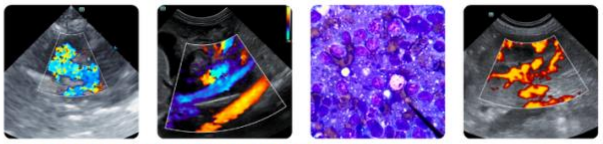


PATIENT

Lucy Riley

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Country Hills Animal Hospital

REFERRING VET

Dr. Trent

INVOICE

16418

DATE

05/21/26

PRESENTING CLINICAL SIGNS

Chronic gastroenteritis, chronic pancreatitis, proteinuria, grade 3/6 heart murmur, possible liver mass

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 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild areas of medullary mineral and cortical cysts were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline to mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in the caudal pole.

Spleen

The spleen revealed a mildly expansive nonhomogenous cranial lateral splenic nodule measuring 1.1 cm in diameter. A concurrent noncapsule deforming hypoechoic caudal lateral splenic nodule was present measuring 0.7 cm in diameter.

Liver & Gallbladder

The liver revealed hepatomegaly with nonhomogenous to mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary indistinctly marginated nonhomogenous focally cystic mass was present in the mid to right liver with secondary caudal to caudoventral gallbladder displacement measuring approximately 5.0 cm x 4.0 cm.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

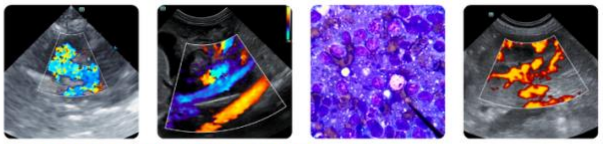
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact nonthickened wall with mild altered wall layer ratio owing to propensity for mild thickened intestinal muscularis layer. The duodenum wall measured 0.37 cm wall width. The jejunum wall measured 0.4 cm wall width.

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

Pancreas



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

Free Abdomen

A minor mesenteric node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.0 cm x 0.44 cm. No evidence of peritoneal effusion.

Heart

Brief subjective echocardiogram revealed mild LA enlargement, thickened mitral valve leaflets with eccentric MR, concurrent mildly thickened tricuspid leaflet with mild TR and adequate LV systolic function. No overt visualized cardiac tumors or pericardial effusion in a visible window.

ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogenous liver with pericholecystic intraparenchymal mass.
- Non-organized gallbladder debris (non-mucocele), subjective mild gallbladder displacement.
- Variably echogenic splenic nodules.
- Chronic pancreatitis/mild fibrosis with remodeling.
- Chronic enteropathy pattern.
- Bilateral nonspecific chronic renal changes exhibiting medullary mineral and cortical cysts.
- Borderline/mild adrenomegaly.
- Intermittent mild mesenteric lymphadenopathy- subjective benign.
- Subjective compensated mitral valve disease (probable B2).
- Mild tricuspid insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and hepatic mass FNA cytology is warranted for further clarification. Adrenal screening is indicated if clinical signs are consistent with Cushing's syndrome.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

A full echocardiogram is recommended for further clarification and assessment for potential medical therapy.

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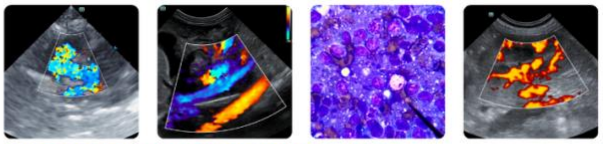

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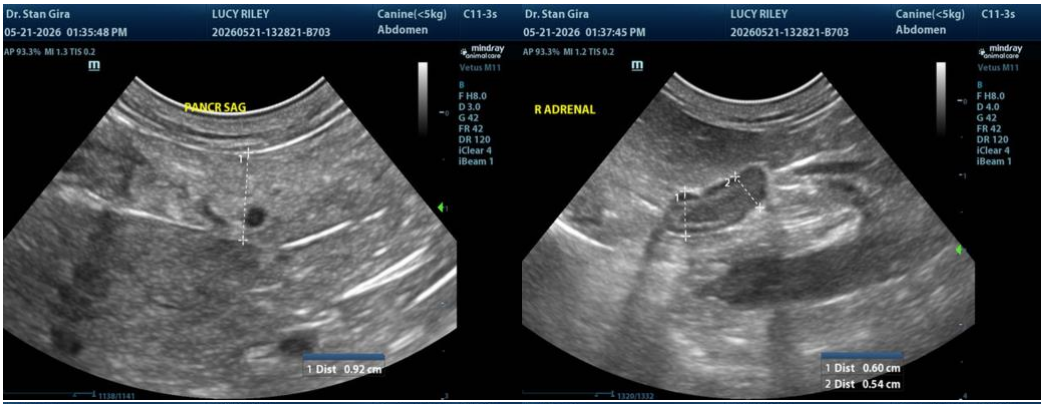

