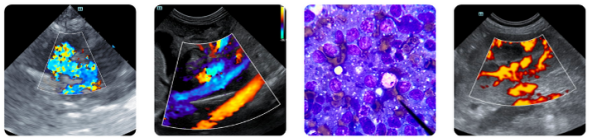

PATIENT

Sam Jensen

SPECIES

Canine

BREED

Great Pyrenees

SEX

MN

AGE

9 years

WEIGHT

82.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jernea Bustria

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Jernea Bustria

INVOICE

11799

DATE

4/24/2026

PRESENTING CLINICAL SIGNS

Patient is a 9yr MN Great Pyrenees presented for bleeding. O is unsure where the bleeding is coming from but they noticed a couple drops of blood on the floor in front of P today and blood clots in the water bowl. P is still his normal self at this time. O is currently tapering P's Prednisone dose and has been giving 1.5 tablets once a day. O does not like the side effects of Prednisone or keeping P on the medication long term. O states P likes to rub his nose and dig which could be cause of P's nose cracking. P doesn't allow O to apply ointment to the nose.
History: Suspect Discoid Lupus.

Abnormal PE/Chem/CBC/UA Results: PE: Vasal planum crusting, vertical cut L nostril CBC: WNL ALT: 950 (12-118) ALP: 1003 (5-131) GGT: 48 (1-12) PT: 16.5 secs (12.2-17) PTT: 115.3 secs (96-116).

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, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

The left kidney is of normal size (7.8 cm) and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal).

There is a 2.9 cm hypoechoic lesion effacing the cranial pole of the right kidney. The remainder of the right kidney exhibits appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, or hydronephrosis. The proximal ureters are not visible (normal). The right kidney measures 8.5 cm in length.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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 diffusely hyperechoic and subjectively enlarged, with rounded margins and a homogenous echotexture. 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 not distinctly visualized, due to shadowing from the colon in the region.

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, 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are 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.

PRIMARY FINDINGS

- Hypoechoic lesion in the right kidney which may represent a benign cyst, or a neoplastic lesion.
- Diffusely hyperechoic, rounded liver consistent with a non-specific hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesion in the right kidney may represent a benign cyst, however the possibility of a neoplastic lesion cannot be completely excluded. CT scan may be useful in providing additional information about this lesion.

The changes in the liver are non-specific, and might be seen with vacuolar hepatopathy, infectious or inflammatory disease, or less likely infiltrative neoplasia. The possibility of a steroid hepatopathy would be a consideration in this patient. Liver biopsy would be needed for a definitive diagnosis. Given that the patient is having side effects from the corticosteroids, weaning the patient off of prednisone and reassessing liver values would be a consideration, providing that the auto immune disease does not worsen without this therapy.

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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