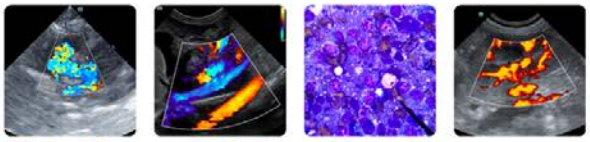

PATIENT

Bandit Pete

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10

WEIGHT

11.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cutrone

HOSPITAL NAME

Greater Staten Island Veterinary Service

REFERRING VET

Dr. Cutrone

INVOICE

74230

DATE

4/6/26

PRESENTING CLINICAL SIGNS

Congestive Heart Failure--currently undergoing

Abnormal PE/Chem/CBC/UA Results: Heart murmur

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 changes 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 4.0 cm. Right kidney measured 4.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left adrenal gland measured 0.49 cm at the caudal pole. Right adrenal gland measured 0.44 cm at the caudal pole.

Spleen

The spleen was normal in size with primarily symmetrical capsule contour and mild non-homogeneous parenchyma. A solitary, mildly expansive, non-homogeneous craniomedial splenic nodule was noted measuring 1.1 cm in diameter. Mild associated symmetrical capsule distortion without evidence of capsular escape.

Liver

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 moderate, primarily gravity dependent, hyperechoic, non-organized debris. 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 stomach contained moderate anechoic fluid without evidence of obstruction to the pyloric outflow, or evidence of 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 apparent formed feces in lumen.

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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.

Brief transdiaphragmatic views of the heart revealed no evidence of pericardial effusion or overt visible cardiac tumors.

ULTRASONOGRAPHIC FINDINGS

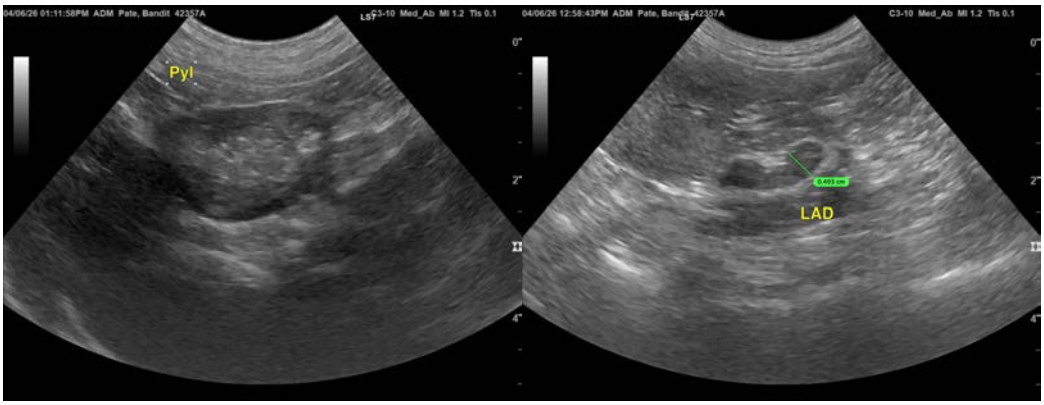
- Normal non-congested liver.
- Non-organized gallbladder debris, not consistent with mature mucocele.
- Mildly expansive splenic nodule – hyperplasia, hematopoiesis, granuloma, inflammation, emerging tumor all potentials.
- Age related renal changes.
- Sonographically normal gastrointestinal tract with hypomotile stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hepatic congestion or ascites secondary to cardiac disease.

If cleared for sedation, with assumed normal clotting status and using 25-gauge needle, splenic nodule FNA cytology warranted for further clarification. Serial sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4-6 weeks would be more conservative.

The hypomotile stomach is non-specific yet consistent with metabolic gastric ileus without obstruction to pyloric outflow. Correlation with current gastrointestinal signs, and if clinically indicated gastrointestinal support is recommended.



