Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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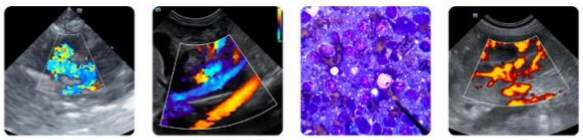

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Sophie Ryan

SPECIES

Canine

BREED

Shih-tzu

SEX

Spayed Female

AGE

09/22/2011

WEIGHT

15 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Foxbank VH

REFERRING VET

Dr Lindsey Gent

INVOICE

22322

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
MM pink & moist, CRT < 2 sec
Behavioral/Mentation: BAR
Ocular: Missing OD; corneal haziness OS
Otic: Clean and free of debris AU
Oral: Mild-moderate dental calculus and gingivitis, no other abnormalities noted
Nasal: No nasal discharge
Integument: Full, healthy haircoat, no lesions or ectoparasites observed
Respiratory: Normal bronchovesicular sounds auscultated across all lung fields, no crackles or wheezes
Cardiovascular: No murmur or arrhythmia auscultated, femoral pulses strong and synchronous
Abdominal: Tense but non-painful; no organomegaly or masses palpated
Musculoskeletal: Overweight; mildly stiff gait
Peripheral lymphatic: Small, smooth, and symmetrical
Genitourinary: Normal spayed female
Neurologic: Cranial nerves normal, no overt deficits appreciated, full neurologic exam not performed
Rectal: Not performed

Intermittent cough
History enucleation OD
Brief ultrasound:
Concern for abdominal mass (see attached images), neighboring kidney
Abnormal lab-work values: Mixed hepatopathy

8/18/25: ALT 414, ALP 587 as well as hyperbilirubinemia 2.3, hyperglobulinemia 5.3
Current Medications: Denamarin Advanced Chewable Small/Med dogs Give 1/2 tablet by mouth every 24 hours on an empty stomach at least one hour before a meal for optimal absorption. Qty: Bottle of 30 Refills: PRN Librela 5mg monthly
Radiographic Findings: no current abdominal radiographs

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.38 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. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.16 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. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.55 cm at cranial pole) (1.05 cm at caudal pole) with an irregular shape. A 2.31 x 1.55 cm heterogenous macronodule is observed at the cranial pole. In addition, a 1.05 x 0.86 cm

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heterogenous nodule is observed at the caudal pole. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size at the cranial pole and flattened at the caudal pole (1.37 cm at cranial pole) (0.28 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.76 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is normal to prominent-in-size, with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile 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 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

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- Gallbladder debris, non-mucocele
- The left adrenal nodules could be consistent with focal nodular hyperplasia, adenomas, emerging adenocarcinomas, pheochromocytomas, other. The right adrenal gland is small in comparison to the left adrenal gland.

Secondary Findings

- Mild, bilateral, age-related renal changes with subtle dystrophic mineralization
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Splenic myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, particularly if clinical suspicion for disease is high.
- Consider hepatic tissue sampling (i.e., aspirates or biopsies) to get a definitive diagnosis. Liver biopsies are more likely to yield a definitive diagnosis if chronic hepatitis or copper hepatotoxicosis is present. Clotting times should be performed prior to any hepatic tissue sampling. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
- Regarding the left adrenal changes, consider the following:

  1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases
  2. Baseline blood pressure measurement
  3. Further testing for functional tumors (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels (particularly if the patient is exhibiting appropriate clinical signs))
  4. +/- surgical consultation, particularly if a left adrenalectomy is to be considered. If surgery is to be pursued, an abdominal CT scan may be useful in presurgical planning.

