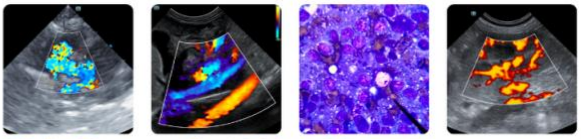


PATIENT

Jackson Wahab

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Hazem Othman

INVOICE

14044

DATE

03/04/26

PRESENTING CLINICAL SIGNS

- Progressive urinary incontinence.
- Possible abdominal effusion on AFAST.
- Hx of hematuria, UTI (treated after culture), hepatopathy, ITP - Long term use of Prednisone.
- AUS in December showed splenic nodules, hepatopathy and chronic kidney changes.

Abnormal PE/Chem/CBC/UA Results: Chemistry: Azotemia: Creatinine 230 umol/L, BUN 17 mmol/L. Hyperphosphatemia: Phosphorus 2.34 mmol/L. Hyperproteinemia: Total Protein 84 g/L, Albumin 46 g/L. Elevated liver enzymes: ALT 2290 U/L, ALP 1403 U/L, GGT 49 U/L. Grade III/VI Left apical systolic heart murmur, MMVD Stage B1. Chest radiographs pending. Repeated urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. The visible proximal urethra was overtly normal in structure and tone to a depth of 5.0 cm subjectively measuring 0.75 cm in diameter. 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 change were noted.

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. Areas of mild medullary mineral were present with no evidence of pyelectasia. The left kidney measured 7.6 cm in length. The right kidney measured 7.9 cm in length. Intermittent small cortical cysts were present bilaterally.

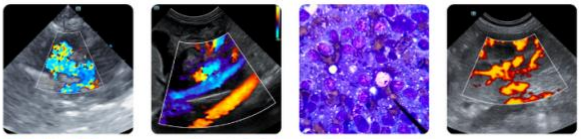
Adrenal Glands

The bilateral adrenal glands were indistinctly visualized exhibiting isoechoic to nonhomogenous parenchyma and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland subjectively measured 0.78 cm width in the caudal pole. The right adrenal gland subjectively measured 0.86 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal variably sized to coalescing hyperechoic nodules to irregular mild capsule deforming nonhomogenous hyperechoic splenic mass were present. 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. The hyperechoic splenic mass measured approximately 6.0 cm in diameter. An example of the splenic nodules measured 2.0 cm in diameter.

Liver & Gallbladder



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The liver revealed generalized asymmetrical hepatomegaly exhibiting mild nonhomogenous parenchyma and mild to variable coarse parenchyma echotexture. Ventrocaudal lobar swelling versus hepatoma or hepatic mass measuring approximately 7.45 cm in diameter. Intermittent discrete nonhomogenous hepatic nodules were also present with an example measuring 3.1 cm in diameter.

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 visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild hyperechoic progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The visualized segments of 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder and visible proximal urethra- no overt previous cystitis criteria or obvious current decreased urethral tone.
- Static chronic renal changes exhibiting mild medullary mineral and cortical cysts.
- Previously noted subjective static multifocal to coalescing hyperechoic splenic nodules to cranial hyperechoic mass lesion.
- Hepatomegaly exhibiting nonhomogenous subtle nodular parenchyma and ventrocaudal lobar swelling versus hepatoma or hepatic mass.
- Static mild gallbladder debris (non-mucocele).
- Hyperechoic mildly shadowing gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic lobar swelling and splenic cytology is warranted for further clarification. Correlation with repeat urine culture and sensitivity is recommended. The hepatosplenic presentation may indicate mildly progressive benign criteria i.e. hyperplasia, hematopoiesis, significant splenic myelolipomas or hepatoma like mass although potential for hepatic splenic neoplasia is not definitively excluded.

