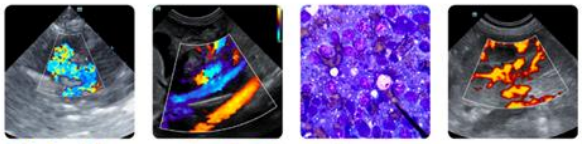


PATIENT
Mira Allen

SPECIES
Canine

BREED
Labrador

SEX
FS

AGE
13yr

WEIGHT
60lb

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

IMAGING PERFORMED BY
Robyn Lantz

HOSPITAL NAME
Eastgate VC

REFERRING VET
Robyn Lantz

INVOICE
24002

DATE
02/26/2026

PRESENTING CLINICAL SIGNS

- UTI 11/25
- Gi issues intermittent, chronic
- Recent labwork from last week revealed UTI and hypoalbuminemia
- Not eating much and diarrhea
- Currently on metronidazole, clavamox, cerenia
- Recently stopped long term carprofen, cosequin and cranberry supplements
- Drinks out of mud puddles
- Has been on RC Hydrolyzed diet long term, until last few days when not eating well and feeding some cooked rice with lean protein/chicken and peanut butter
- Abnormal PE/Chem/CBC/UA Results: TOTAL PROTEIN 4.5 (LOW) 5.0-7.4 g/dL ALBUMIN 1.9 (LOW) 2.7-4.4 g/dL GLOBULIN 2.6 1.6-3.6 g/dL A/G RATIO 0.7 (LOW) Neutrophils 11,954 (HIGH) 86 2,060-10,600 /uL Urine: Specific Gravity 1.008 (LOW) 1.015-1.050 Occult Blood 3+ (HIGH) NEGATIVE RBC 4-10 (HIGH) 0-3 HPF Struvite (Triple P04) Crystals 0-1 HPF Bacteria RODS 26-50 (HIGH) None Seen PROTEIN 37 mg/dL CREATININE 39 mg/dL UR/PROT CREAT RATIO 0.9 (HIGH) <0.5 Rest of senior lab work including thyroid, body temp and blood pressure all wnl Fecal float results pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

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. A discreet non-capsule deforming hypoechoic non-homogenous caudal right kidney cortical nodule measuring 0.9 cm in diameter. The left kidney measured 6.8 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

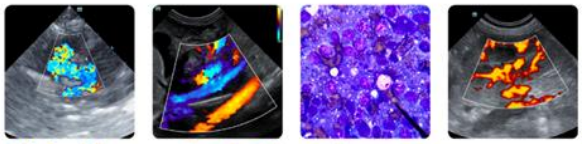
Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

Expansive mild irregular non-homogenous splenic mass with concurrent adjacent non-capsule deforming yet similar appearing splenic nodules. The splenic mass measured 5 cm in diameter. An example of a splenic nodule measured 2 cm in diameter. Maintained symmetrical splenic contour with mild associated capsule distortion associated with mass. No evidence of capsule escape.

Liver/Gallbladder



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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. The gallbladder was non-distended in size with mild non-organized debris. 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 contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental subtle hyperechoic intestinal mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.52 cm in width.

Normal visible colon wall layers were present with semi formed to soft 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

- Expansive splenic mass with concurrent separate similar appearing splenic nodules
- Non-congested hepatomegaly
- Non-organized gallbladder debris (non-mucocele)
- Structurally unremarkable gastrointestinal tract with mild non-shadowing gastric ingesta and subtle intestinal mucosal speckling
- Mild chronic renal changes with discrete right kidney cortical nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass and concurrent splenic nodules are most consistent with neoplastic criteria, i.e. sarcoma, round cell neoplasia, or other. No sonographic evidence of hepatic or regional lymphatic macrometastasis, although potential for early right kidney metastasis or micrometastasis is not definitively excluded.

The intestinal presentation is not obviously consistent with classic PLE criteria, although given no

