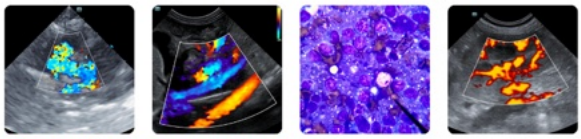


PATIENT

Maya Aburadi

SPECIES

Canine

BREED

Lab Retriever

SEX

Female

AGE

14 years

WEIGHT

40.9 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

71529

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Vaginal bloody discharge. Evaluate for pyometra. Labs + X-rays attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and irregular appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 6.3 cm, right kidney measured 6.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or renoliths evident. A few, small, non-obstructive renoliths are present, left worse than right. Normal color flow pattern is evident in both kidneys.

Dilated uterine body and right uterine horn containing hyperechogenic fluid.

The right ovary was enlarged as a result of a cystic mass like structure.

Adrenal Glands

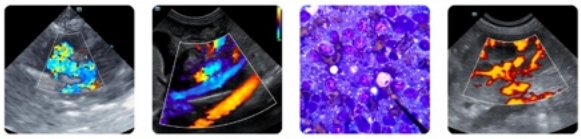
The adrenal glands are bilaterally enlarged as a result of nodules, but both maintained normal position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 3.5 cm in length x 1.18 cm and 0.92 cm in width. A mottled, echogenic parenchymal mass in the cranial pole measuring 1.0 x 1.5 cm in size. Hyperechogenic parenchymal nodule in the caudal pole measuring 0.9 x 1.0 cm in size. The right adrenal gland measures 3.85 cm in length and 2.31 cm and 0.97 cm in width. A hyperechoic, parenchymal nodule in the cranial pole measuring 2.5 cm in size with areas of mineralization present.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.8 cm in width.

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. A hyperechoenic mass was noted in the right lobe measuring



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12.0 cm in size with areas of parenchymal mineralization. Smaller, isoechogenic mass in the left lobe measuring 3.0 x 5.0 cm in size. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Uterine pathology.
- Right ovarian mass.
- Adrenal nodules.
- Hepatic masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening would be chronic bacterial cystitis with emerging neoplasia a less likely differential diagnosis.

Etiologies for the uterine pathology would be mucometra, pyometra and cystic endometrial hyperplasia.

The most likely etiology for the right ovarian mass would be neoplasia.

Etiologies for the adrenal masses would be incidental, non-functional adenomas and emerging carcinomas.