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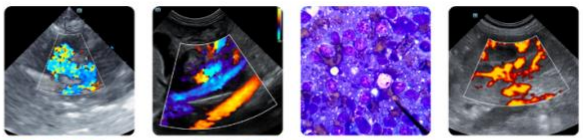

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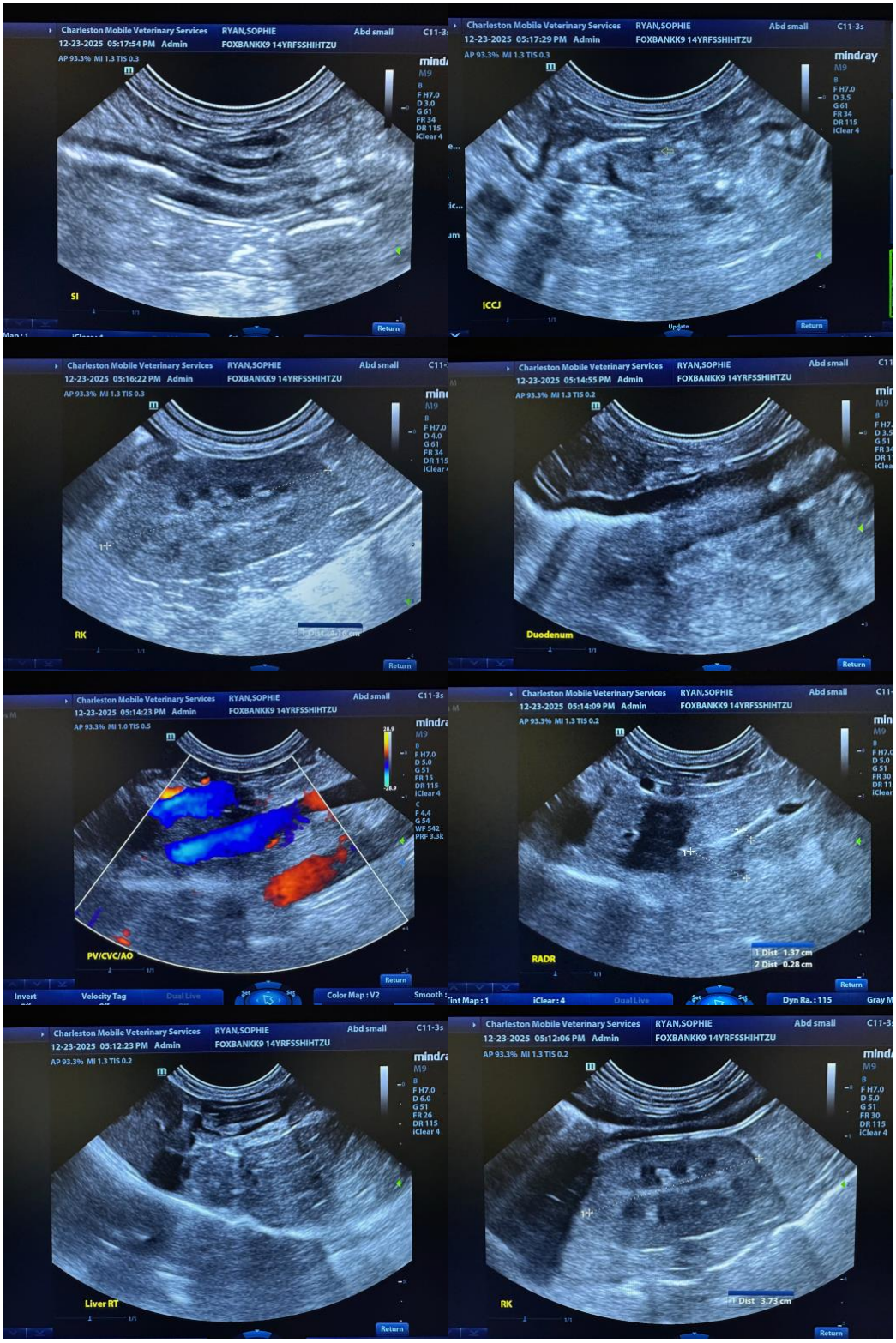

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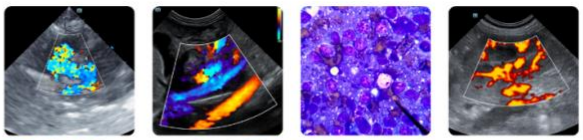

