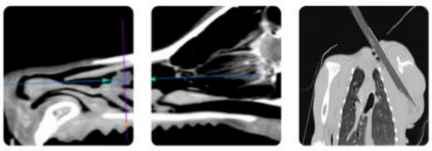

PATIENT

Sampson Gibson

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

~40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Sarah

INVOICE

16207

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Presurgical BW to proceed with fractured upper Premolar showed abnormalities. Added a U/A which showed proteinuria, glucosuria (despite normal BG of 5.9), ketonuria, trace hematuria USG 1.041. Did not proceed with surgery yet. 1 week ago was also seen for GI upset and diarrhea which has resolved. Was on Metacam but stopped it May 10, 26. Assess renal, hepatic and pancreatic architecture. R/O neoplasia or infection.

Abnormal on BW: hemoglobin, MCHC, reticulocyte hemoglobin, glucose, calcium, chloride, albumin, ALP, cholesterol, Lipase.

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 change were noted.

The area of the residual prostate was sonographically normal.

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 pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.8 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 0.67 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 0.66 cm width at the caudal pole.

Spleen

The spleen presented overall normal in size with primarily symmetrical contour and areas of mild asymmetrical medial capsule contour and suspect areas of medial capsule fibrosis along with medial parenchymal noncapsule deforming small hyperechoic nodules. A solitary subtle isoechoic nonhomogenous cranial splenic nodule without capsule distortion was visualized measuring approximately 2.0 cm in diameter.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of

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congestion. Intermittent well demarcated mildly hyperechoic hepatic nodules were present with an example measuring 1.3 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 to moderate strongly shadowing ingesta that appeared to extend into the pyloric outflow without evidence of pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Upper to mid duodenal mildly shadowing ingesta was present.

Normal visible colon wall layers were present with semi formed fecal matter in the lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes.
- Subtle nonhomogenous cranial splenic nodule with probable concurrent intermittent small myelolipomas and mild medial capsule fibrosis- subtle hyperplasia, hematopoiesis, granuloma, emerging tumor thought less likely yet not excluded.
- Hepatopathy with intermittent hyperechoic hepatic nodules- suggestive of benign criteria such as vacuolar/cholestatic hepatopathy and probable nodular hyperplasia/lipogranulomas.
- Mild nonorganized gallbladder debris (non-mucocele).
- Overall normal gastrointestinal tract/colon with strongly shadowing gastric ingesta/content, intestinal ingesta and semi formed fecal matter in colon.
- Mild nonhomogenous remodeled pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, subtle splenic nodule FNA cytology could be considered for further clarification versus sonographic monitoring for evidence of changes or progression. The shadowing gastric ingesta/content may indicate dense ingesta, while potential for non-obstructive gastric foreign material is not excluded.

Correlation with most recent meal ingestion is recommended. Documented 12-hour fast and sonographic reassessment of the stomach is suggested if clinically indicated or if non-reported gastrointestinal signs.

A GI panel to include PLI, TLI, cobalamin and folate may be considered if recurrent gastrointestinal signs. Urine protein/creatinine ratio and amino acid assay are recommended if persistent glucosuria/proteinuria with a normal serum BG.

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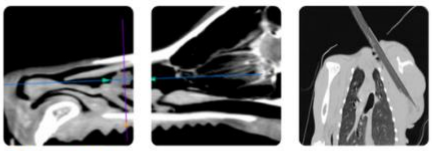