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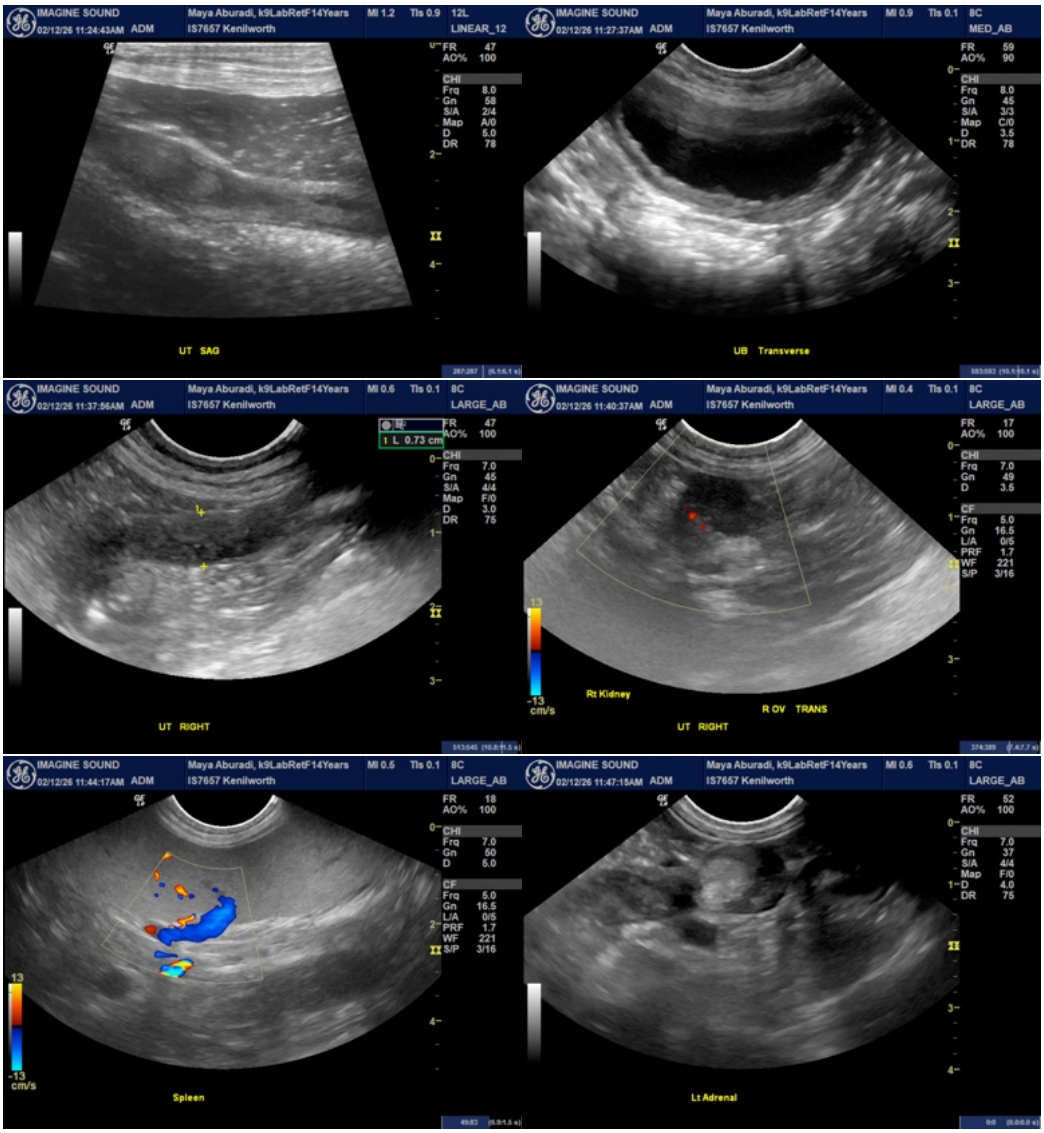
The most likely etiology for the hepatic masses would be hepatomas with emerging primary hepatocellular carcinoma a less likely differential diagnosis.

Further assessment would be urinalysis, urine culture and FNA cytology of the liver masses and adrenal nodules.

Specific therapy would be dependent on an etiological diagnosis.

Management of the uterine and ovarian pathology would be ovariohysterectomy.



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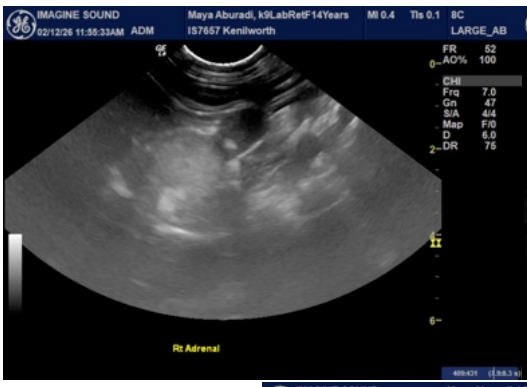

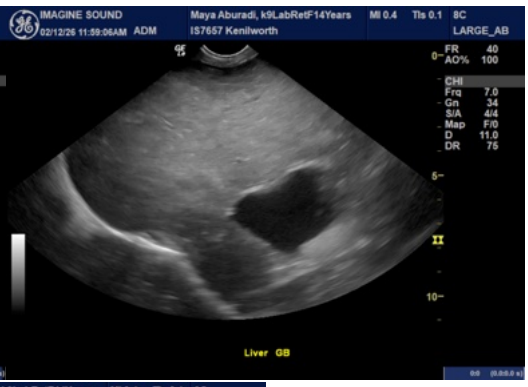

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com