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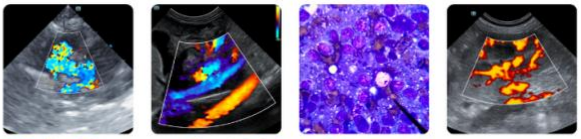

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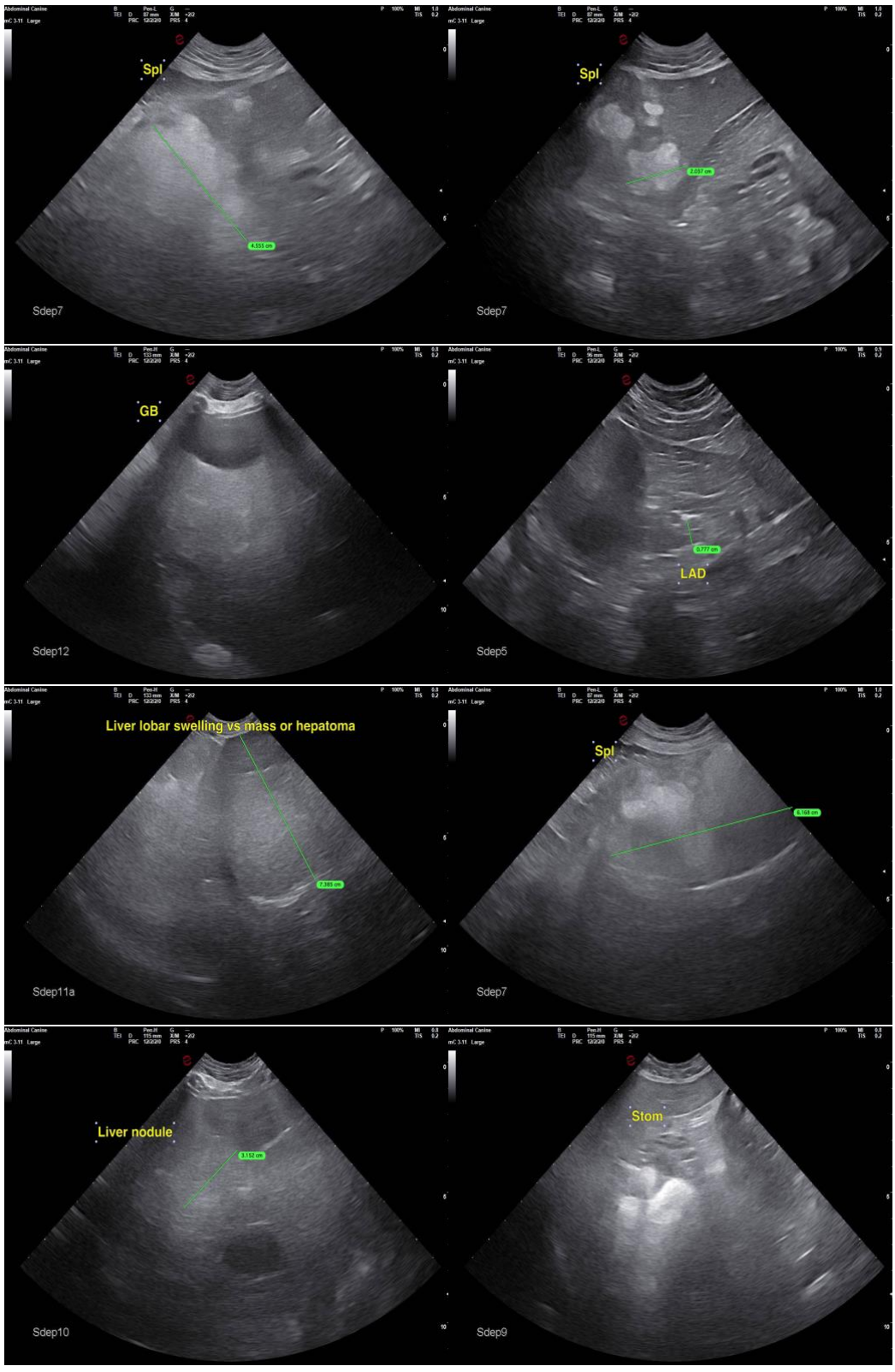

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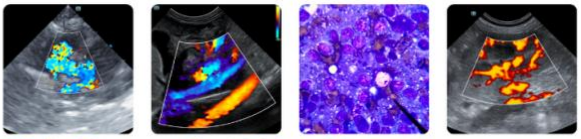

