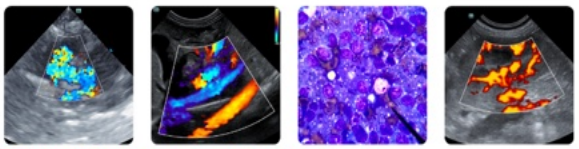


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ziggy Elliott

SPECIES

Canine

BREED

Poodle

SEX

Neutered male

AGE

14 years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

West Brant AH

REFERRING VET

Dr. Balaraju

INVOICE

69960

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: ongoing urinary accidents in the home and a new area of scaling skin on his abdomen. Accidents typically in the same spot. Frequently asks to go outside, sometimes more than once an hour, and produces only small amounts of urine each time. He can sleep through the night without accidents. Owner does not believe he is leaking urine unconsciously, as his bed is not wet - limited PE due to temperament - OS appears more open compared to the previous examination (suspected eye infection) - semicircular lesion on ventral abdomen approximately 2 inches in diameter with crusting and erythema is present. The patient is pruritic in this area Current Medications prednisolone 1% eye drops 1 drop in OS BID-TID), gabapentin 100mg + trazodone 50mg calming meds for appointments Abnormal PE/Chem/CBC/UA Results: Urinalysis on Dec 2 when initially in for urine issue - protein 1+ - blood 4+ - RBC 16/HPF - suspect presence cocci - unclassified crystals <1/HPF Radiographic Findings N/A Primary Question to Be Answered in This Exam further investigation of the urinary signs, primarily to rule out urolithiasis and evaluate the bladder, kidneys, and other abdominal organs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with an irregular, polypoid appearance of the wall, but maintained a normal thickness. A scant amount of floating, hyperechogenic sediment is present. A few, uroliths are evident measuring up to 0.6 x 0.9 cm in size.

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 measured 4.7 cm, right measured 5.1 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. Normal color flow pattern is evident in both kidneys.

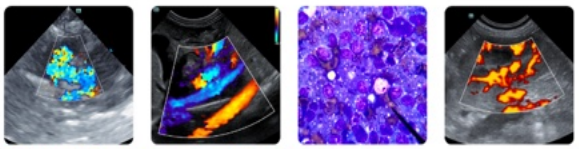
The prostate is small and hypoechogenic measuring 0.7 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.73 cm in length x 0.55 cm and 0.44 cm in width. The right adrenal gland measured 2.4 cm in length x 0.67 cm in width.

Spleen

The spleen revealed a large, well defined, isoechogenic vascularized mass on the head of the spleen measuring 2.3 x 3.3 cm in size. The rest of the spleen is of normal size maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. The spleen measures 1.2 cm in width. There was normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipomas are present.



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Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. 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

- Splenic mass.
- Irregular urinary bladder wall.
- Uroliths.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia.

The most likely etiology for the irregular appearance of the urinary bladder wall would be secondary to the uroliths with polypoid cystitis and chronic bacterial cystitis differential diagnosis. Emerging neoplasia would be an unlikely differential diagnosis.

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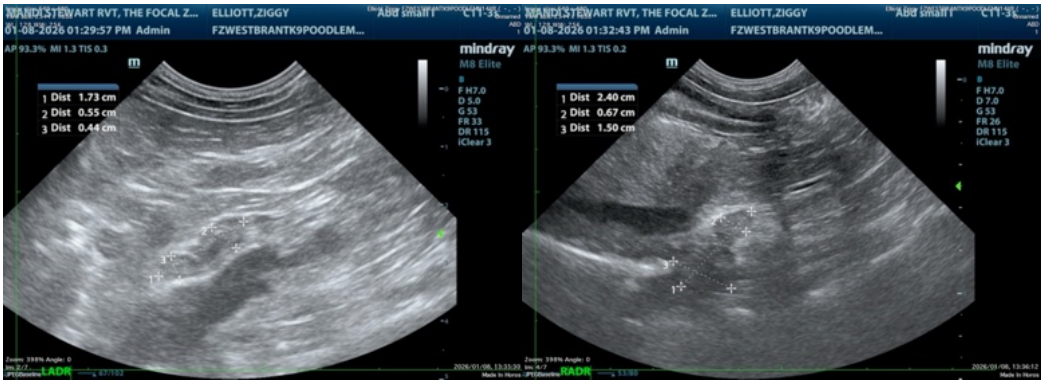
The most likely etiology for the hepatopathy would be age related reactive hyperplasia with emerging nodular hyperplasia, vacuolar and metabolic differential diagnosis.

