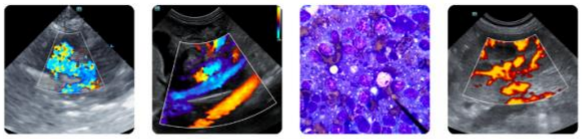


PATIENT

Hannah Stull

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

2013

WEIGHT

49

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary Hospital

REFERRING VET

Dr. Gary Kubala

INVOICE

15409

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Elevated BUN/Crea, recurrent UTI's, uroliths appreciated on radiograph

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

No evidence of pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical 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 mild to moderate indistinct corticomedullary demarcation expected for the age of the patient. Mild right kidney pyelectasia was also present with moderate left kidney pyelectasia. NO evidence of left/right hydroureter. The left kidney measured 5.6 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland borderline to mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland measured 0.69 cm width at the caudal pole.

Spleen

A mildly expansive medial splenic mass with secondary asymmetrical capsule expansion and disruption was present and measured approximately 5.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen was sonographically normal.

Liver & Gallbladder

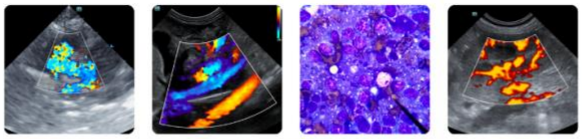
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 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.



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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.

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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable mildly distended urinary bladder, normal visible proximal urethra.
- Nonspecific chronic renal changes with variable bilateral pyelectasia.
- Bilateral borderline to mild adrenomegaly.
- Splenic mass.
- Sonographically normal liver with mild gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of lower urinary tract or uterine remnant pathology as an obvious cause of recurrent UTIs. Assessment of the vulva and vaginal vault for evidence of structural abnormality which may predispose to ascending infection may be considered.

The pyelectasia in both kidneys may be secondary to chronic renal changes, pelvic scarring, while potential for pyelonephritis is not excluded.

Bilateral normal adrenal variant given no report of clinical signs consistent with adrenal hyper function are possible. Adrenal screening could be considered if clinical signs suggestive of adrenal disease arise without evidence of adrenal neoplastic criteria.

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, hematoma or neoplasia (sarcoma, round cell neoplasia, other). Obvious sonographic evidence of major organ or cardiac metastasis was not overtly evident. Non sonographically evident metastasis / micro metastasis cannot be definitively excluded. If no pathology on thoracic radiographs and stable renal function appropriate for anesthesia, splenectomy with gross inspection of the perisplenic omentum and abdominal cavity is warranted. Serial monitoring of the splenic mass pending further renal evaluation would also be reasonable.

