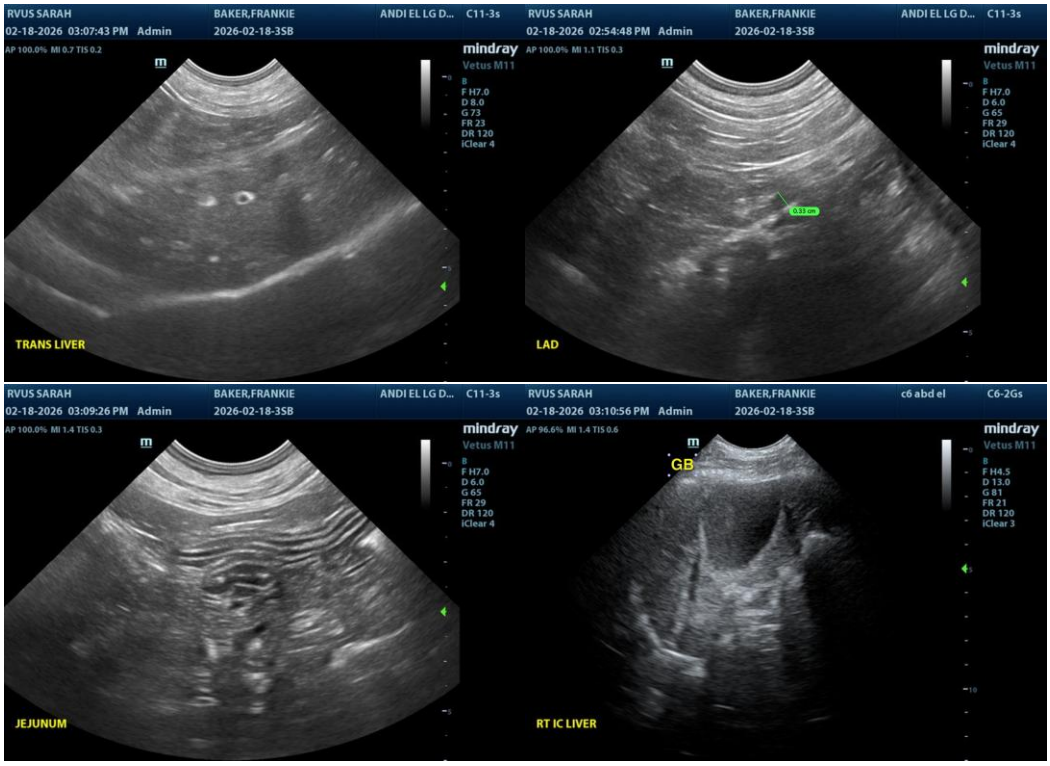

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com