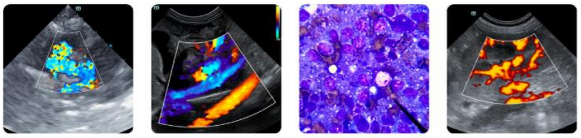

PATIENT

Cleo Sensale

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

13 yrs 9 mon

WEIGHT

13.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Wantage VH

REFERRING VET

Dr. Bullock

INVOICE

10887

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Regenative anemia, wt loss, chronic renal dz, suspect blood loss- 'bleeding abd tumor?' because regenerative. kd food

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses, or distal aortic thrombus.

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. No evidence of pelvic dilation was present. A left kidney caudolateral cortical cyst was noted. The left kidney measured 3.5 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized with no obvious pathology exhibiting subjective normal size, given patient body weight. The left adrenal gland subjectively measured 0.41 cm in length. The right adrenal gland subjectively measured 0.33 cm in length.

Spleen

The spleen exhibited mildly expansive, nonhomogeneous, potentially microcystic small mass measuring ~1.5 cm in diameter. Mild associated lateral symmetrical splenic capsule distortion was noted without evidence of capsular escape. The remainder of the spleen was sonographically normal.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 containing primarily anechoic content with mild, ventrally congealed to nonhomogeneous, hyperechoic, nonmineralized gallbladder debris. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta and lumen gas without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta and lumen gas were present.

Normal visible colon wall layers were present with 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no obvious cardiac tumors or pericardial effusion was noted in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Small splenic mass without evidence of capsular escape
- Normal liver
- Congealed hyperechoic nonmineralized gallbladder debris – not consistent with mature mucocele
- Chronic renal changes with left kidney cortical cyst
- Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta – most consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intrabdominal hemorrhage or bleeding tumor.

The small splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

Overall, a definitive cause of the regenerative anemia was not obvious. Three-view chest radiographs, CBC pathology review, GI panel to include PLI/TLI/Cobalamin/Folate, and screening cortisol level given anemia and concurrent weight loss in conjunction with azotemia is recommended.

The small splenic mass appears stable without evidence of capsular escape or rupture and without overt evidence of intrabdominal major organ macrometastasis. Micrometastasis is not definitively excluded. Pending additional diagnostics or with stabilized anemia, diagnostic and prophylactic splenectomy and histopathology could be considered.

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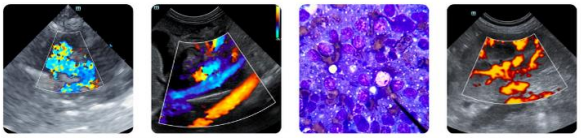

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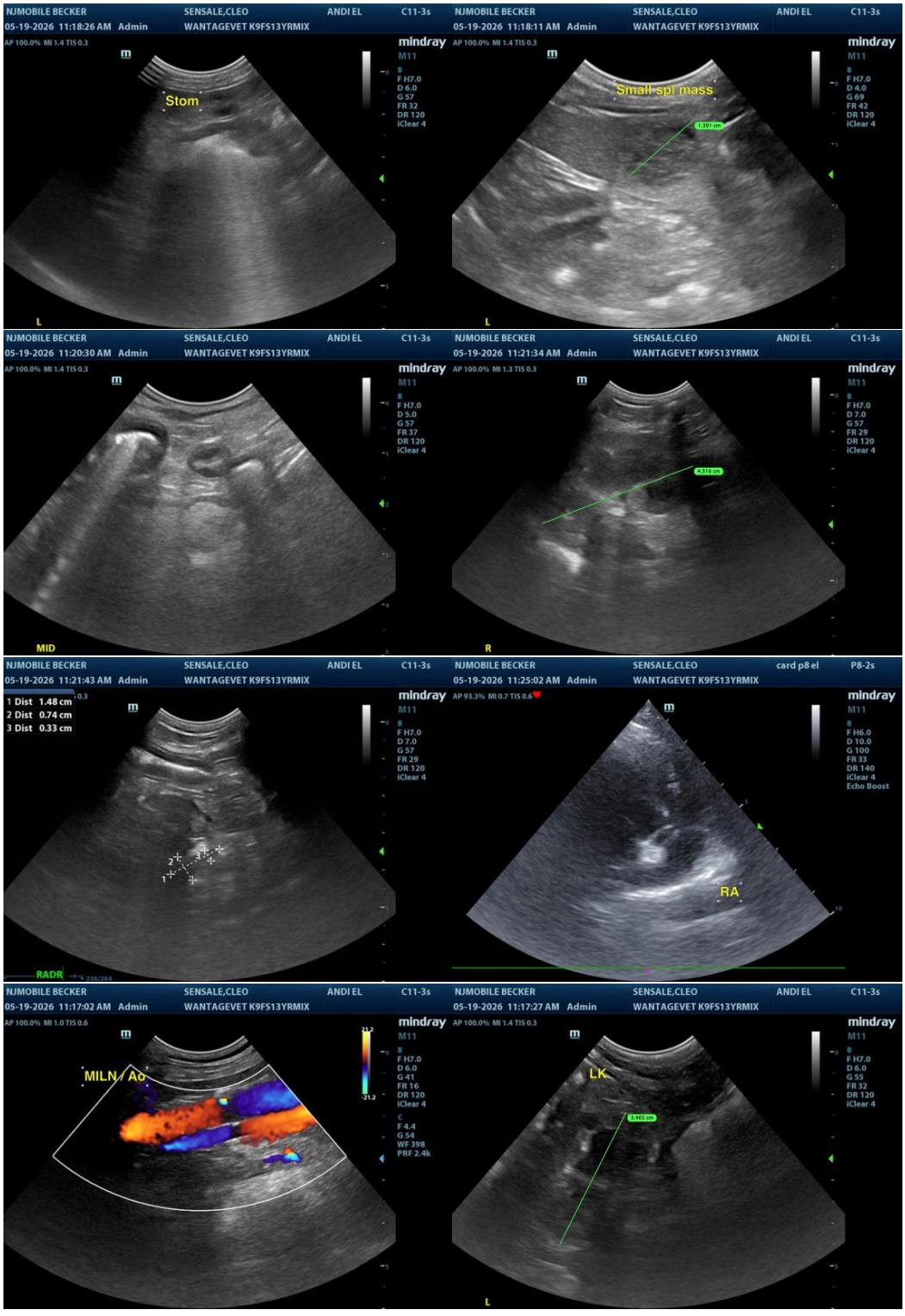