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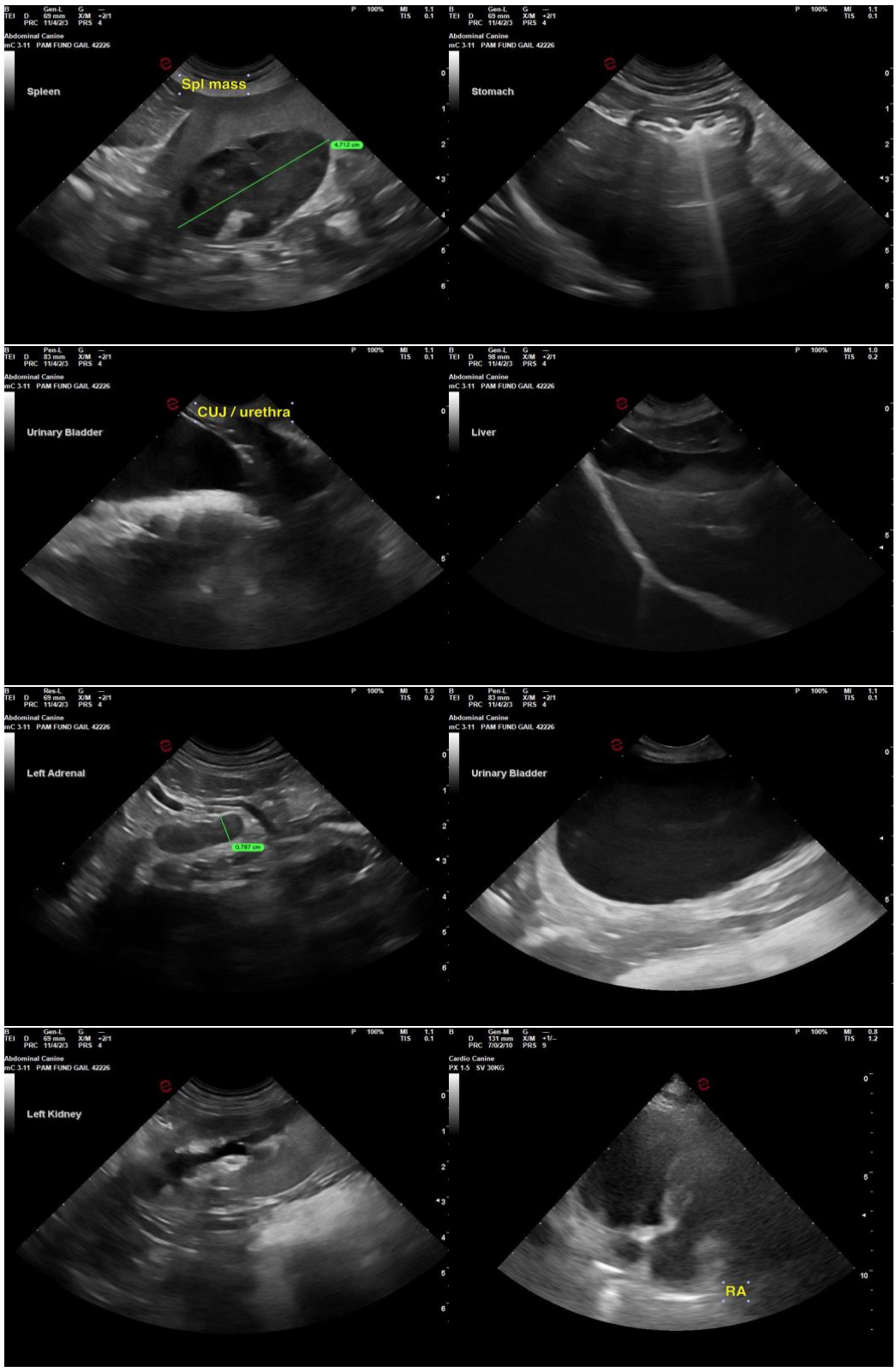

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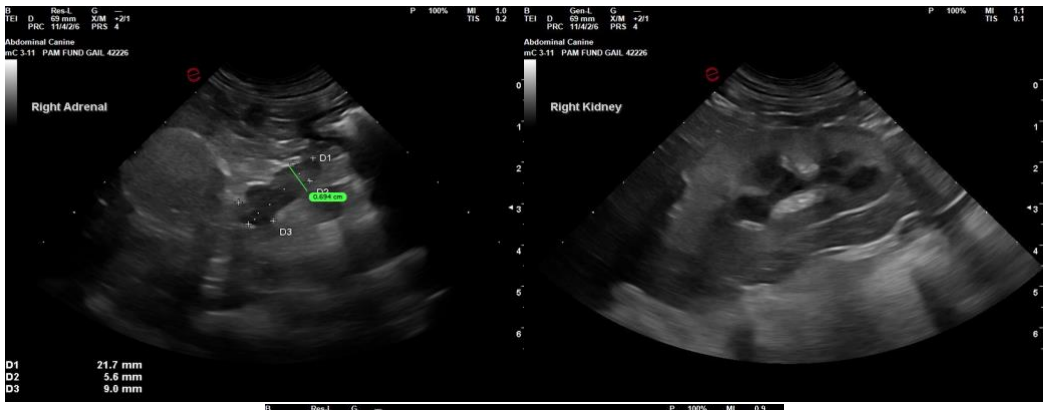

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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