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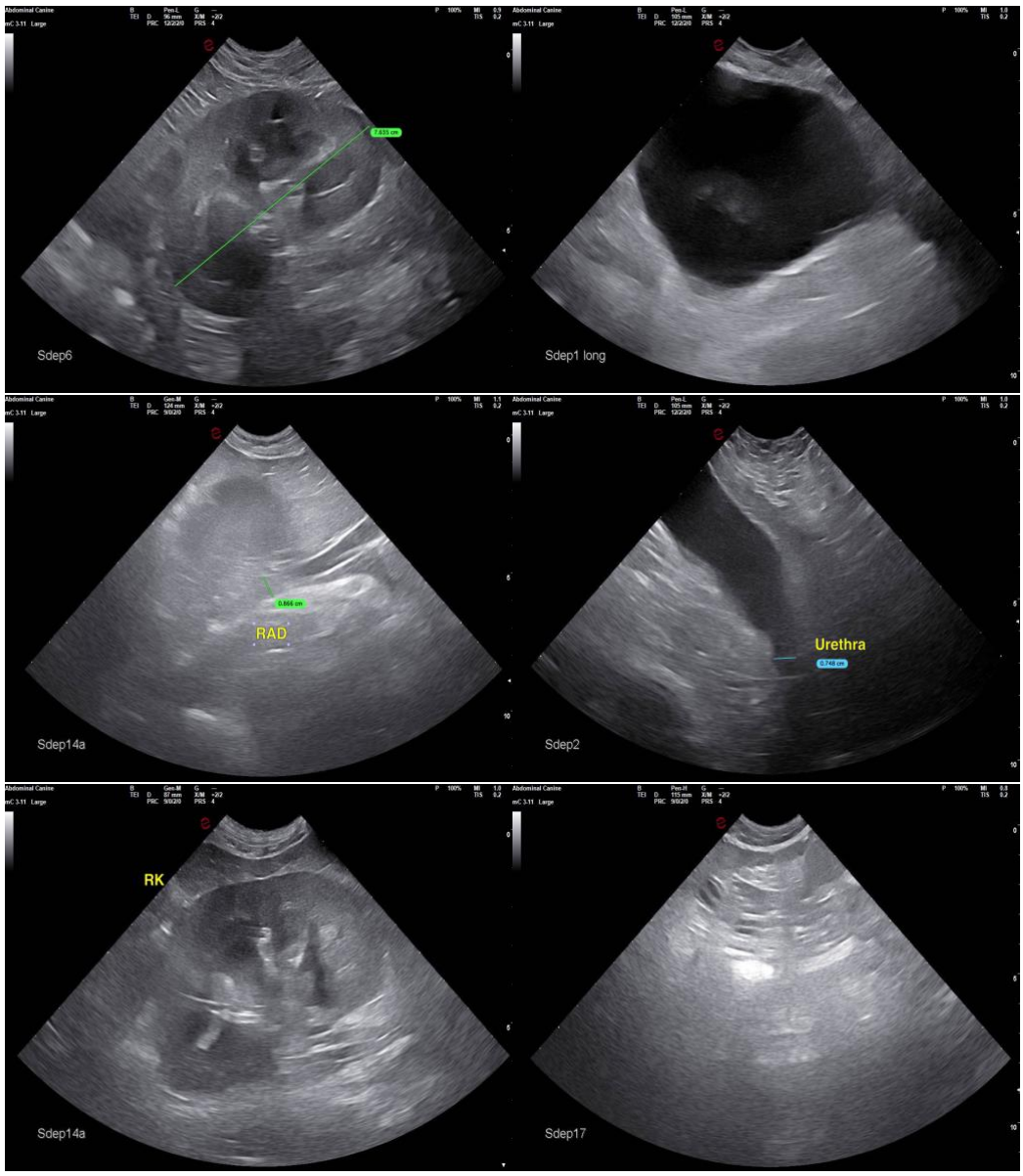

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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