Teleradiology
Educational Teleconsultation Services™

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

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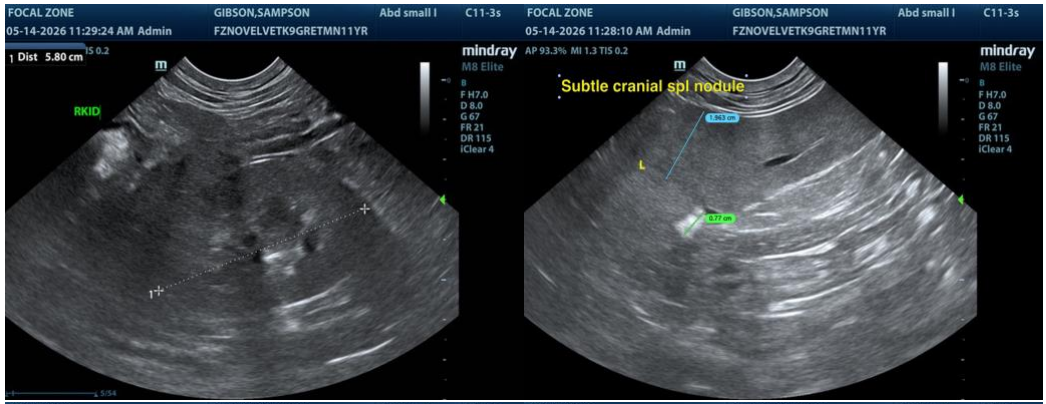

