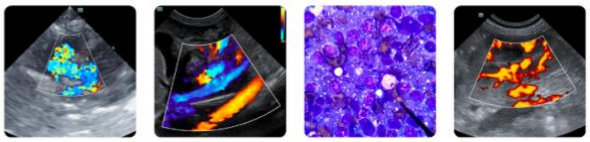


PATIENT

Mia Anderson

SPECIES

Canine

BREED

Mini Pinscher

SEX

Female Spayed

AGE

15

WEIGHT

7 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Collazos

INVOICE

22242

DATE

12-11-25

PRESENTING CLINICAL SIGNS

History: Presented 11/10/25 for pacing/panting, increased agitation, weight loss and PUPD - Hx of chronic cough and is on Theophylline, cough tabs, Gabapentin and Famotidine - UA on 11/10 was all WNL Urine Cortisol/Creat ratio on 11/12/25 was 13 - 12/2/25 was given Convenia injection and no change to PUPD, restlessness and decreased appetite

Abnormal PE/Chem/CBC/UA Results: 9/25/25 - CBC all WNL, TP - 7.5, ALKP - 640, Triglycerides - 1166 (not fasted), PSL - 203, Urine had 2+ protein and SG of 1.029, rods seen in UA

Scan not completed due to patient's unstable clinical status.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

In the visualized portion of the right kidney, it appears subjectively normal in size with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no obvious evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.51 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

No images provided of the right adrenal gland.

Spleen

The spleen is normal in size (1.05 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, hyperechoic nodules are observed throughout the organ (one measuring 0.36 cm in its longest dimension). Splenic vasculature is normal.

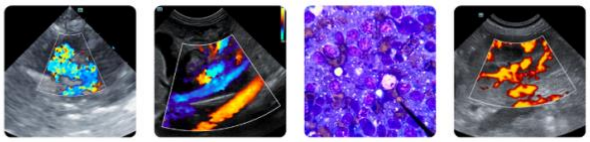
Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic-to-hyperechoic relative to the spleen and subtly heterogenous in appearance. Adjacent to the diaphragm, on the right side, a 1.9 x 0.7 cm hypoechoic-to-anechoic area is visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
(See Liver).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- The hypoechoic-to-anechoic lesion between the diaphragm and the liver may represent an infarct in the hepatic parenchyma, thrombus, free fluid, other.
- Mild left adrenomegaly (The right adrenal gland is not visualized in the available images).

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The hyperechoic splenic nodules likely represent benign myelolipomas, with a lower possibility of more insidious splenic pathology.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include hyperadrenocorticism, underlying hepatopathy, primary neurologic disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- A neurologic examination is also recommended to assess for neurologic deficits.
- Consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test).
- Also consider pre- and postprandial serum bile acids to assess hepatic function.
- Given the PU/PD, a urine culture and sensitivity should also be considered to assess for occult infection.
- Depending on the results of the above diagnostics, a brain MRI may be indicated.

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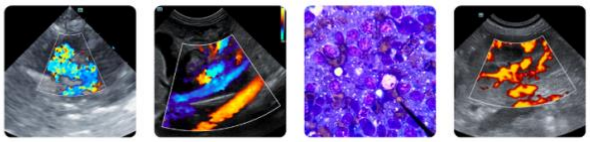

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Educational Teleconsultation Services™

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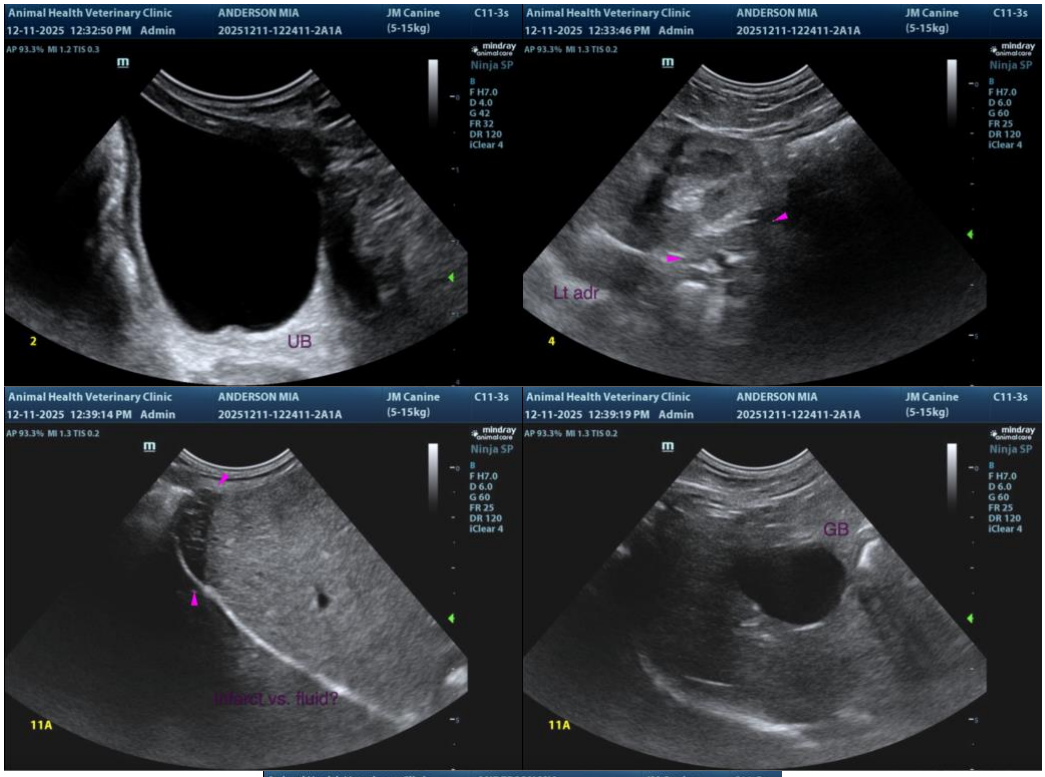

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com