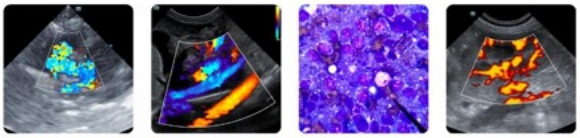


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Haley Holdsworth

SPECIES

Canine

BREED

Chihuahua

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Rensema

INVOICE

13356

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Presented for polyuria, inappropriate urination and pigmenturia No icterus noted Quiet urine other than bilirubinuria ABNORMAL Labwork Values ALP 5209 GGT 33 ALT 1125 AST 273 tBili - 2.0 Current Medications 35mg amoxicillin BID Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The trigone is slightly irregular in appearance.

The left kidney is normal in size (3.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.84 cm at cranial pole) (1.12 cm at caudal pole) with an irregular shape. The parenchyma is heterogeneous in appearance. Surrounding vasculature appears normal.

The right adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several varying sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

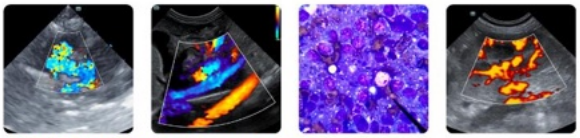
Liver

The liver is normal to slightly small in size with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled bordering on nodular in appearance. On the right side, a 2.7 x 1.9 cm ill-defined hypoechoic macronodule is seen. 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 small 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 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.



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Pancreas

The right limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic changes are most consistent with a chronic hepatopathy. Differentials include an inflammatory process (i.e., chronic hepatitis, cholangiohepatitis), hepatotoxicosis, fibrosis, infiltrative neoplasia (less likely), other.
- Bilateral adrenomegaly

Secondary Findings:

- Bilateral nonspecific age-related renal changes with non-obstructive nephrocalcinosis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hyperechoic splenic nodules are most consistent with benign meylolipomas with a lower possibility of more insidious splenic pathology.
- The irregular trigone area of the urinary bladder may be a normal variant for this patient. Other considerations include focal inflammation or emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the hepatic changes, laparoscopic or surgical biopsies along with aerobic and anaerobic bile cultures and hepatic copper quantitation should be considered to get a definitive diagnosis. Clotting times and thoracic radiographs should be performed prior to anesthesia.
2. 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.
3. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
4. Regarding the irregular trigone area of the urinary bladder, consider a recheck ultrasound In 4-6 weeks to assess for changes.

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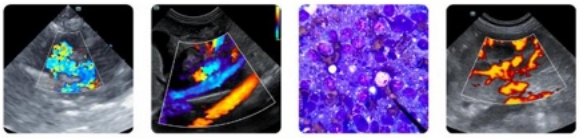

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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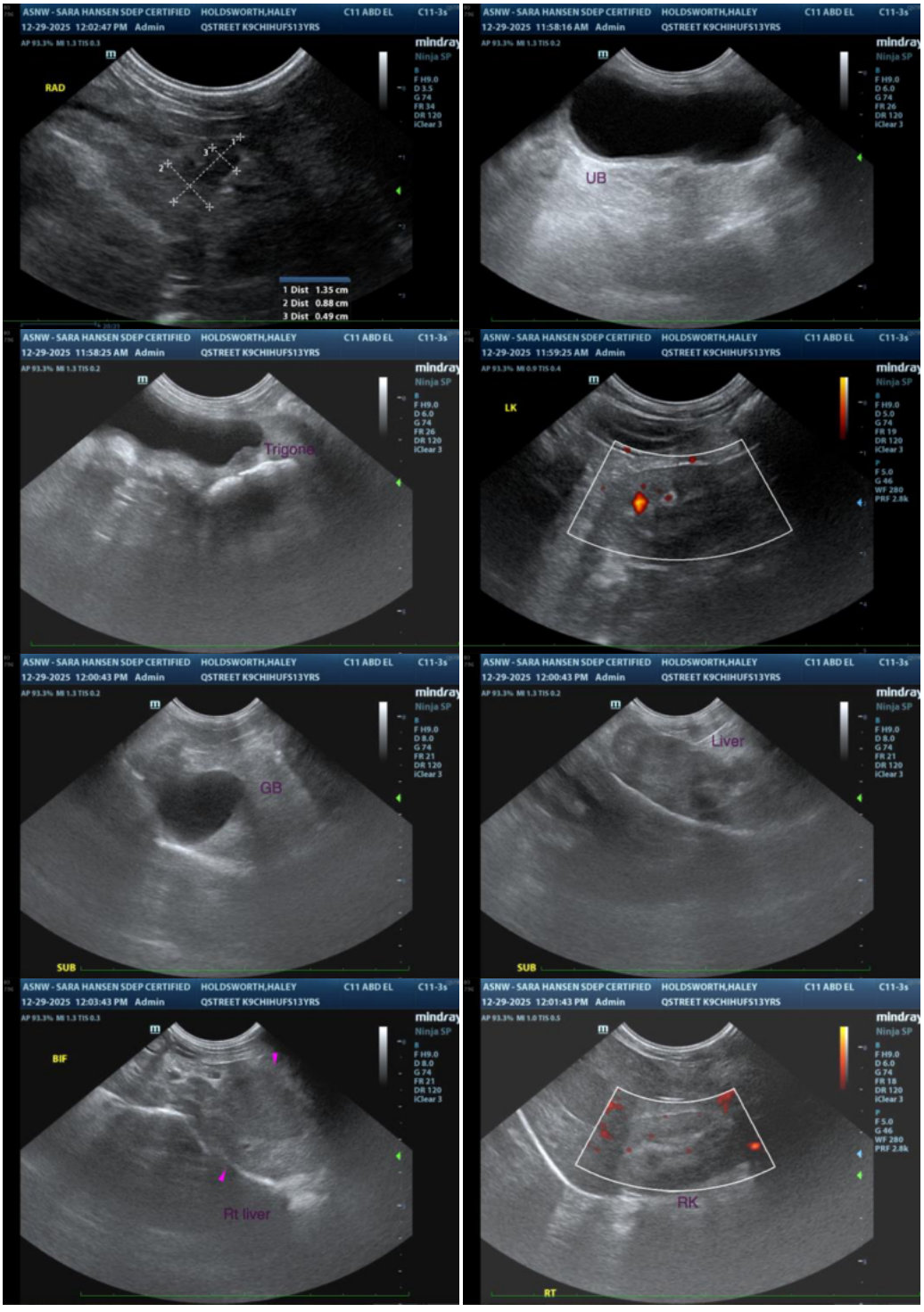
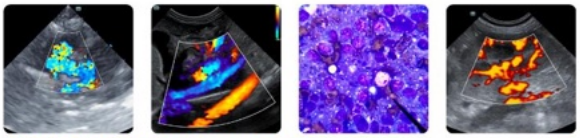


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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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