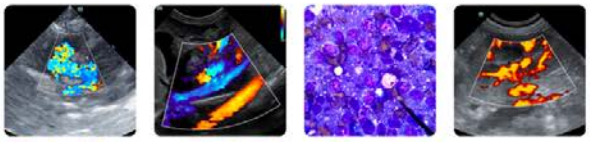

PATIENT

Molly Liller

SPECIES

Canine

BREED

Shih Tzu x

SEX

Spayed Female

AGE

9 Years

WEIGHT

6.1

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Dr. Sebastian Arias

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Sebastian Arias

INVOICE

71525

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Presented for ultrasound recommended by primary care. P was recently diagnosed with Diabetes last friday and is currently on 4 units of novolin. Vitals WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a slight decrease in corticomedullary definition. There are scattered renal cortical cystic changes and mild dystrophic mineralization present bilaterally. The cortex to medulla ratio is appropriate with no significant pyelectasis or ureteral dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 3.45 cm. Right kidney measures 3.98 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.57 cm x 1.03 cm. Right measures 0.55 cm x 1.13 cm.

Spleen

The spleen measures 1.11 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is diffusely mildly hyperechoic with subtle heterogeneous, hypoechoic nodular changes. The liver is normal in size with a smooth capsule. The vasculature is normal with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. There is no intra- or extrahepatic biliary dilation. The cystic and common bile ducts are normal. The gallbladder wall is appropriately thin.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with degenerative changes and remodeling. There is no evidence of abscessation or suspicion of neoplasia. Dystrophic mineralization was noted and is non-obstructive at this time, with no evidence of pylectasis.

- The liver is mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris. This is a common finding in patients with diabetes mellitus or other endocrinopathies.

- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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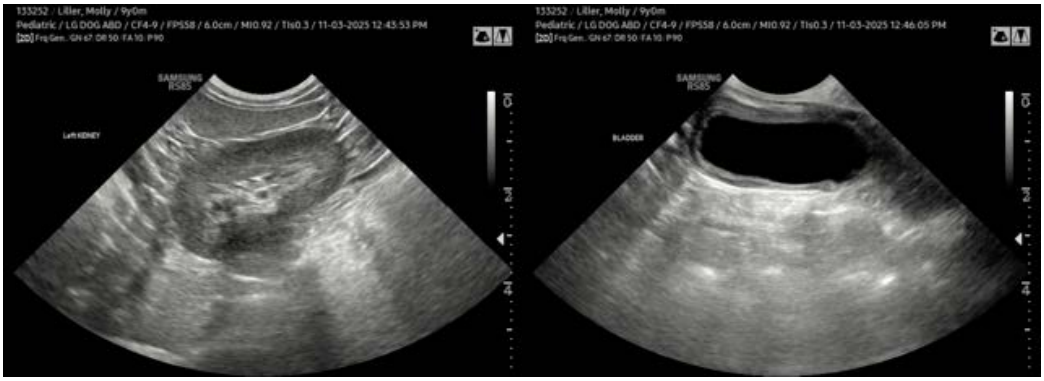

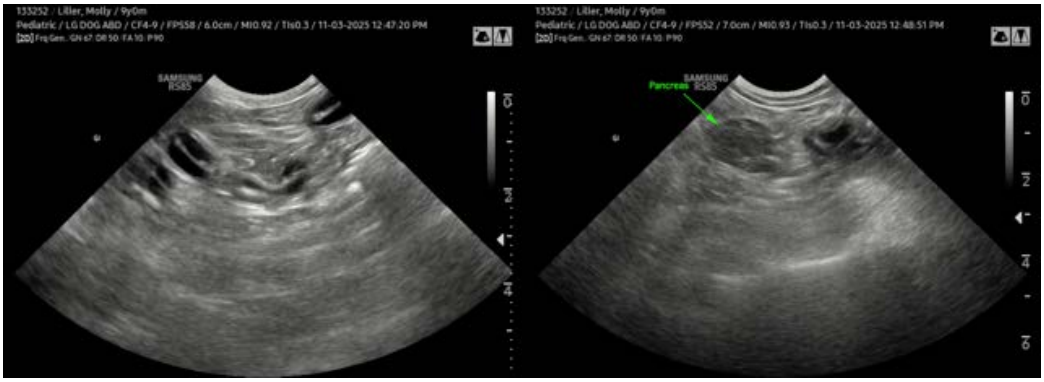

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

info@SonoPath.com