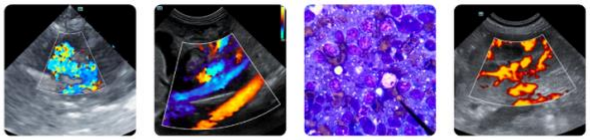


PATIENT

Cooper Stevens

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

14

WEIGHT

6

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Melissa Helstein

HOSPITAL NAME

VEG Burlington

REFERRING VET

Dr. Jessica Sprando

INVOICE

37398

DATE

6/7/26

PRESENTING CLINICAL SIGNS

History: As of June 5th: medical hx: liver value mildly elevated, otherwise seemed to be doing well at last veterinary checkup, r/o pancreatitis vs liver dz vs Cushing's vs other. Lyme positive - thought to be historical elevations. Diet: once a day quarter cup, Purina one natural. e/d decreased in the last 24 hours. no changes in his urination over the last month or so, breathing has gotten louder and faster, mouth breathing at times, breathing here is similar to how he breathes at home, shaking. UTD vaccines, preventatives, around other dogs - has a brother is doing well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The bladder contains a mild amount of suspended echogenic debris. 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 loss of corticomedullary distinction. The cortex to medulla ratio is normal. Mild dystrophic mineralization is present bilaterally with no pylectasis or pelvic dilation. The renal capsules are minimally irregular. The left kidney measures 6.0 cm. The right kidney measures 6.2 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. The left adrenal gland measures 0.58 cm. The right adrenal gland measures 0.68 cm.

Spleen

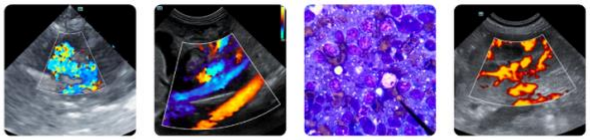
The spleen measures 1.47 cm at the hilus. The capsule is smooth without significant irregularity. The parenchyma is smooth and homogeneous with several circumscribed hypoechoic nodules that do not distort the splenic capsule. The vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis.

Liver

The liver is subjectively enlarged with irregular and rounded margins. The parenchyma is diffusely heterogeneous and mottled with mixed hyper- and hypoechoic nodular changes throughout. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment, as well as several circumscribed partially shadowing choleliths. The gallbladder neck is normal, as well as the cystic and common bile ducts with no intra- or extrahepatic biliary dilation.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There are 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



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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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

There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- 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. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pylectasis.
- There are hyperechoic splenic foci throughout the splenic parenchyma consistent with myelolipomas. These are likely incidental and not overtly pathologic.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- 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.
- The shadowing structures in the gallbladder are considered likely to be choleliths. This is likely an incidental finding and may be secondary to other causes such as underlying endocrine disease. At this time they appear to be non-obstructive.

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 hyperadrenocorticism.

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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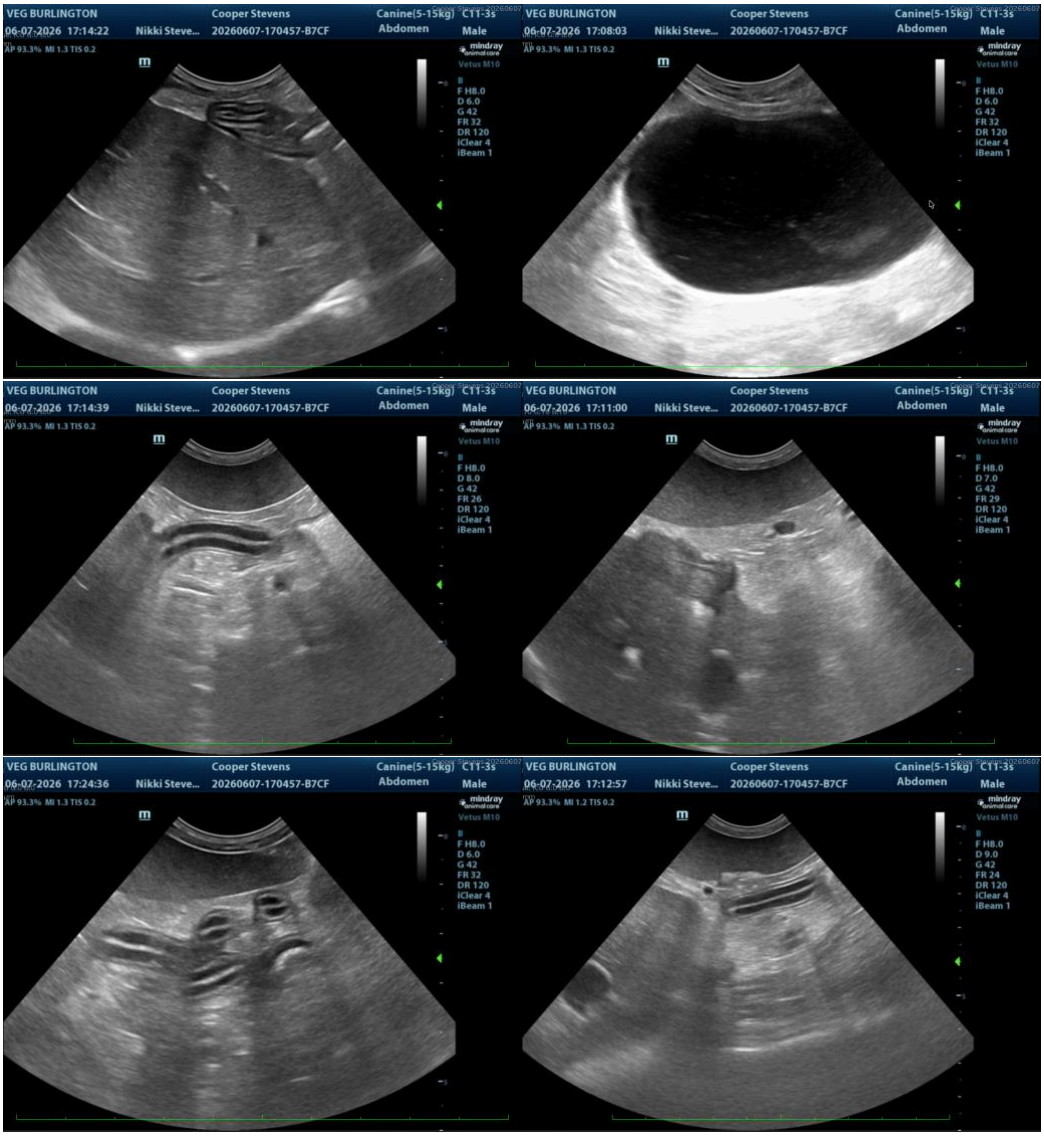
Ursodiol and Denamarin therapy could be considered given the chronic elevations in liver enzymes as well as the present of cholelithiasis.



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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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

info@SonoPath.com