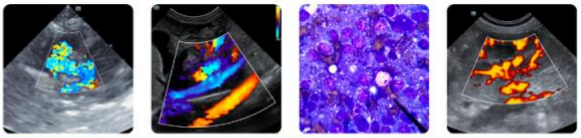


PATIENT

Bella Malare

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

13.5 pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

North Jersey Animal Hospital

REFERRING VET

Dr. Chiu

INVOICE

13371

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- Increased LEZ
- wt loss
- Increased renal values

Abnormal PE/Chem/CBC/UA Results: SDMA 22, Creat 2.0, BUN 42, TP 7.7, ALB 4.1, ALP 229, GGT 32 Urine culture neg, USG 1.011

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). The proximal urethra (visible to 2.0 cm) is dilated with anechoic urine to 5.5 mm while the urethral wall appears normal and no obstructive lesion is visualized.

Both kidneys are hyperechoic and exhibit moderately decreased corticomedullary differentiation. Infarcts are seen within the renal cortex of the left kidney, which is subnormal in size. There is mild dilation of the renal pelvis of the left kidney, with anechoic contents. The renal pelvic fat is of normal echogenicity. There are multiple non-obstructive nephroliths present within the medulla of the left kidney. There is no evidence of hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 2.9 cm in length. The right kidney is 4.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 5.2 mm at the cranial pole and 5.9 mm at the caudal pole. The right adrenal gland measured 6.6 mm at the cranial pole and 5.2 mm at the caudal pole.

Spleen

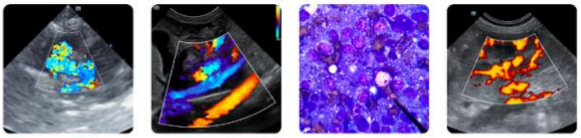
There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. There is a reticulated hypoechoic nodule in the tail of the spleen measuring 1.2 cm x 6.4 mm. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a diffusely heterogeneous parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is mildly distended with gas. The gastric wall is 2.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering measuring 1.5 mm. The ileocecal junction was not seen.

Pancreas

The pancreas is isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusions noted.

PRIMARY FINDINGS

- Bilateral chronic renal changes with right renal nephrolithiasis.
- Diffusely heterogenous liver consistent with nonspecific hepatopathy.
- Dilated proximal urethra without visible obstruction.

SECONDARY FINDINGS

- Hypoechoic splenic nodules typical of incidental myelolipomas.
- Small hypoechoic splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys are consistent with normal age-related degeneration with the addition of nephrolithiasis affecting at least the left kidney. While there is no specific cure for nephrolithiasis, a high-moisture diet may help reduce stone formation. The dilated proximal urethra suggests the possibility of a passing urolith, or less likely, pathology in the distal urethra. If the patient is not having lower urinary tract signs, this may be incidental, however, if the patient develops stranguria or dysuria, a pelvic radiograph may be helpful in further evaluating the pelvic urethra, ultimately, urethroscopy may be necessary to further investigate this.

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Additional recommendations include:

❖ screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed

❖ bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies are strongly recommended

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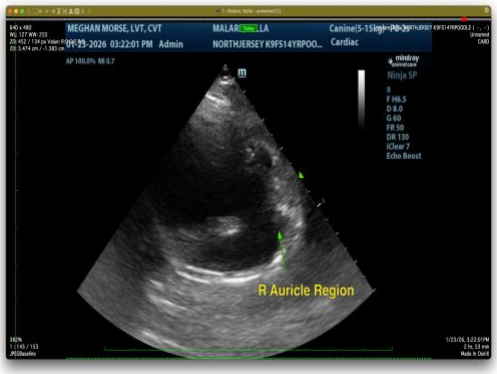
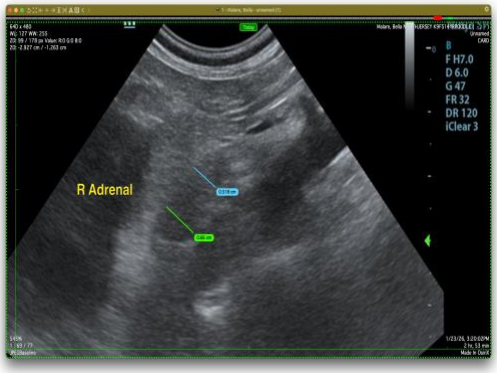
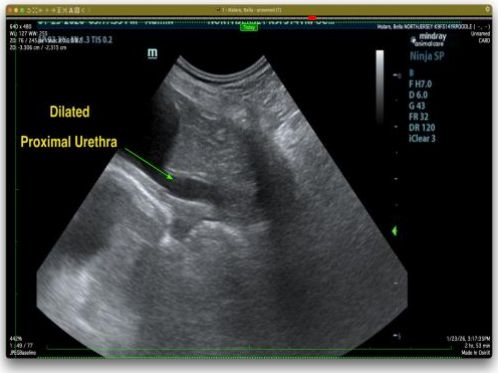
- if bile acids are normal, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

- Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Fine needle aspirate for cytology could also be performed but is less likely to yield a definitive diagnosis.

The hyperechoic splenic nodules are consistent with benign myelolipomas. The small hyperechoic nodule may represent benign regenerative nodule, extramedullary hematopoiesis, or less likely emerging neoplasia. Fine needle aspiration of this lesion could be attempted but may not be diagnostic due to the vascularity of the spleen. Serial ultrasound monitoring of this lesion would be an alternative method, and if the lesion is growing, then sampling or biopsy would be indicated.







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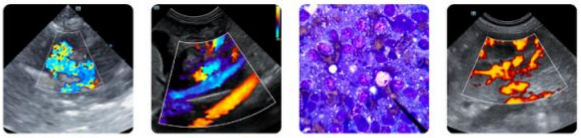

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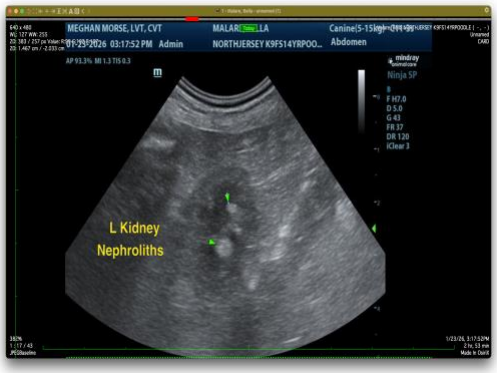

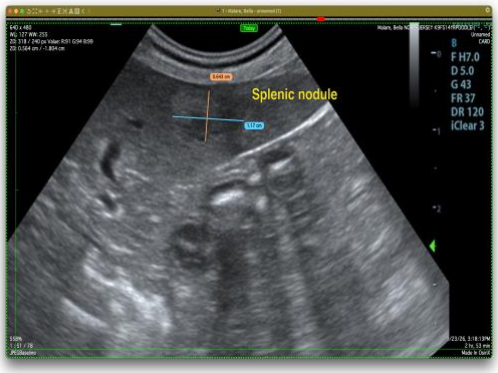

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com