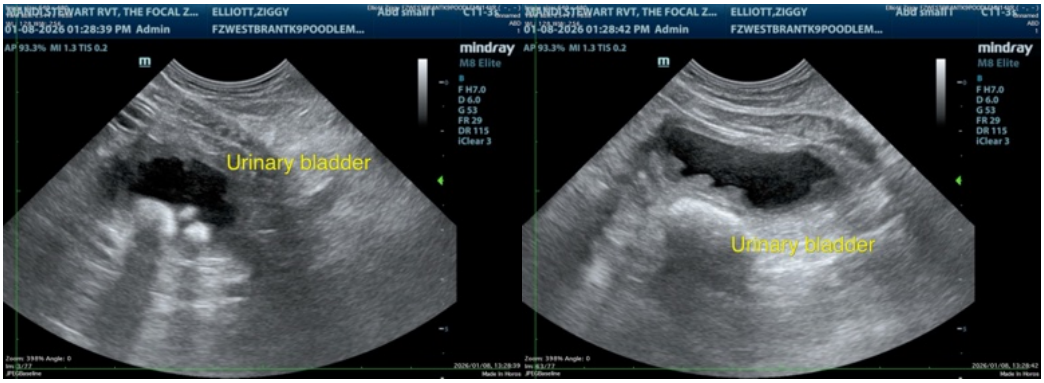
Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

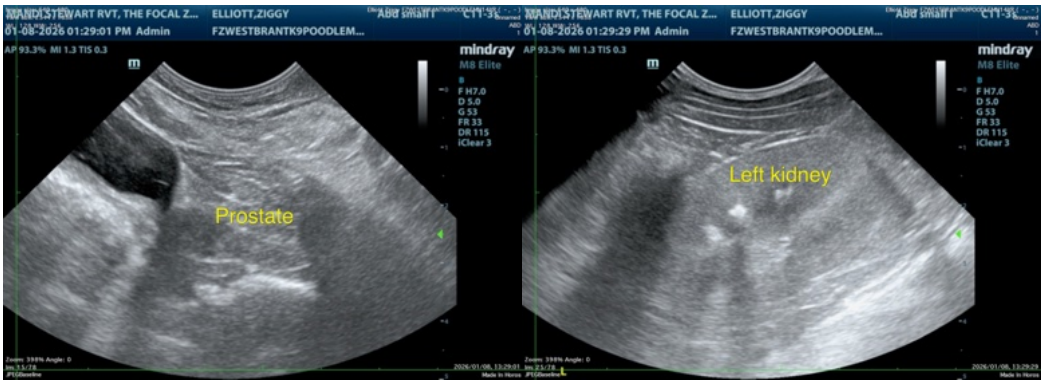
Further assessment would be three view thoracic radiographs, echocardiography to evaluate the right atrium and right auricle and possibly FNA cytology of the liver and the splenic mass.

Ideal further therapy would be splenectomy and cystotomy to remove the uroliths with further assessment based on an etiological diagnosis.

Medial dissolution of the uroliths could also be considered.







