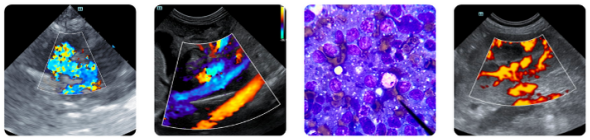


PATIENT

Thor Martinez

SPECIES

Canine

BREED

Corgi

SEX

Male Neutered

AGE

12y

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

13218

DATE

2/19/26

PRESENTING CLINICAL SIGNS

History:

- Ref for u/s due to suspected mass on palpation

Abnormal PE/Chem/CBC/UA Results: N/A

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 changes 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. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

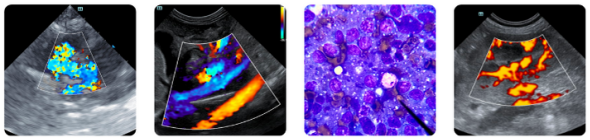
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, well-defined, symmetrical, hyperechoic nodules were present. Solitary, non-capsule deforming, non-homogeneous, hypoechoic caudal medial splenic nodule was present measuring 1.0 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented 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. Discrete, hypoechoic deep mid liver intraparenchymal nodule was present measuring 1.9 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic,



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nonmineralized 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.

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

Spherical, subcutaneous, encapsulated, partial fluid filled to soft tissue mass was noted caudal abdomen directly cranial to the urinary bladder with potential cranial urinary bladder effacement. Mild surrounding hyperechoic omentum/inflammation measuring ~6.0 cm in diameter. No visualized significant mid to cranial abdomen mesenteric lymphadenopathy and no evidence of peritoneal or retroperitoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Partial fluid filled to soft tissue mass cranial to urinary bladder – unspecified, partial consolidated abscess, unspecified necrosis, i.e. necrotic granuloma or lymph node vs unspecified neoplasia or other with potential derivement or effacement to the cranial urinary bladder possible
- Hepatomegaly with discrete intraparenchymal nodule
- Mild gallbladder debris (non-mucocele)
- Hyperechoic splenic nodules with non-capsule deforming hyperechoic splenic nodule – hyperechoic nodules suggestive of benign criteria, i.e. myelolipomas, hyperechoic nodule may indicate lymphoid hyperplasia, hematopoiesis, hematoma, potential for emerging primary or metastatic nodular splenic neoplasia not excluded
- Mild chronic renal changes
- Sonographically normal urinary bladder, residual prostate and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA cytology/centesis of the unspecified mass for cytology, fluid analysis, and +/- C/S could be considered for further clarification. Correlation with full lab work and urinalysis is recommended. Initial sonographic monitoring of the splenic nodules for evidence of persistence or progression would be reasonable. Assuming no pathology on 3-view chest radiographs and abdominal CT, if possible, could be considered for further clarification of the unspecified mass vs direct exploratory laparotomy with potential for biopsy resection.

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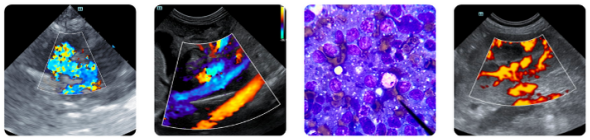

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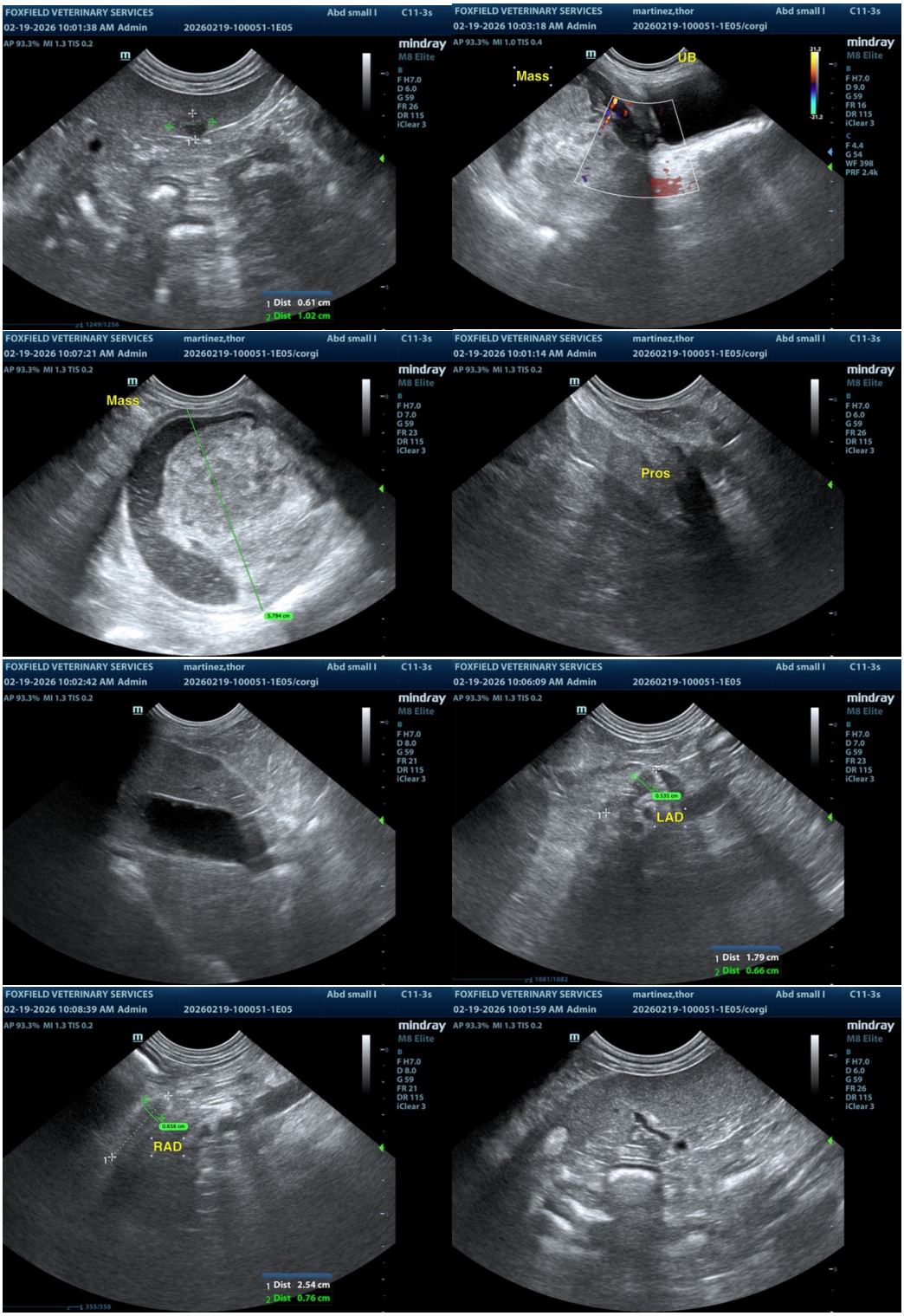

