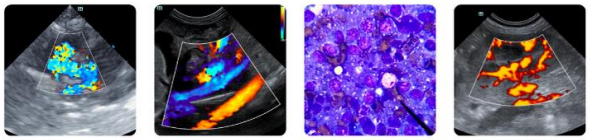


PATIENT

Indy Horellou

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

13 years, 6 months

WEIGHT

28.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Sunriver Vet Clinic

REFERRING VET

Wendy Meredith, DVM
Lindsay Smith, DVM

INVOICE

10688

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- presenting complaint is that patient has been “slowing down”

Abnormal PE/Chem/CBC/UA Results: - prominent right abdominal enlargement with suspected hepatomegaly appreciated on physical. - elevated ALP -mild elevation in SDMA and BUN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present with a cortical cyst, measuring 1.9 cm in diameter. The left kidney measured 6.8 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

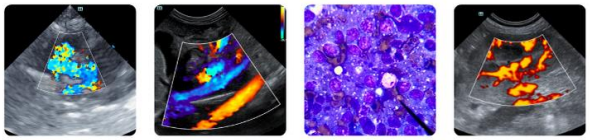
Both adrenal glands were asymmetrically enlarged, exhibiting nonhomogeneous to nodular parenchyma. The left adrenal gland measured 2.8 cm x 1.9 cm. The right adrenal gland measured 1.5 cm length x 0.70 cm. A cranial right adrenal nodule measured 1.5 cm x 1.3 cm.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small well-defined, symmetrical, hyperechoic nodules were present. Mildly expansive to mildly nonhomogeneous, hypoechoic cranial splenic masses were present, with an example measuring 3.6-3.7 cm. Mild associated primarily symmetrical cranial splenic capsule distortion was present. 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively normal in size. Moderate to variable, nonhomogeneous remodeled parenchyma was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent to multiple, mildly irregular, mixed echogenic intraparenchymal macronodules to small masses were present, with an example measuring 3.6 cm diameter. Associated symmetrical hepatic capsule margination was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. Solitary, nonobstructive, pyloric lumen echo was present, measuring 1.6 cm diameter.

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 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 overt lymphadenopathy or peritoneal effusion was present.

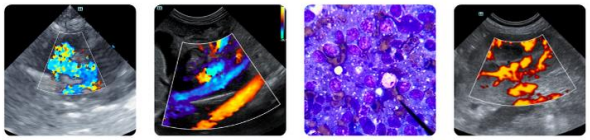
ULTRASONOGRAPHIC FINDINGS

- Mildly expansive cranial splenic masses with concurrent separate intermittent probable benign myelolipomas
- Enlarged nonhomogeneous liver with intraparenchymal mixed echogenic to irregular macronodules / small masses
- Mild nonorganized gallbladder debris (non mucocele)
- Chronic renal changes exhibiting mild left kidney pyelectasia and cyst
- Bilateral enlarged nodular adrenal glands
- Small nonobstructive shadowing pyloric echo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatosplenic presentation is highly suggestive of multicentric hepatosplenic neoplastic criteria with benign etiologies, i.e., hepatosplenic hyperplasia, granulomas, etc., possible yet thought less likely. Assuming normal clotting status, hepatic and splenic nodule / mass FNA cytology could be considered for further clarification. Adrenal screening, if clinical signs consistent with adrenal disease, as well as monitoring systemic BP for evidence of hypertension, which may potentially allude to left or right pheochromocytoma, is suggested. Urinalysis +/- screening C/S or UPC level for renal staging may be considered.

The small nonobstructive pyloric echo may indicate focal retained dense ingesta, treat, or medication. Sonographic monitoring is indicated if gastrointestinal signs are non-reported or arise.



