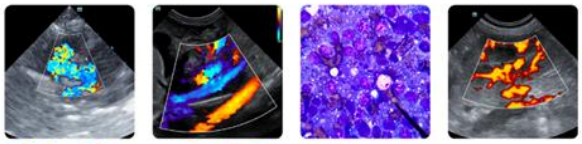


PATIENT

Guinness Ziegler

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

13yr

WEIGHT

41lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams DVM, DABVP

INVOICE
24410

DATE
04/06/2026

PRESENTING CLINICAL SIGNS

Seen last week for diarrhea and lethargy, labs showed new increase in renal numbers and an elevated NuQ, so AUS was recommended.

Abnormal PE/Chem/CBC/UA Results: ~Chest and Abdominal rads taken prior to US, Thoracic rads show 3 cm x 3 cm round nodule in left caudal lung lobe, presumptive cause of elevated NuQ, clients think he has been doing some coughing recently. ~CBC WNL, SDMA 19, Creat 1.7, USG 1.017, NuQ 55.6 (mild elevation), ALT 201 ~ previous AUS and FNA of liver (6/2024) were consistent with vacuolar hepatopathy and ALT has been stable for the last 2 years.

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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Mild right kidney pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

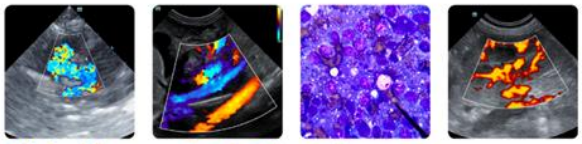
The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.68 cm width at the caudal pole. The right adrenal gland measured 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined, symmetrical, echogenic nodule was present in the medial parenchyma. Mild associated symmetrical medial capsule distortion was present. The nodule measured 0.43 cm. Concurrent isoechoic medial splenic bulge adjacent to the hilus measuring 0.59 cm in diameter. 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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 contained moderate variably echogenic non-shadowing ingesta with no signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable liver/ gallbladder- consistent with mild benign hepatopathy
- Medial splenic hyperechoic nodule and concurrent focal isoechoic parenchymal expansion - suspect benign, hyperechoic nodule consistent with probable myelolipoma, additional isoechoic nodule focal parenchymal expansion without overt neoplastic splenic criteria
- Normal gastrointestinal tract with semi-formed fecal matter in colon
- Normal area pancreas
- Mild chronic renal changes with mild right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of intra-abdominal neoplastic criteria as a contributing factor to the elevated NuQ level. Screening splenic FNA cytology using 25ga needle and assuming normal clotting status could be considered to assess for occult disease yet no overt suspicion for splenic neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

The right kidney pyelectasia is non-specific and may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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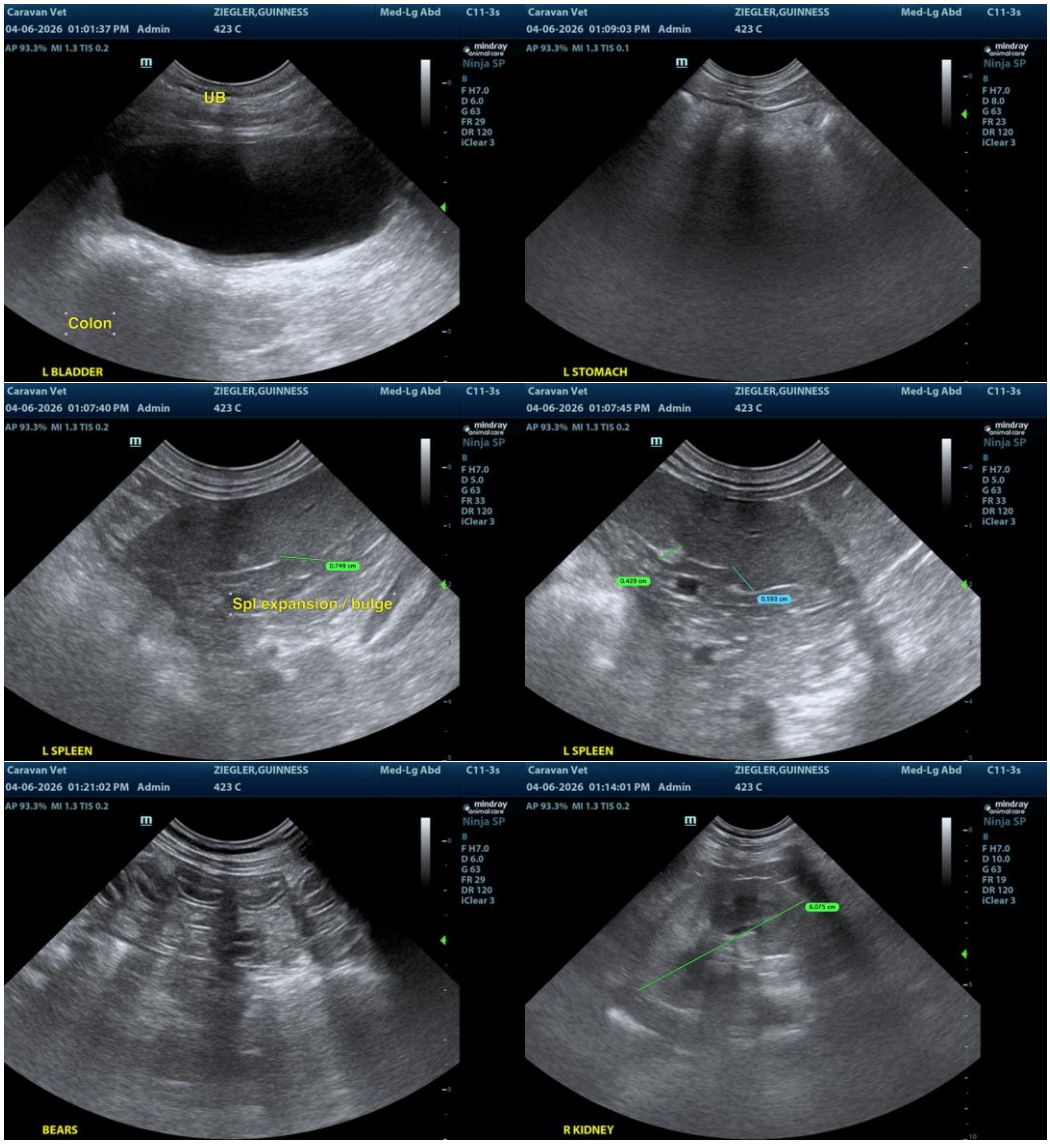

