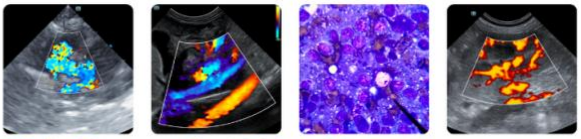

PATIENT

Jackson Voytko

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

17.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside Veterinary Clinic

REFERRING VET

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INVOICE

14040

DATE

03/03/26

PRESENTING CLINICAL SIGNS

Submitted study contained 25 videos and still images for review.

- Patient has hx of urinary stones and is on c/d and s/o diet combined 50/50
- Patient has hx of grade 3/6 murmur and has been on Vetmedin, furosemide and enalapril

PE: Worsening cough, grade 3/6 murmur Rads: Enlarged VHS with perihilar edema, enlarged liver, mineral opacity in kidneys EKG and cardio review of rads pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild areas of dependent lumen to possibly adhered mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate was not definitively visualized.

The area of the aortic trifurcation was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Medullary renoliths and pinpoint to focal medullary mineral with multiple left kidney cortical cysts and small right kidney cortical cysts were all present. The left kidney measured 5.1 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

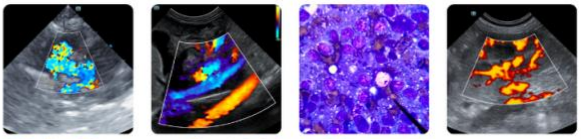
The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the caudal pole.

Spleen

The spleen presented normal in size and contour with mild heterogeneous parenchyma. A solitary visualized discrete hypoechoic noncapsule deforming splenic nodule was present in the mid spleen measuring 0.56 cm in diameter.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Multiple nonhomogenous hypoechoic to centrally echogenic hepatic nodules were present with an example measuring 1.3 cm in diameter.



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The gallbladder was non distended in size with mild nonorganized 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 visualized segments of small intestine were sonographically normal.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Heart

Thickened mitral valve leaflets consistent with endocardiosis. Moderate to severe eccentric MR on doppler. Moderate to significant LA/LV enlargement with adequate LV systolic function. Subjective normal RA/RV. Possible subjective tachycardia.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes exhibiting medullary mineral/renoliths and cortical cysts.
- Mildly enlarged nonhomogenous adrenal glands.
- Subtle splenic nodule.
- Heterogeneous liver with nonhomogenous hypoechoic to centrally echogenic intraparenchymal nodules.
- Mild gallbladder debris (non-mucocele).
- Chronic mitral valve disease with evidence of left heart volume overload.
- Mild urinary bladder lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepato-splenic nodules are nonspecific with considerations including hyperplasia, hematopoiesis, granulomas, inflammation, with potential for neoplasia/target lesion type nodules.

Assuming normal clotting status and using 25-gauge needle, hepatic and splenic nodule FNA cytology is warranted for further clarification. Correlation with hepatic enzyme levels and urinalysis +/- culture/sensitivity or UPC level for renal staging is recommended.

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Continued current triple therapy with antitussive medication (hydrocodone) is recommended. Correlation with thoracic radiographs to assess for evidence of cardiogenic pulmonary edema.