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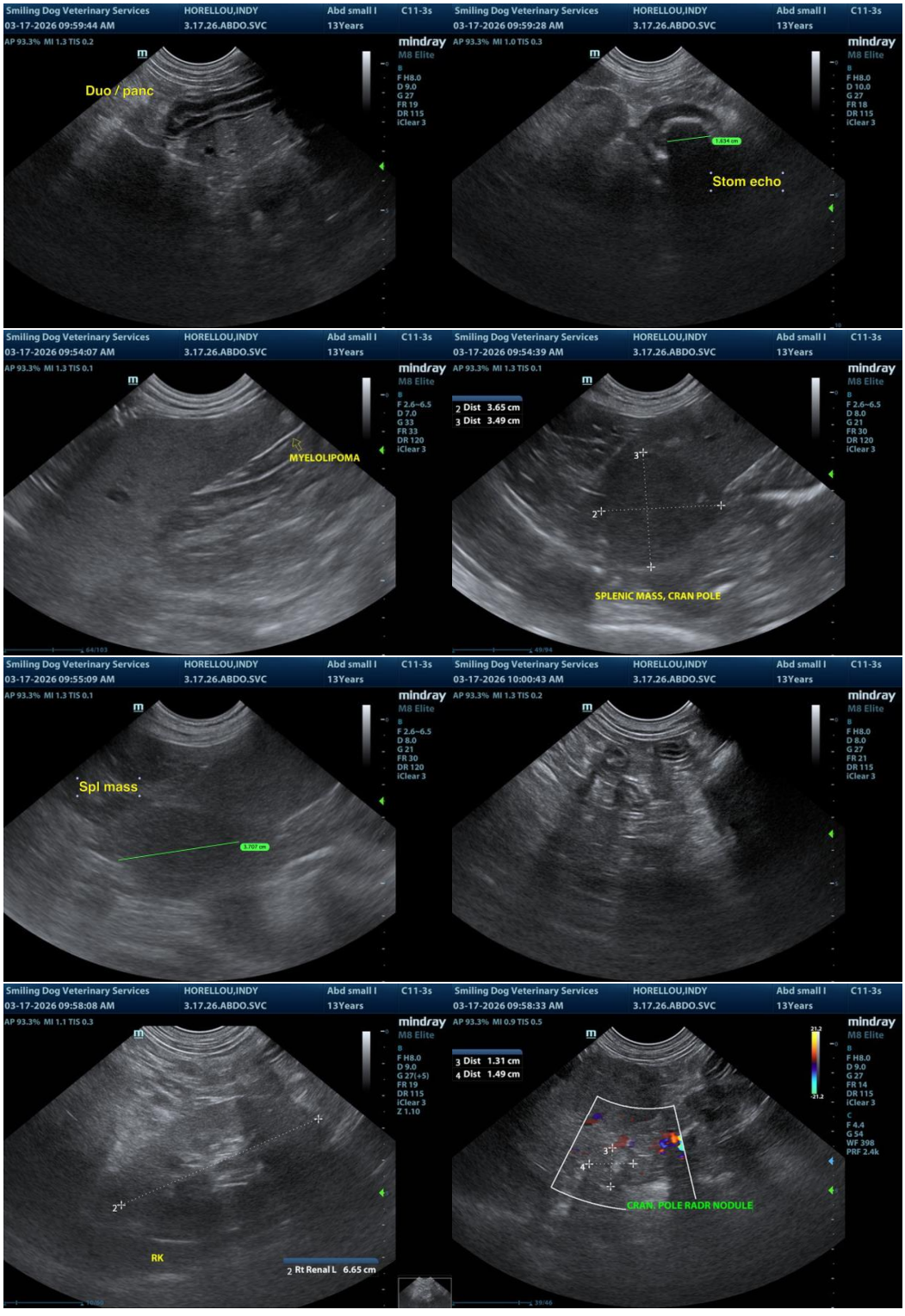

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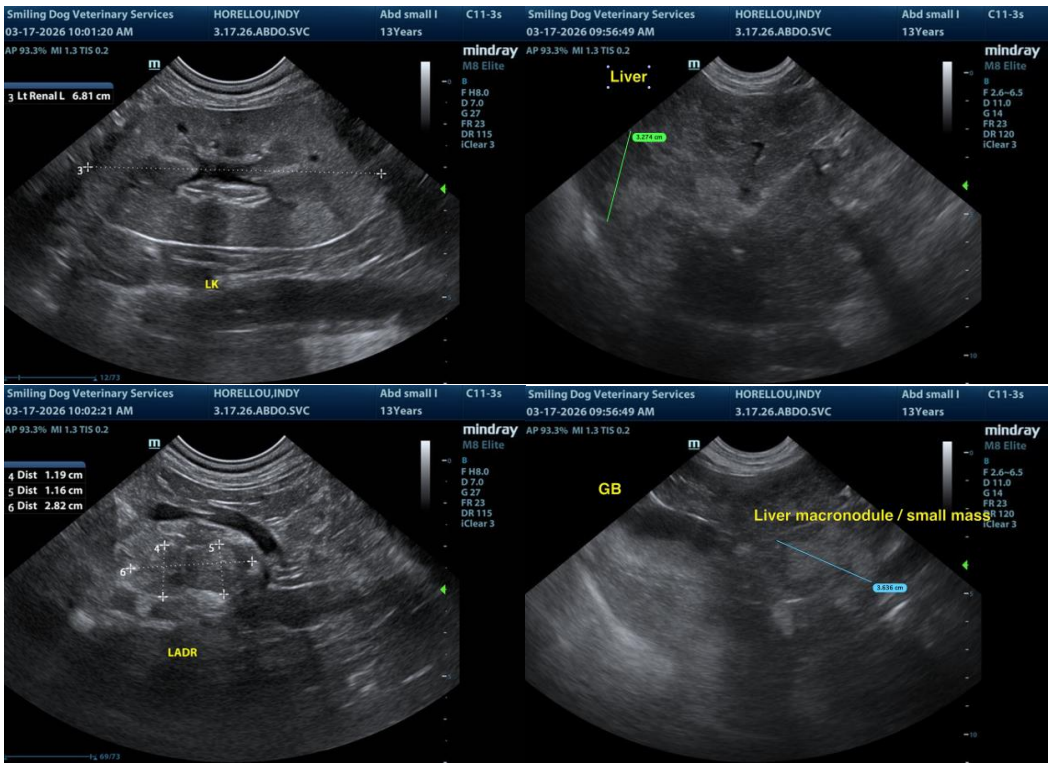

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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