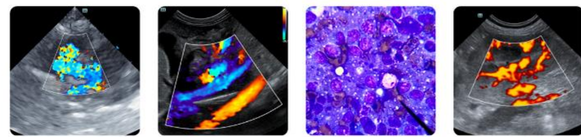


PATIENT

Yogi Mohr

SPECIES

Canine

BREED

Mixed

SEX

Female (Spayed)

AGE

13 years

WEIGHT

65.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

10737

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Recurring UTI/ hematuria- responsive to abx
- U/S to rule out structural/calculi/mass
- Hx of idiopathic liver dz
- Current meds: Cyclosporine, Ursodiol, Mycophenolate

Abnormal PE/Chem/CBC/UA Results: Alb 2.5, Glob 3.9, ALT 175, SDMA 11, Bicarb 26, CPK 56 u/a: trace protein (UPC WNL), wbc 4-10/hpf, C+S neg USG 1.053

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was nondistended with urine which prohibited full evaluation of the urinary bladder wall. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. There is no evidence of lumen calculi, mineral, or tumors. 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 iliac trifurcation was free of pathology.

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 6.0 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

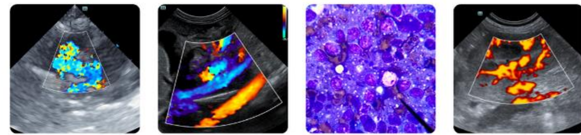
The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.60 cm width at the caudal pole. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

A mass involving the spleen with secondary asymmetrical capsule expansion and disruption was present and measured 7.0-7.5 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A small, thinly walled, mid-liver intraparenchymal cyst was present. 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 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.

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 were evident.

Free Abdomen

Mild peri splenic hyperechoic omentum was noted without evidence of splenic mass rupture or current hemoabdomen. No significant or swollen mesenteric lymphadenopathy was visualized.

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

ULTRASONOGRAPHIC FINDINGS

- Nondistended yet sonographically normal urinary bladder and visible proximal urethra
- Mild chronic renal changes
- Cavitated splenic mass
- Hepatic parenchymal remodeling with intraparenchymal cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt upper or lower urinary tract pathology, i.e., primarily or metastatic neoplasia, calculus, etc., as an obvious cause of the recurrent UTI or hematuria. Mild cystitis is suspected. Monitoring of urinalysis and as-needed urine C/S going forward is recommended.

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible yet considered less likely. Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micrometastasis cannot be definitively excluded. If no pathology on thoracic radiographs, splenectomy with gross inspection of the perisplenic omentum, abdominal cavity, and urinary bladder +/- urinary bladder biopsy for tissue histopathology and C/S is warranted.

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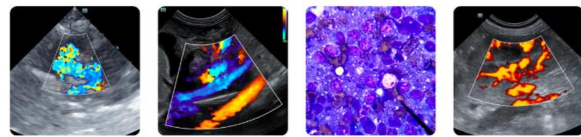

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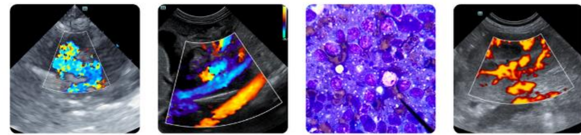

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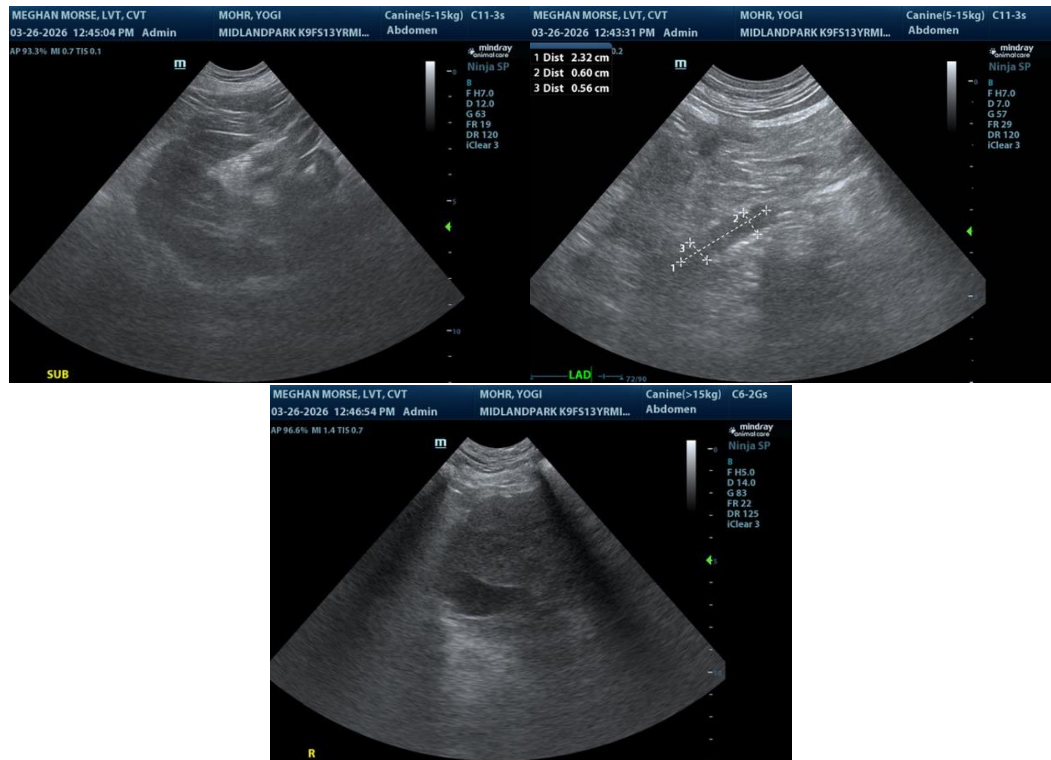

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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