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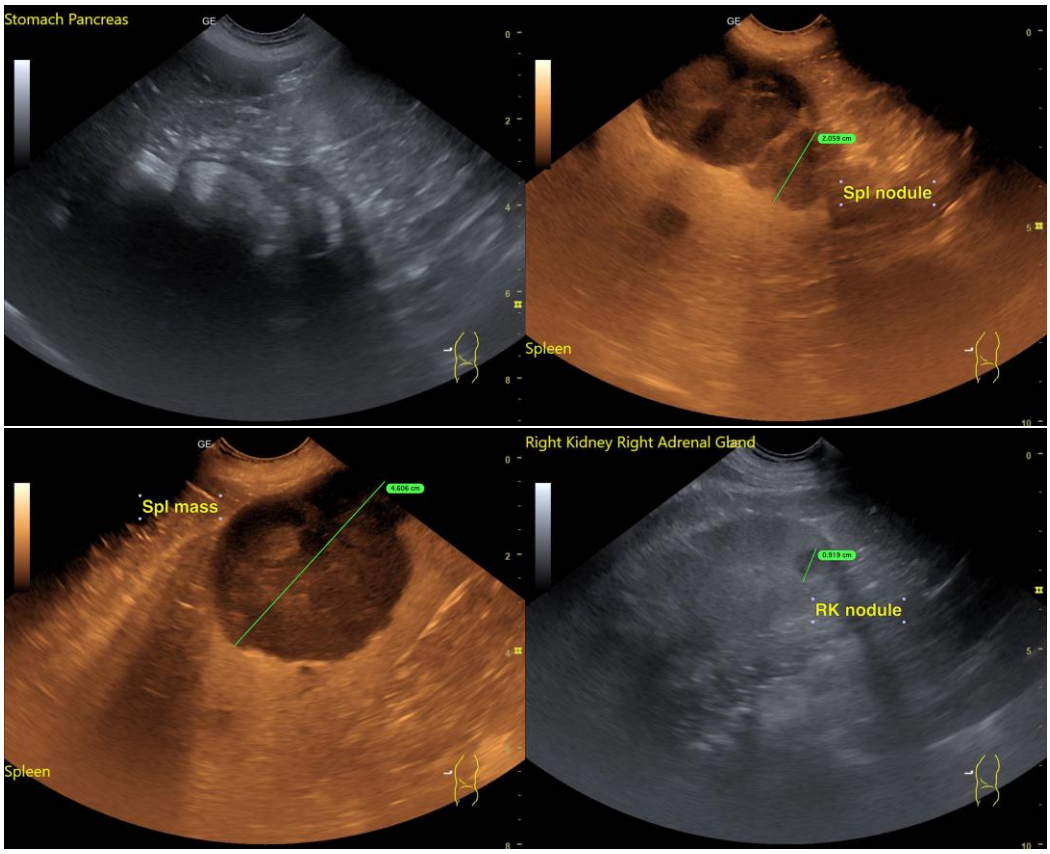
evidence of significant hepatopathy or proteinuria, intestinal protein loss is suspected in conjunction with reported diarrhea. A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level is recommended.

Empirical therapy for PLE in an attempt to stabilize ALB level >2.0 is recommended. If ALB >2.0, no pathology on three view chest radiographs and normal clotting status, splenectomy with hepatointestinal biopsies could be considered. Sonographic monitoring of the discrete right kidney nodule for evidence of progression is indicated.



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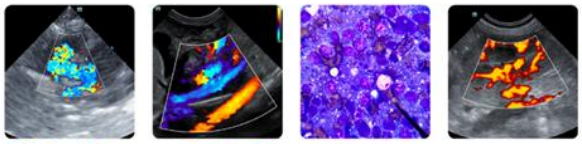

