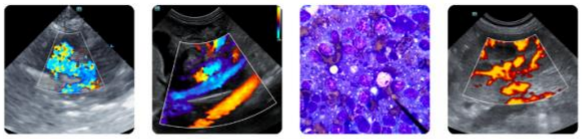

PATIENT

Winnie Dutton

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

2012

WEIGHT

29.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal Hospital

REFERRING VET

Dr. Hersh

INVOICE

14967

DATE

04/08/26

PRESENTING CLINICAL SIGNS

PU/PD. History of UTI's. Previous ultrasound 6.2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The visible proximal urethra exhibited subjective thickened appearance with normal tone without evidence of urine retention to a depth of 3.0 cm measuring 0.55 cm urethral width.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited multiple cystic appearing nodules, some with mild associated splenic capsule distortion and mild heterogeneous splenic parenchyma with an example measuring 1.6 cm in diameter.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta consistent with food echogenicity without signs of 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.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related renal changes.
- Normal adrenal glands.
- Moderate urine sediment with mildly thickened visible proximal urethra.
- Multiple cystic appearing splenic nodules.
- Sonographically unremarkable liver- consistent with mild benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective thickened proximal urethra may suggest nonspecific urethritis without overt evidence of neoplastic criteria. Recheck urine culture and sensitivity on sterile urine sample if inflammatory sediment +/- screening BRAF assay is recommended.

The splenic nodules may indicate hyperplasia, hematopoiesis, cysts, hemangiomas, although neoplasia, i.e. hemangiosarcoma is not excluded.

Assuming normal clotting status and using a 25-gauge needle, splenic nodule FNA cytology could be considered for further clarification with suspicion for possible hemangiosarcoma if primarily blood or hemodilution on splenic cytology. Diagnostic and prophylactic splenectomy is required for a definitive diagnosis. Correlation with pending adrenal workup is recommended, although no evidence of adrenal pathology.

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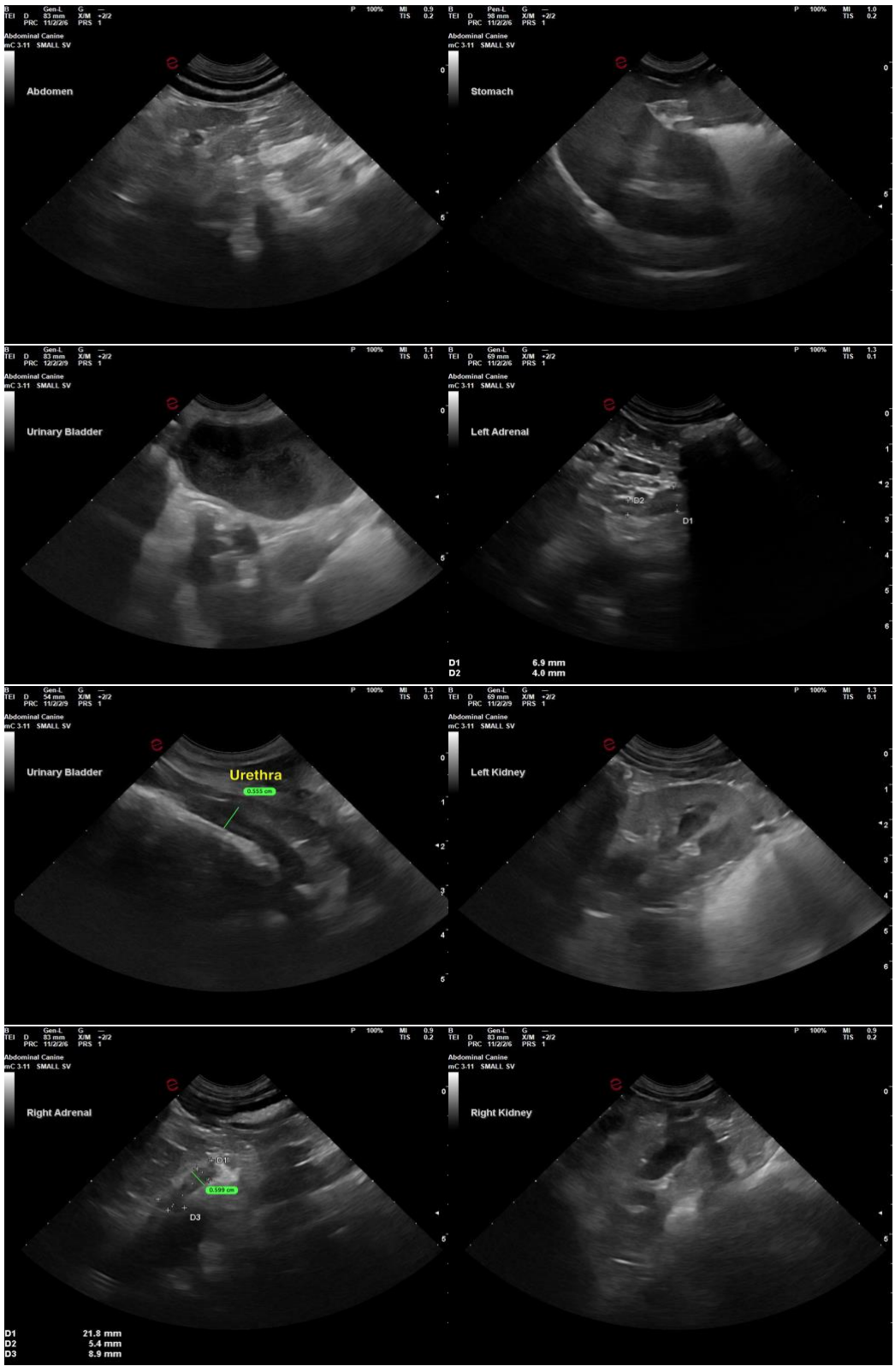

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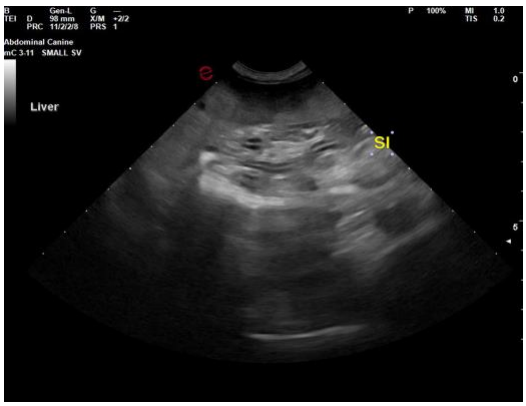

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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