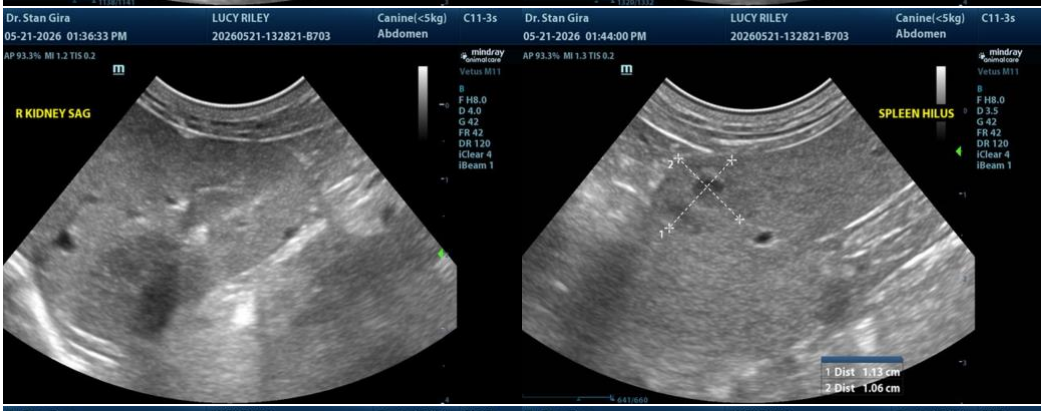

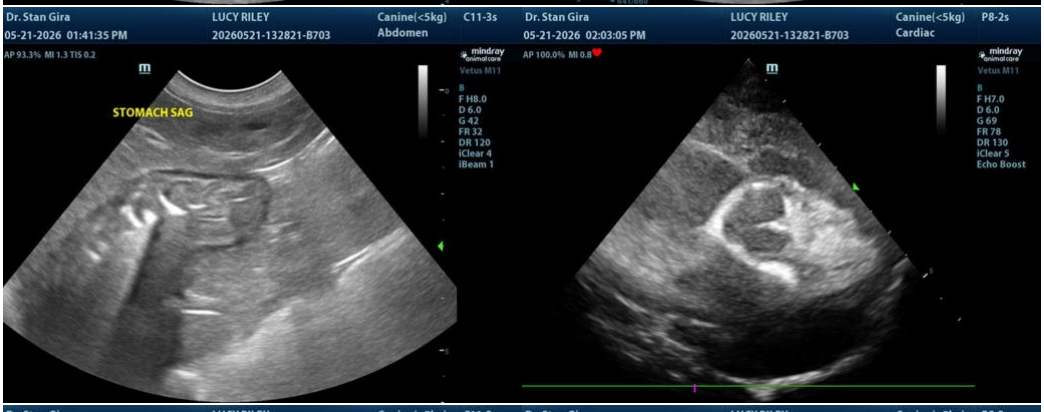

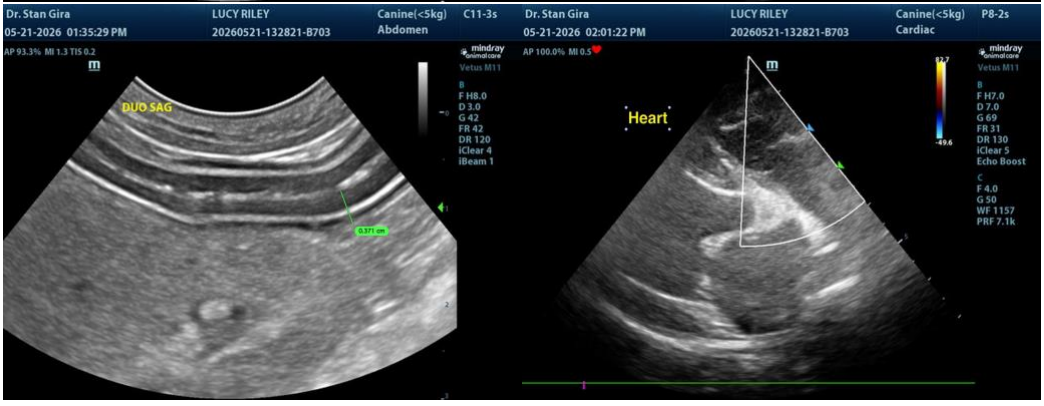

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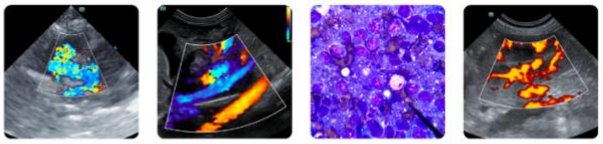

