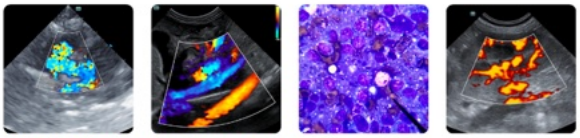

PATIENT

Misty Mills

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

16 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

71734

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- P originally presented on 1/19/26 for blood on sheets/couch (unsure of where came from)
- Mild thrombocytosis (679K) - Elevated cystatin B (104 ng/mL) - Normal SDMA, BUN, Creat, Phos - Elevated ALP (327 U/L) - historical, mild trend upwards - Urine -- persistent microscopic hematuria (rechecked 10 days later) - Urine Culture Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area. Thickened and irregular appearance of the proximal urethra measuring 0.7 cm in width.

Enlarged iliac lymph nodes measuring 0.6 x 1.2 cm in size with a mottled echogenic appearance, but maintained a normal shape.

Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.5 cm, right measured 5.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Incidental cortical cysts are present in the left kidney.

Adrenal Glands

The left adrenal gland revealed an enlarged cranial pole as a result of the hyperechogenic parenchymal nodule measuring 1.7 x 1.8 cm in size. The rest of the left adrenal gland is of normal shape, echogenic appearance, size, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.7 cm in length with the caudal pole measuring 0.52 cm in width.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 1.61 cm in length x 0.33 cm and 0.61 cm in width.

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 measured 1.0 cm in width.

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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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

- Urethral mass.
- Left adrenal nodule.
- Iliac lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urethral mass would be neoplasia with granulomatous urethritis a possible differential diagnosis.

Etiologies for the iliac lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

The most likely etiology for the left adrenal nodule would be a non-functional adenoma.

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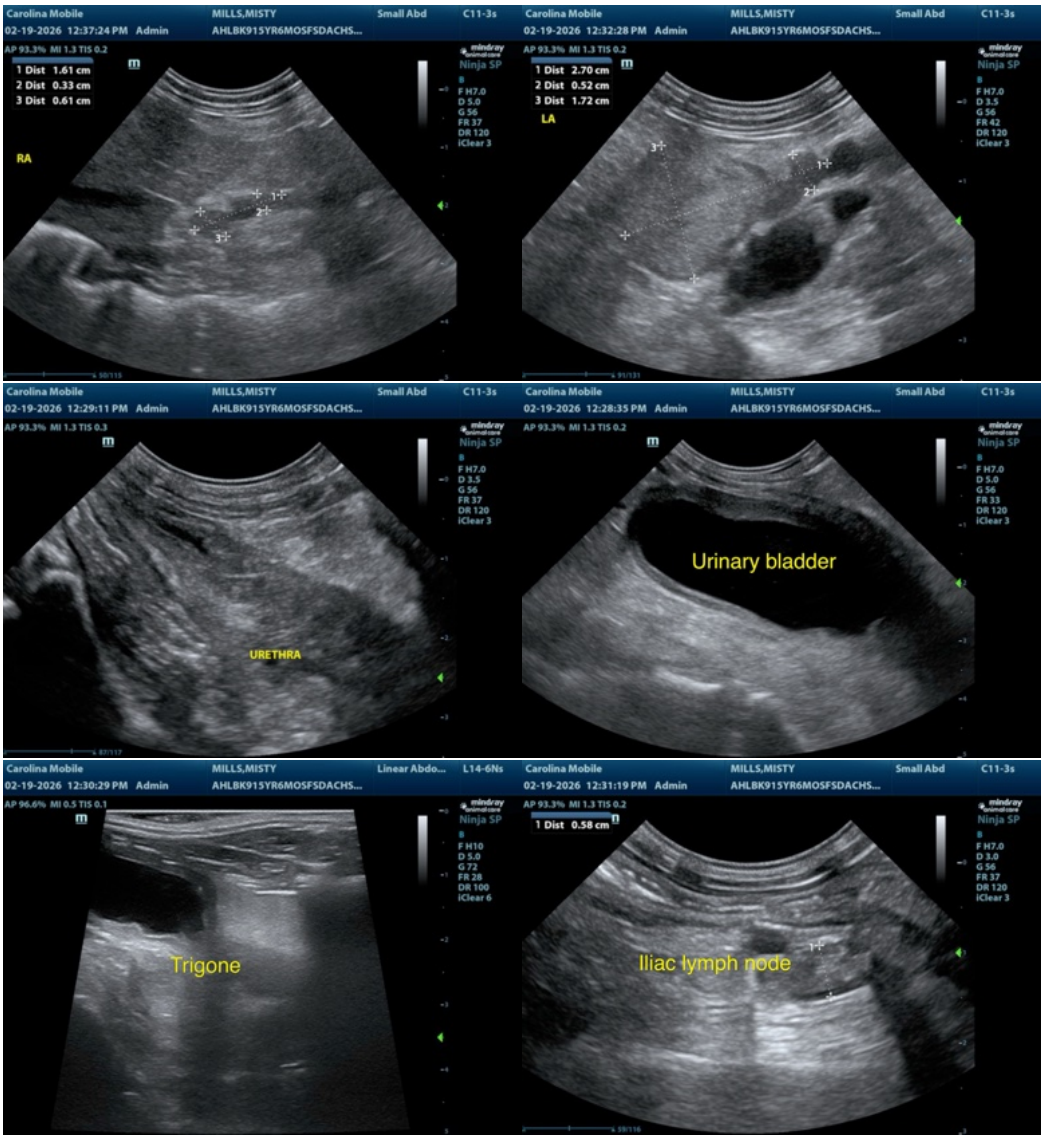
The gallbladder sediment can be considered an incidental finding.