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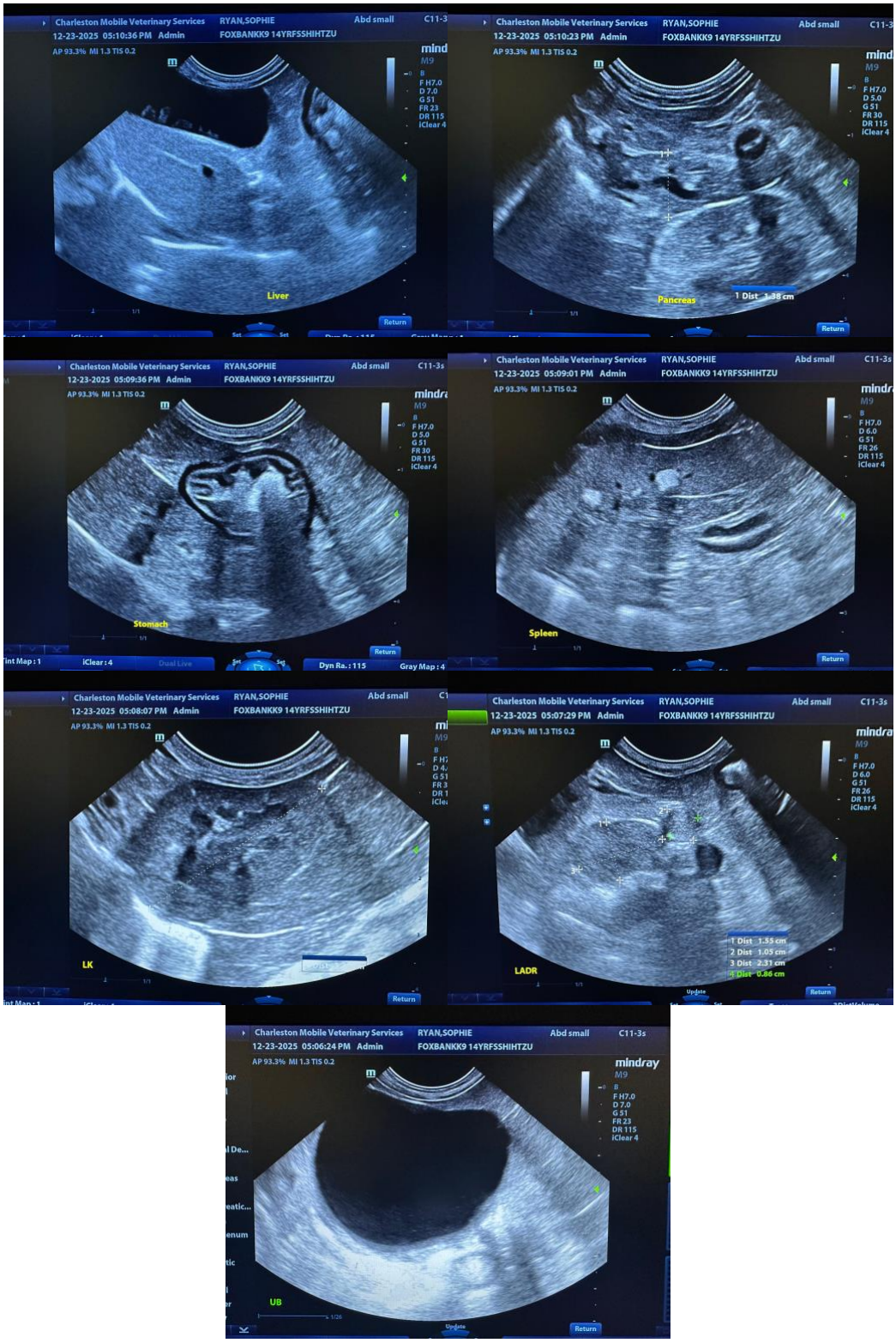

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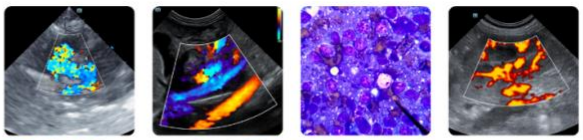

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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