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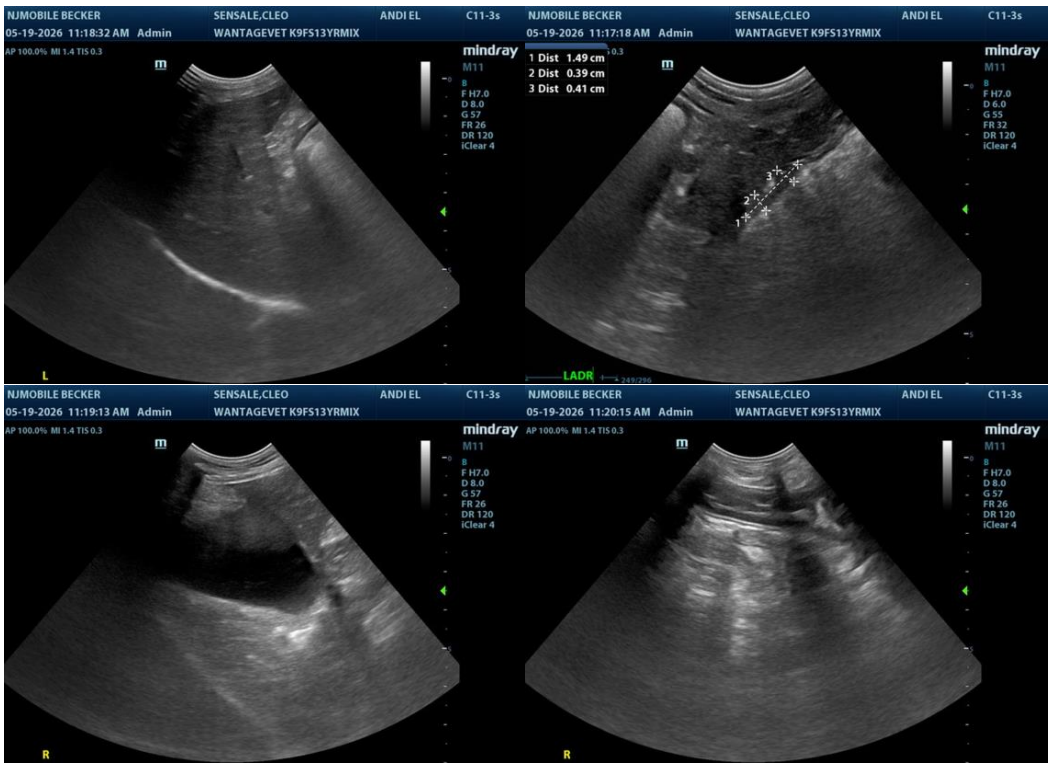

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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