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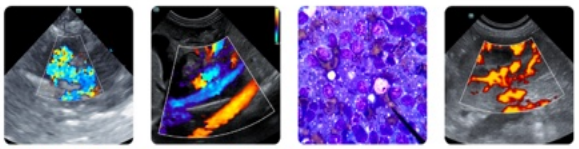

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Educational Teleconsultation Services™

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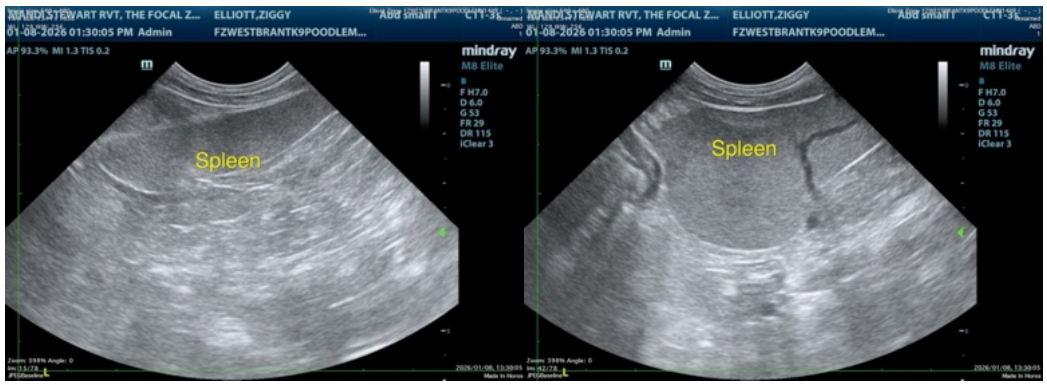

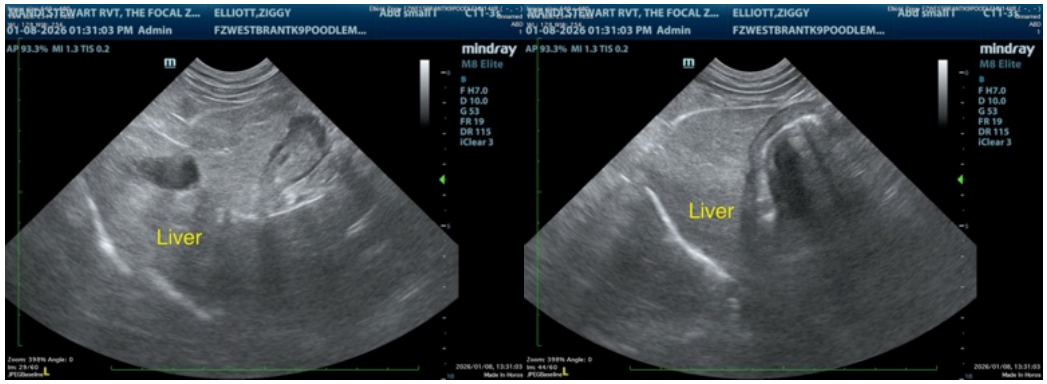

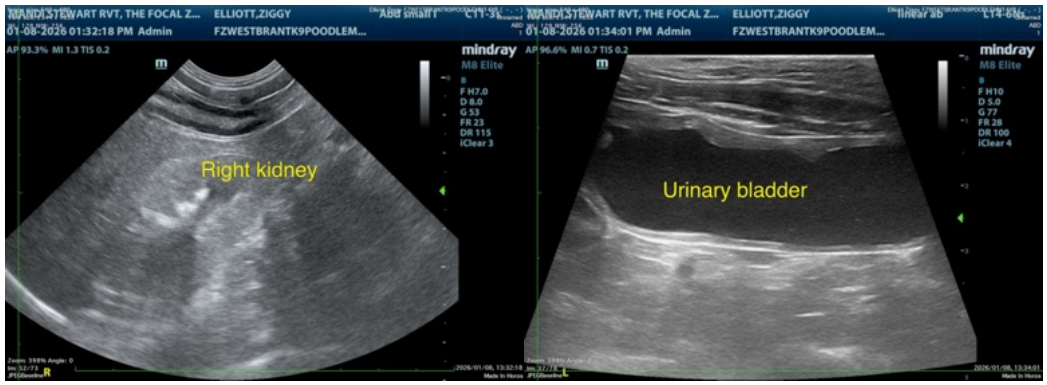

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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