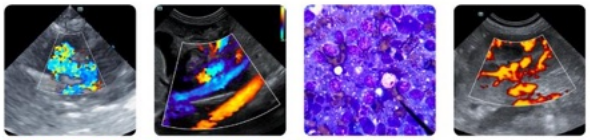

PATIENT

Olive Neumeister

SPECIES

Canine

BREED

Goldendoodle

SEX

Female, spayed

AGE

12.5 Yrs.

WEIGHT

68.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Mark Gardner

INVOICE

13712

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: P presented 5/7/26 for distended abdomen, panting, and alopecia along back. Concern for cushing's disease and/or hypothyroidism. Screening bw revealed elevated liver enzymes. P came back for u/s to evaluate cause for increased liver enzymes. ACTH stim and bile acids are pending (sent to Idexx today). Abnormal PE/Chem/CBC/UA Results: 5/7/26 CBC- PLT 483 k/uL, Eos 0.04 k/uL Chem- BUN 39mg/dL, Cl 102 mmol/L, ALT 250 U/L, ALP 743 U/L, GGT 61 U/L, Chol 2193 mg/dL, T4- 0.9 ug/dL 4DX- negative Fecal -NPS 5/12/26 Bile Acids, ACTH- pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is mildly to 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 (5.38 cm in length) with an irregular shape. The cortex is variably thickened with mild loss of corticomedullary distinction. Cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.72 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.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The caudal pole of the right adrenal gland is visualized and is normal in size (0.76 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Ill-defined meylolipomas are observed in the region of the hilus. Numerous pinpoint hyperechoic to mineralized foci are also seen throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with smooth peripheral contours. The parenchyma is isoechoic to mildly hyperechoic relative to the spleen and subtly heterogeneous in appearance with a few ill-defined hypoechoic and hyperechoic nodules throughout the organ, one of the larger hypoechoic nodules measuring 2 cm in its longest dimension. This lesion is located at the caudal aspect approximately mid-liver. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. Some adhered debris/sludge is also seen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal

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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
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

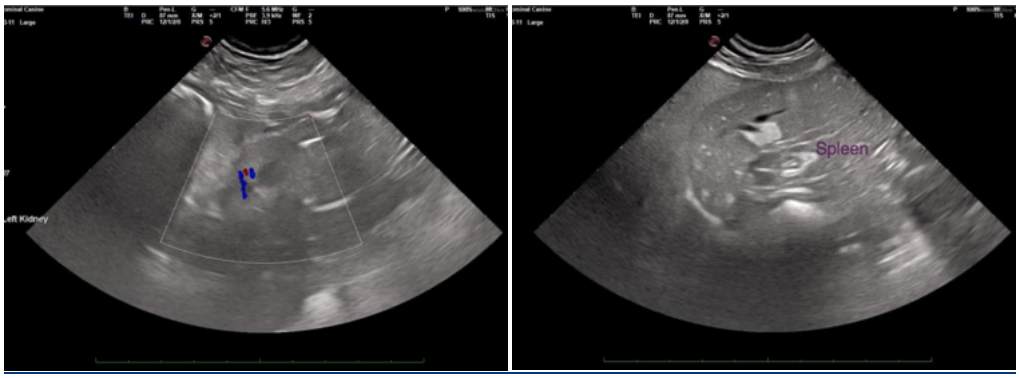
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.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

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with suspected left cortical infarcts.
- Splenic dystrophic mineralization. This is typically a benign incidental finding often associated with endocrinopathies.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Depending on the pending serum bile acid and Cushing's test results, further workup (i.e., hepatic tissue sampling) may be indicated.
2. Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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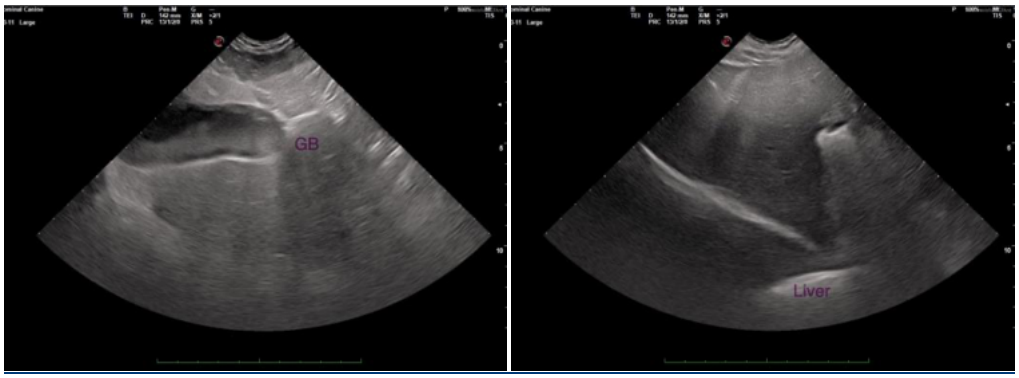

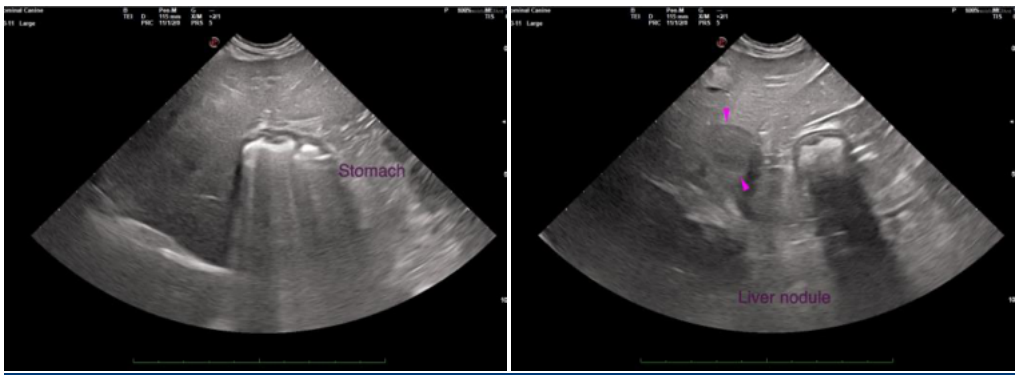

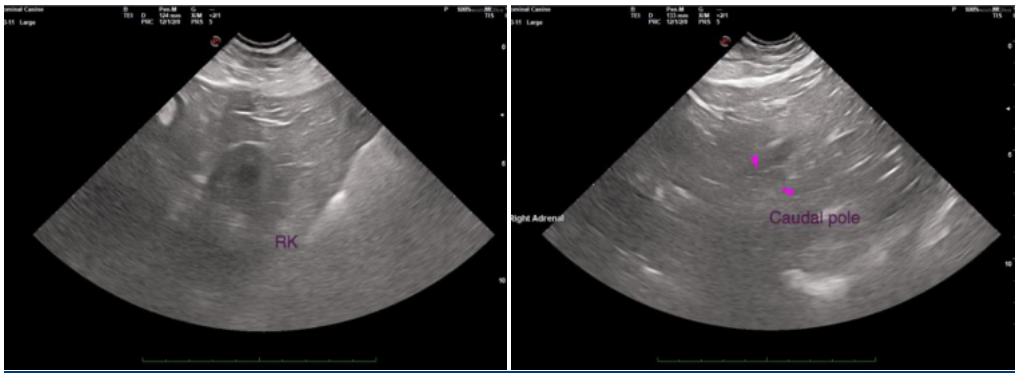

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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