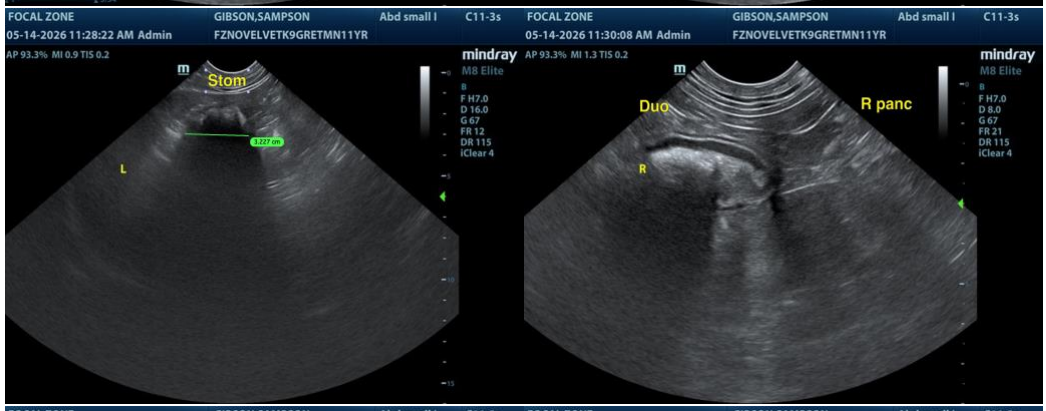

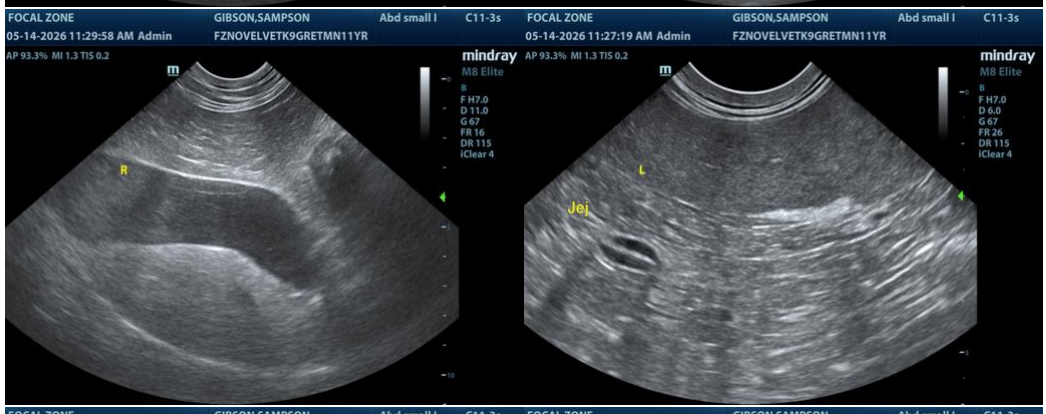

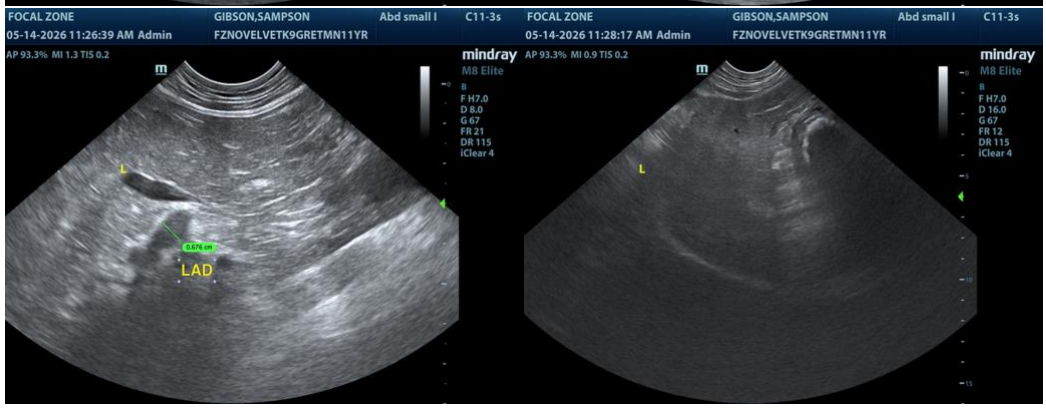

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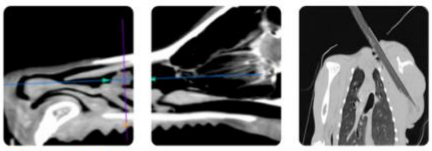

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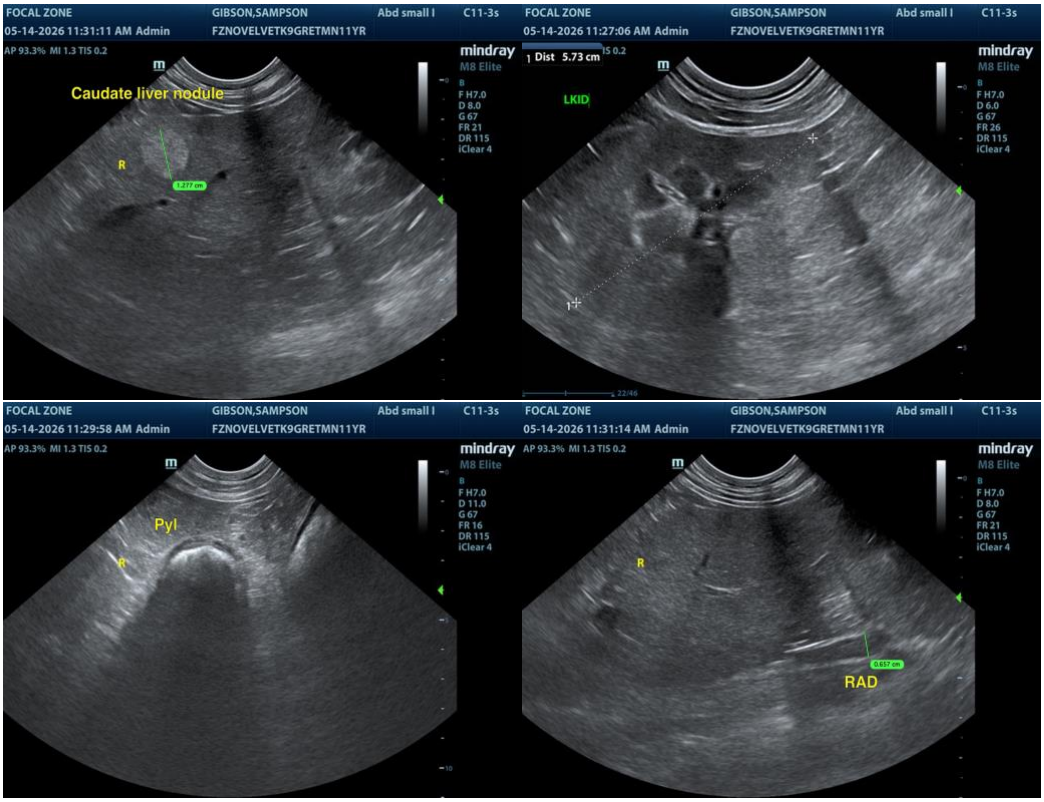

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com