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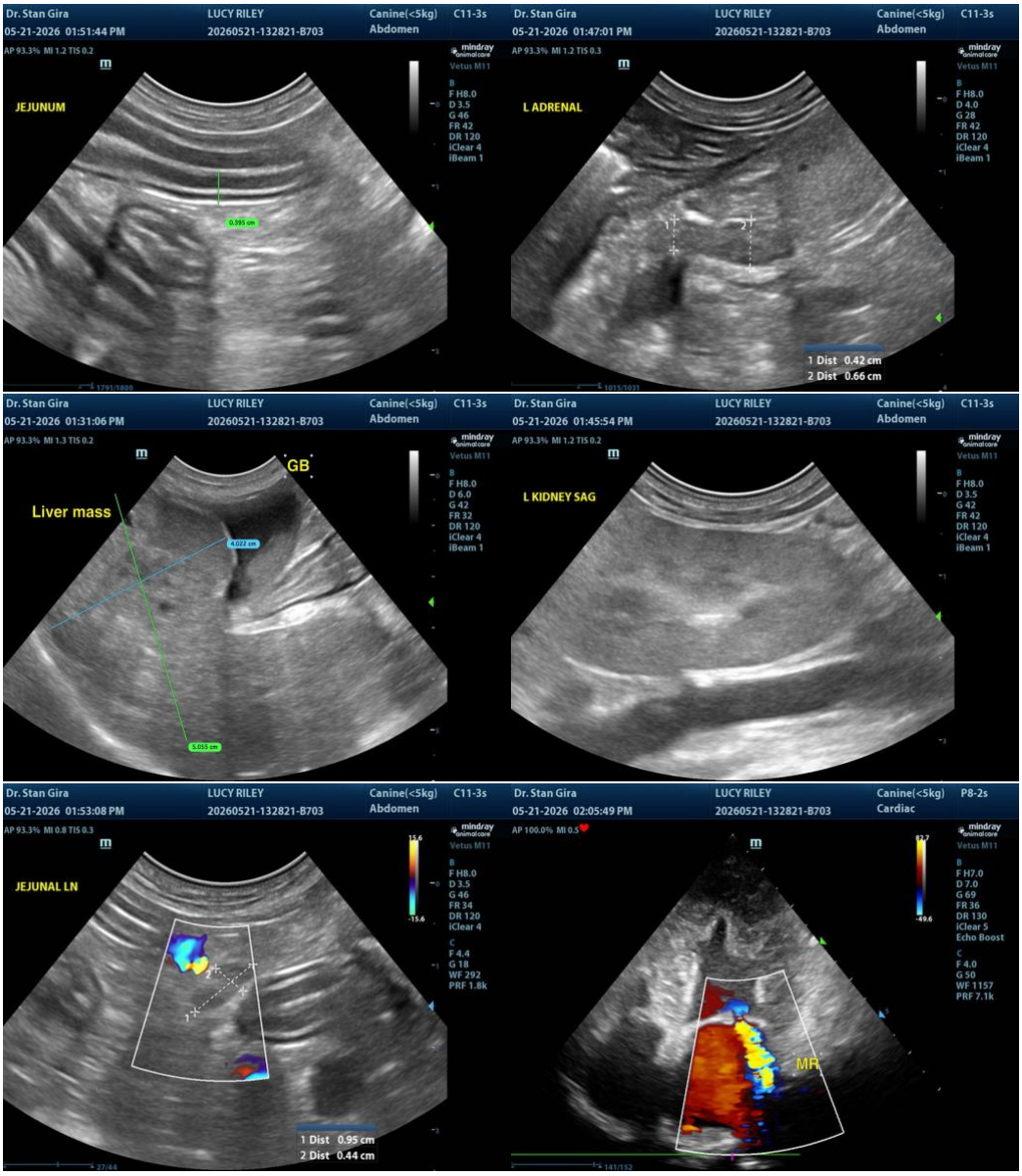

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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