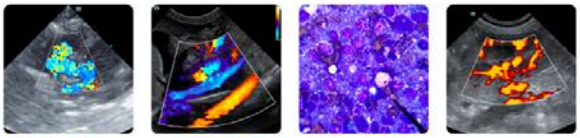

PATIENT

Dash Harrison

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

8 Years 6 Months

WEIGHT

90 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

72866

DATE

12/30/25

PRESENTING CLINICAL SIGNS

P presented for US due to elevated ALT and ProBNP. rDVM wants to investigate Liver and be proactive about heart even though no clinical signs present BP 160, 164, 162- P trembling

Abnormal PE/Chem/CBC/UA Results: ALT 336 ProBNP 1,911

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is slightly thickened with mild mucosal irregularities. The lumen contains anechoic urine with a mild amount of echogenic mobile sediment. The ureteral papillae are normal. The trigone and proximal urethra appear normal.

The prostate measures 1.97 cm. It is slightly prominent with smooth and symmetrical margins and an isoechoic parenchyma.

The kidneys are normal in size. The cortices are hyperechoic with a decrease in corticomedullary distinction. The cortex to medulla ratio is appropriate. There is no significant pyelectasis or pelvic dilation. The capsules are mildly irregular. Left measures 7.09 cm. Right measures 7.02 cm.

Adrenal Glands

Both adrenal glands are mildly enlarged, with no significant capsular expansion or evidence for vascular invasion. The phrenic vasculature appears normal. Left measures 0.90 cm x 2.71 cm. Right measures 0.89 cm x 2.03 cm.

Spleen

The spleen measures 2.37 cm at the hilus. It is subjectively slightly prominent with a mottled or heterogeneous parenchymal echotexture. There is a solitary hypoechoic nodule within the parenchyma. This does not distort the otherwise smooth splenic capsule. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. No intra- or extrahepatic biliary dilation noted. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is moderately distended with echogenic ingesta. The small intestine is non-distended with normal wall thickness and maintenance of normal wall layering. There is no shadowing foreign material or evidence of small intestinal mechanical obstruction. The colon contains normal shadowing feces.

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- There is thickening of the cranioventral and craniodorsal urinary bladder wall with mucosal changes and echogenicity consistent with suspended debris. This is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathology but is not overtly suspected based on this pattern.
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The adrenal glands are mildly enlarged with no evidence of focal capsular expansion or vascular invasion noted. The parenchyma is uniform and there is no overt suspicion of neoplasia. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH).
- The solitary splenic nodule likely represents a benign change such as extramedullary hematopoiesis, benign hematoma, or lymphoid hyperplasia. However, early infiltrative neoplastic disease can't be definitively excluded.
- 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.

An ACTH stimulation test and low dose dexamethasone suppression test are indicated to evaluate for potential pituitary dependent hyperadrenocorticism.

Fine needle aspirates of the spleen 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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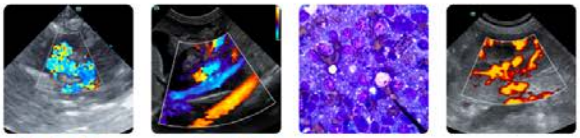

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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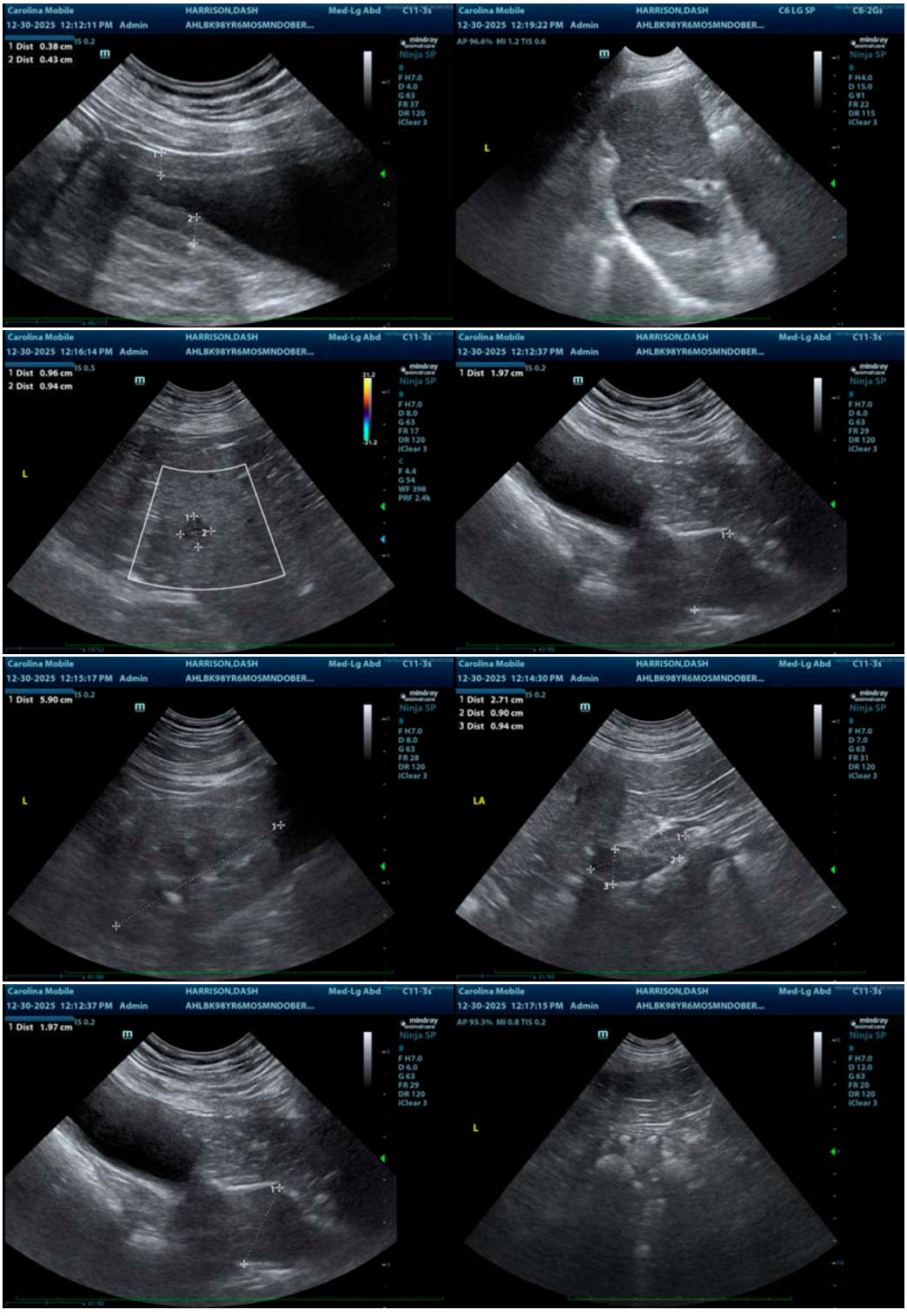

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com