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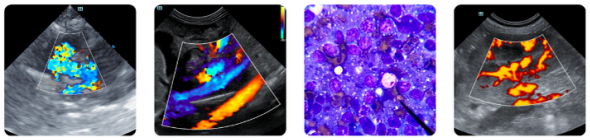

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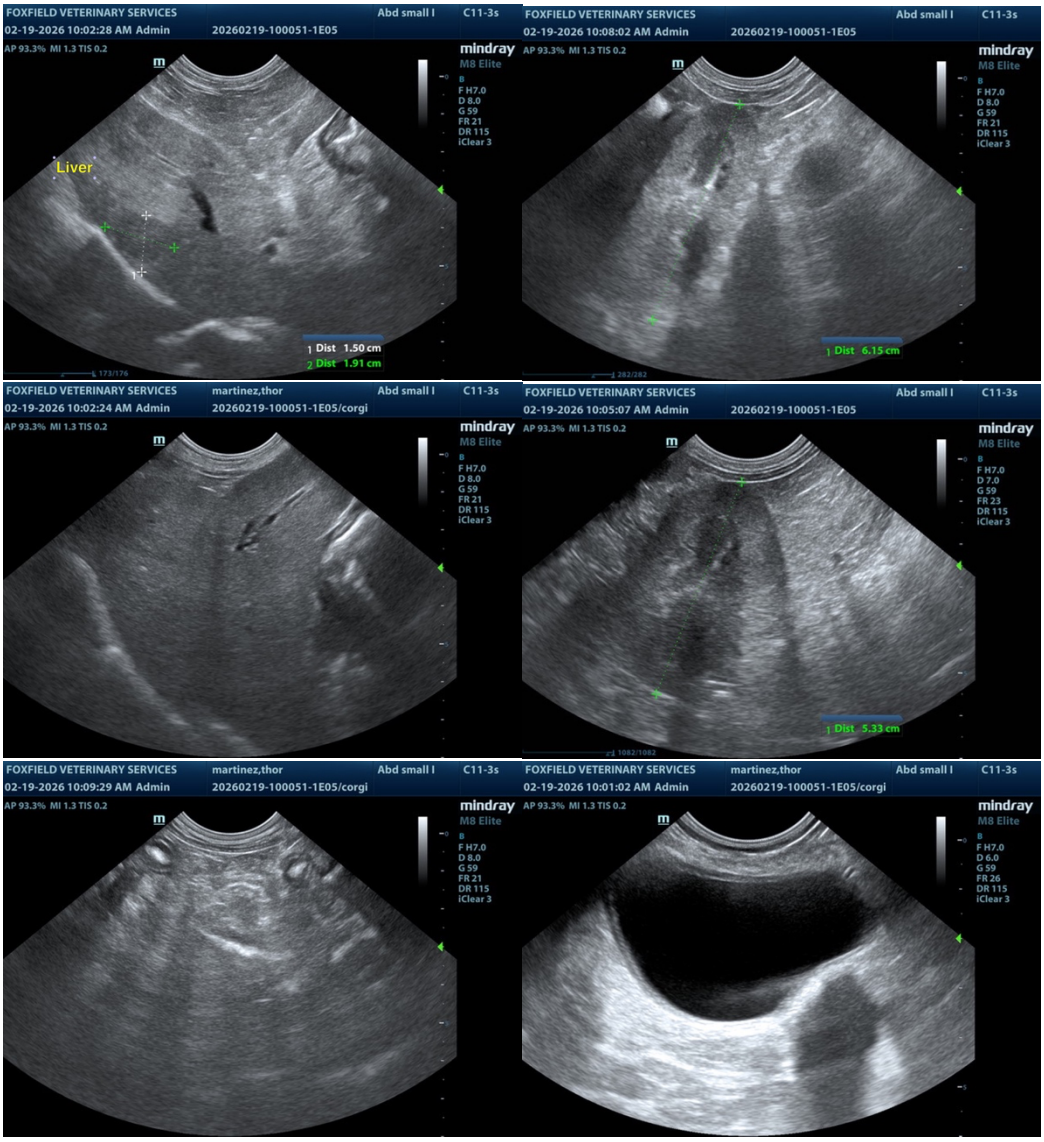

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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