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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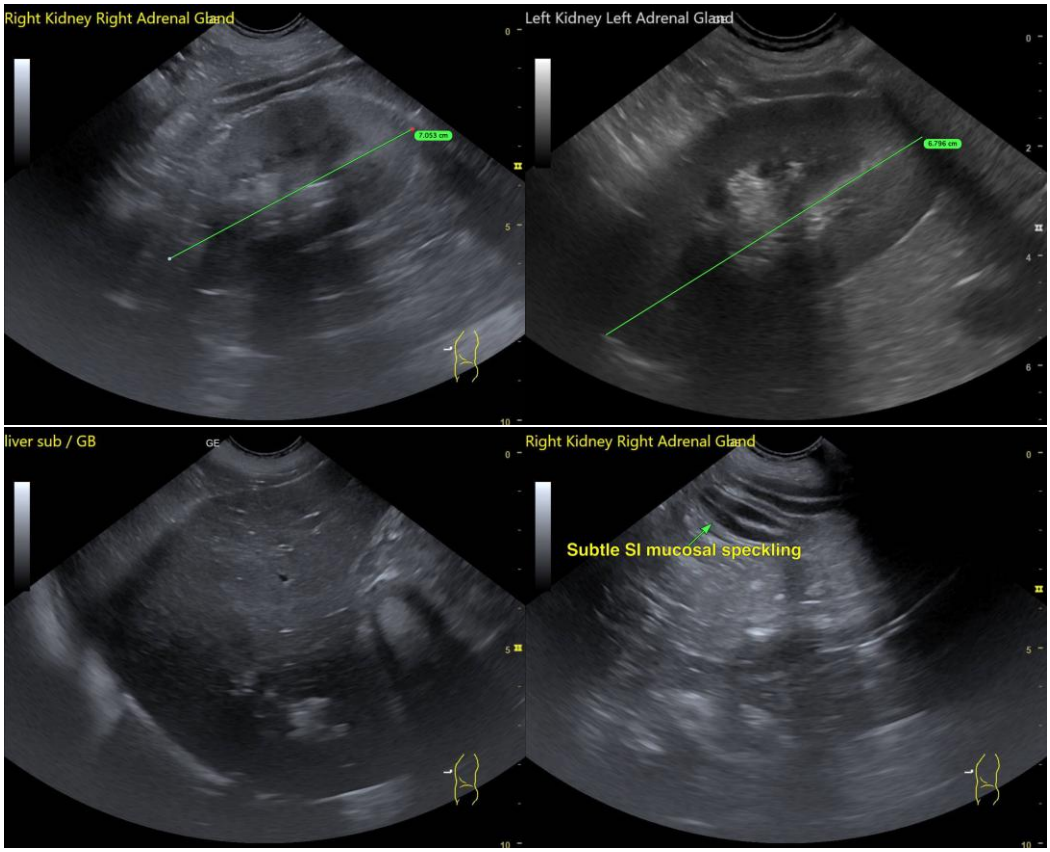

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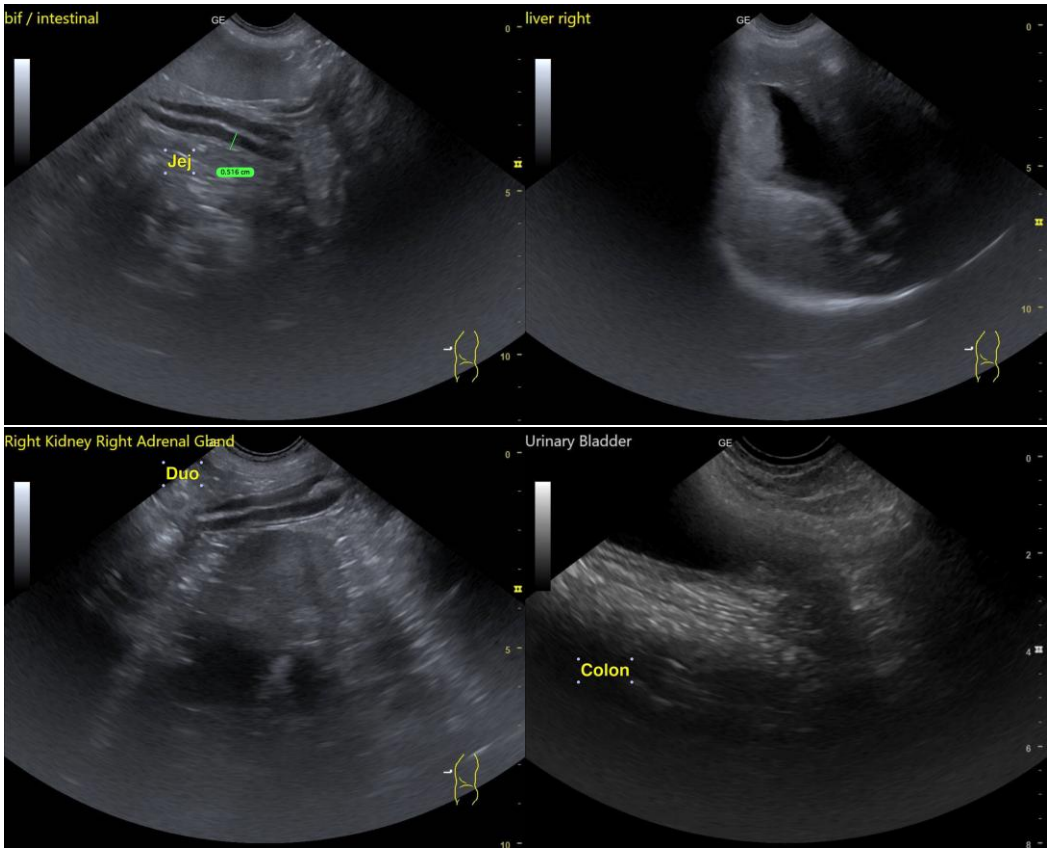

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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