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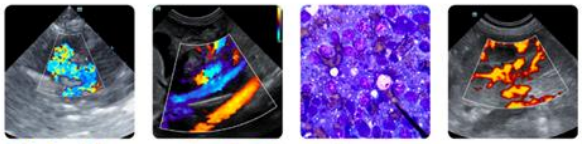

Clinical Sonography & Telecytology
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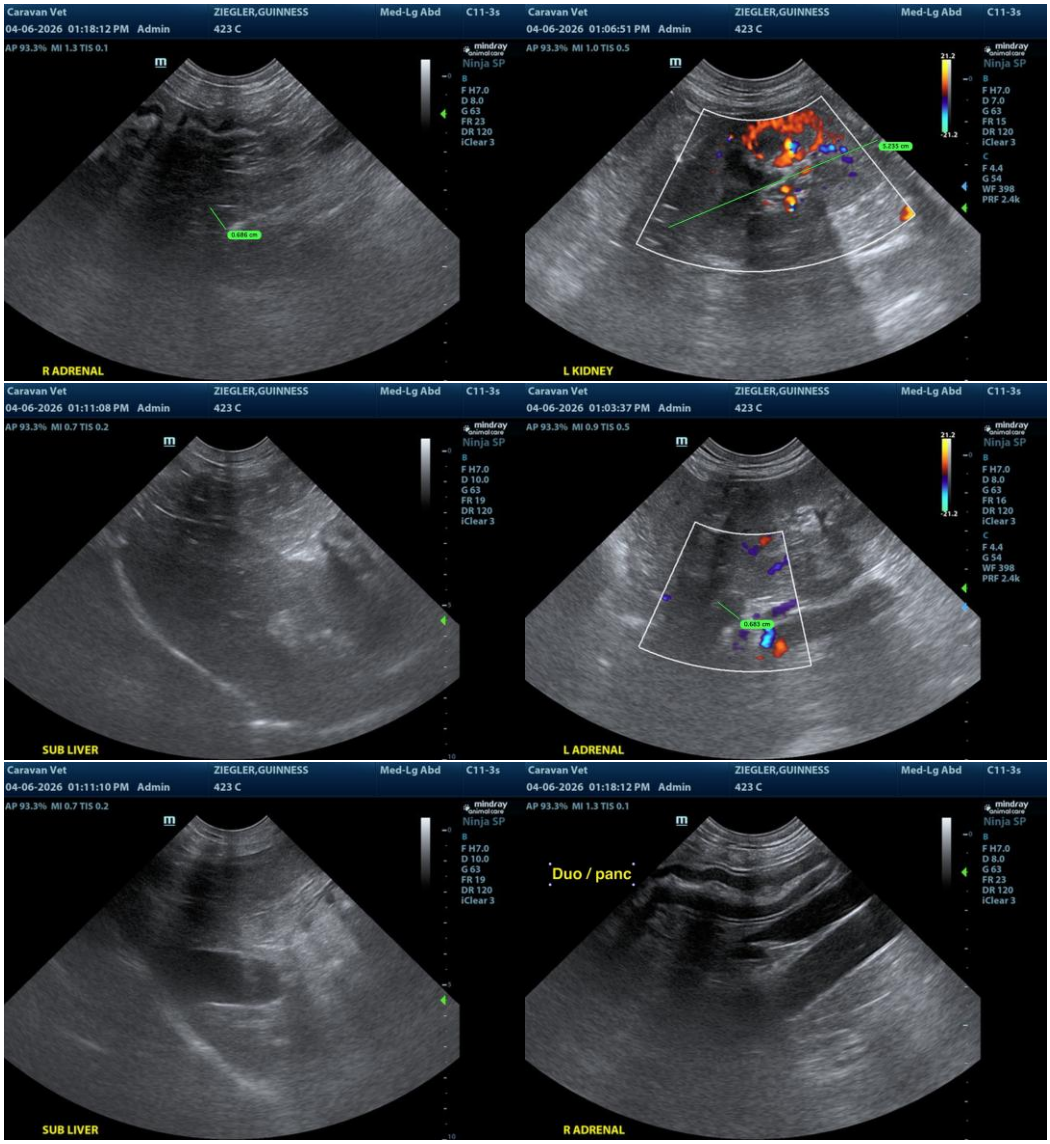

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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