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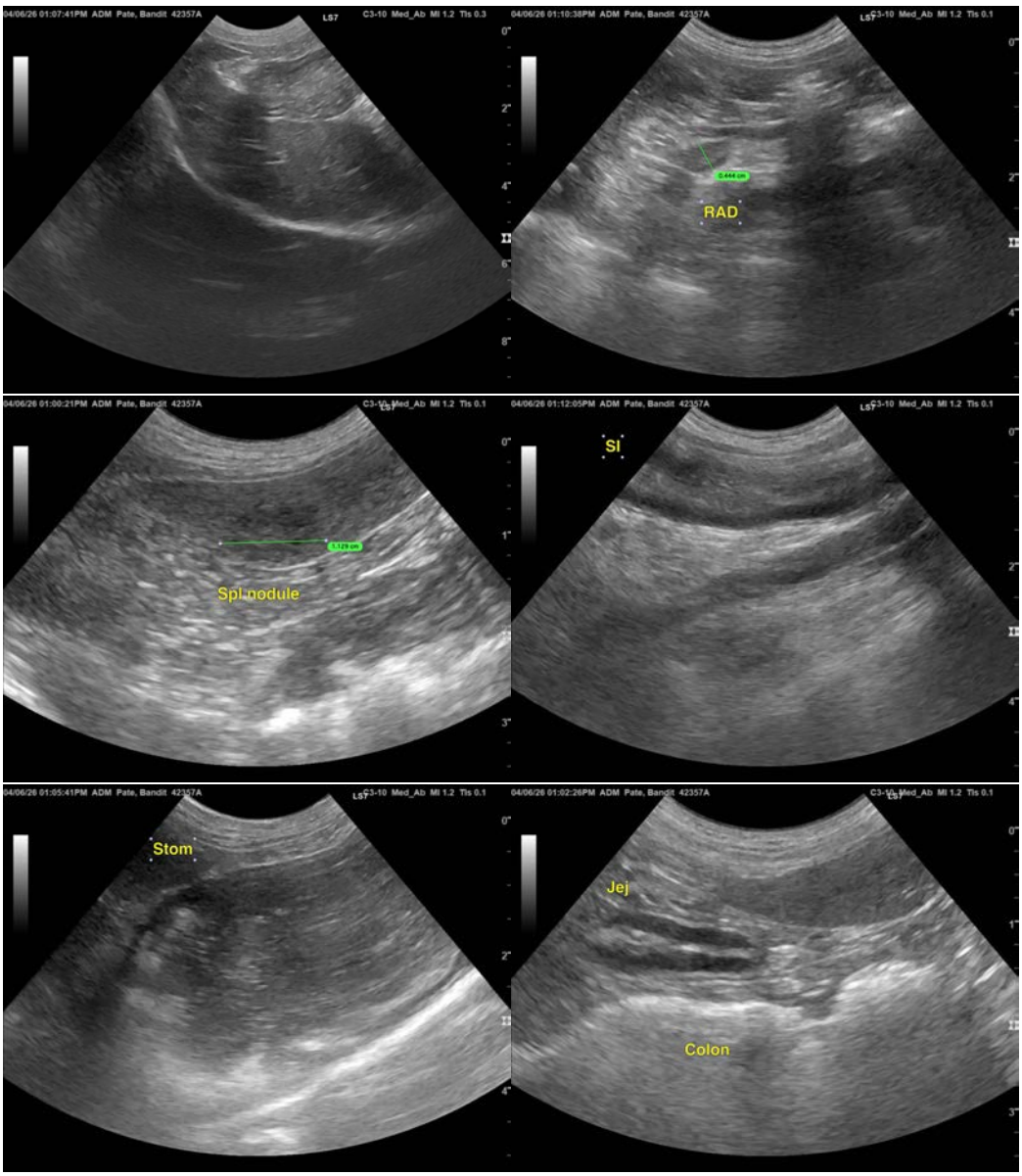

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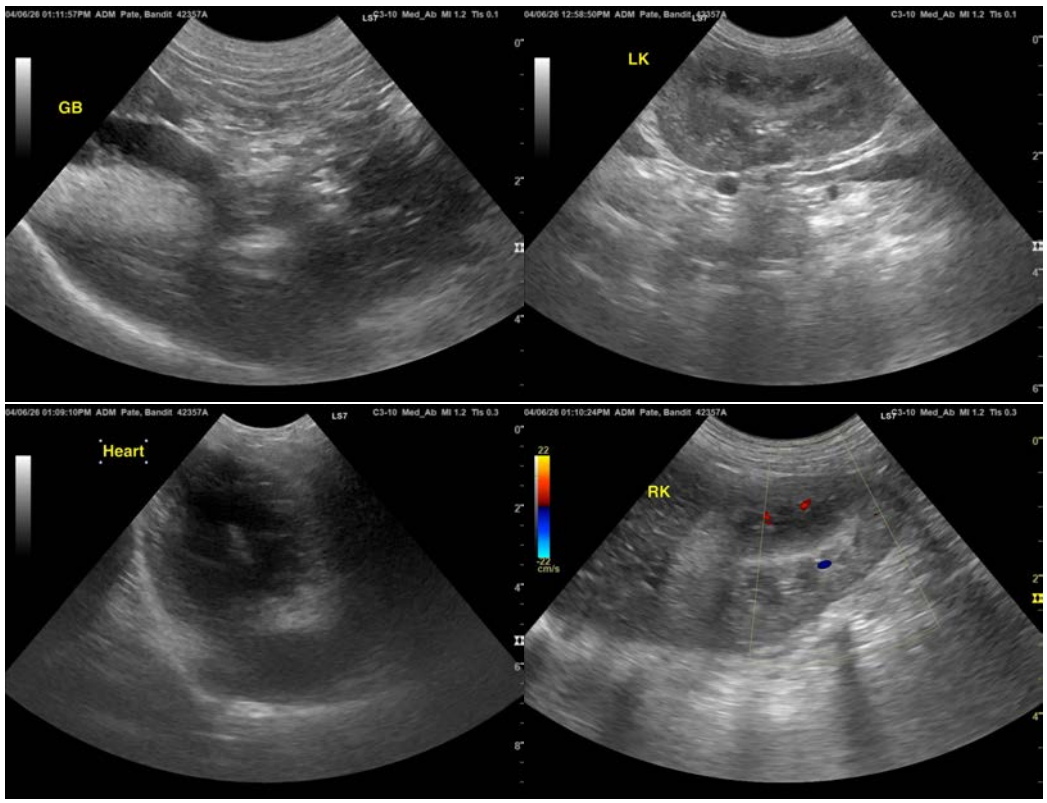

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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