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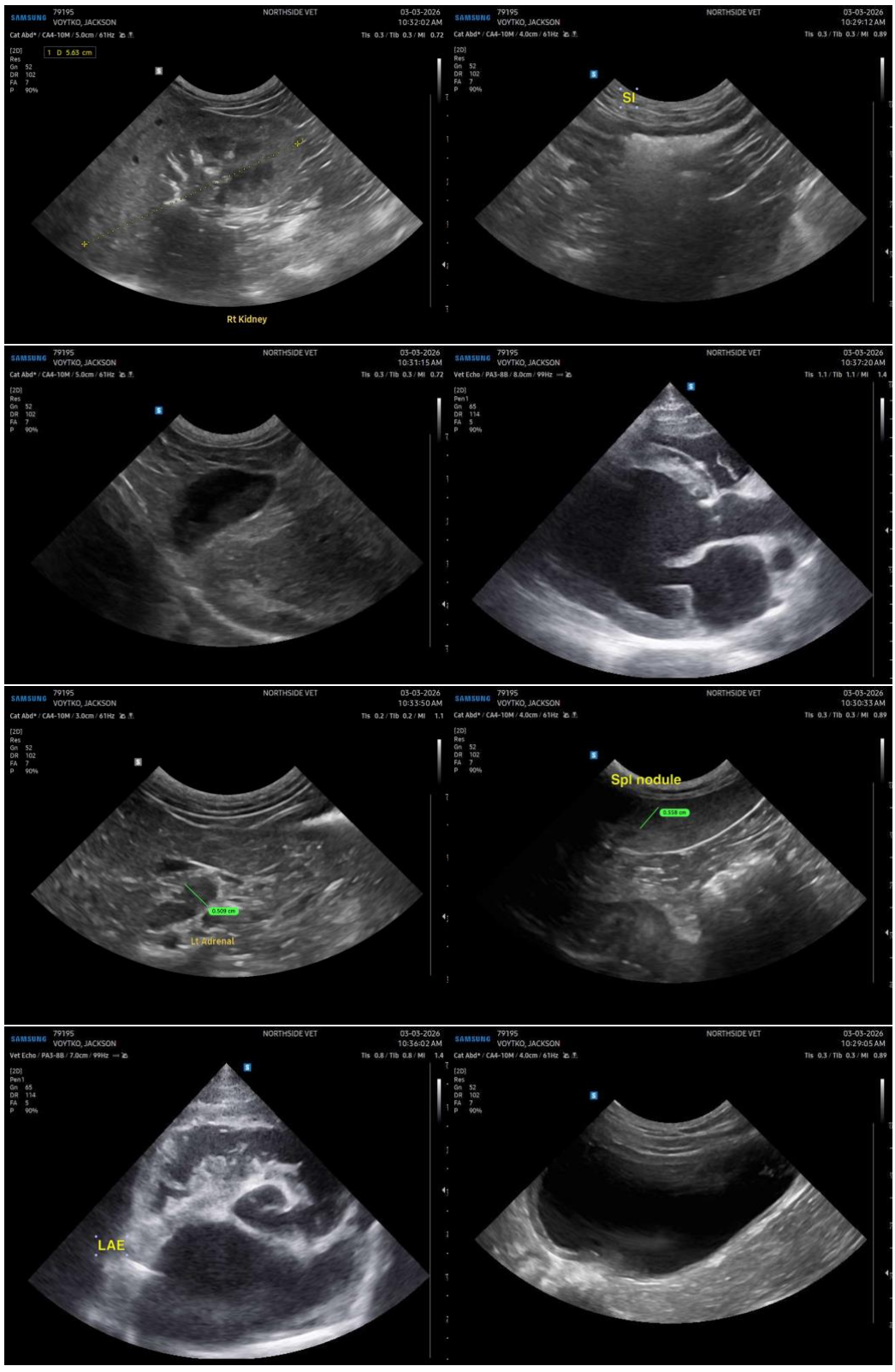

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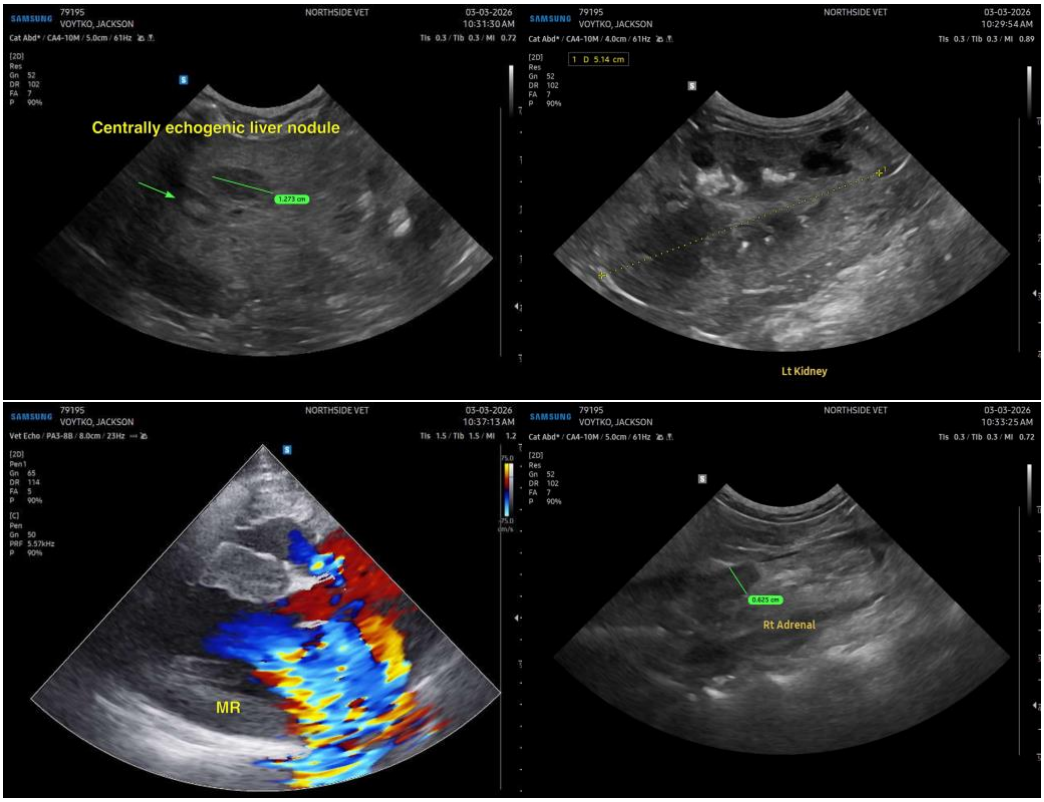

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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