Further assessment of the urethral mass would be BRAF analysis and/or catheter assisted aspirate/biopsy for cytology/histopathology.

FNA cytology of the iliac lymph nodes would also be recommended.

Specific therapy would be dependent on an etiological diagnosis.



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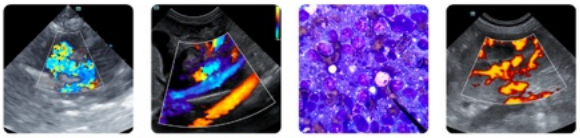

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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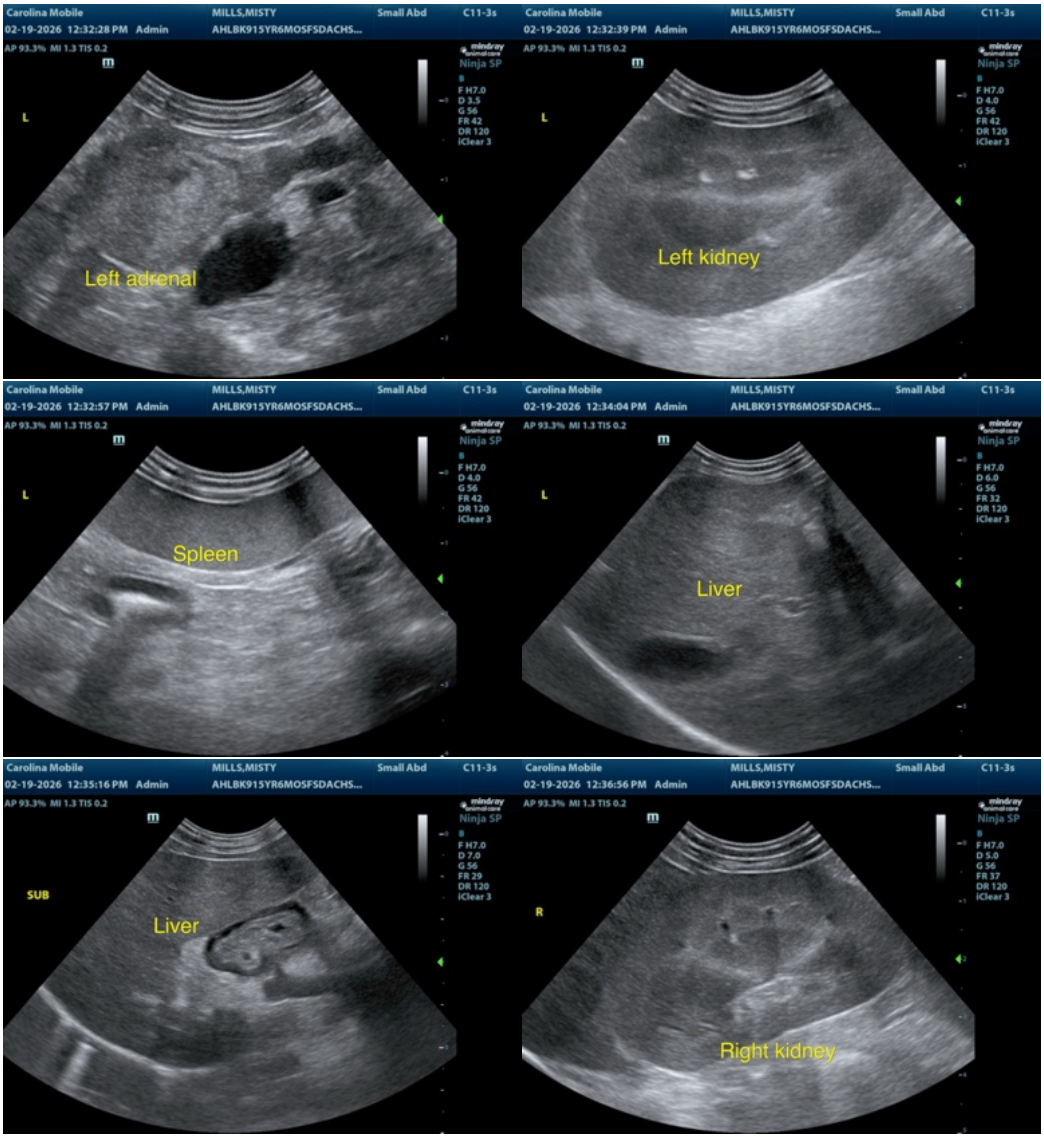

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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