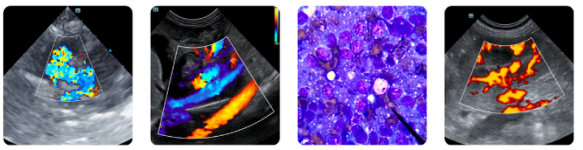

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PATIENT

Fankie Shanks

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

4 years

WEIGHT

76.4 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Animal Hospital of Stoney Creek

REFERRING VET

Dr. Settimi

INVOICE

73705

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- 03/19/26- vomiting, lethargic, licking lips, placed on IV, treated with Cerenia, Ondansetron and Famotidine
- Current Medications Cerenia 160 mg - 0.5 tab q 24hr
- ABNORMAL Labwork Values 03/19/26 ALT 1708, ALP 221, GGT13, Tbil 27 03/20/26 ALT 1623, ALP 262, GGT 18, Tbil 6 03/23/26 ALT>2000, ALP 529, GGT47, Tbil 10 Radiographic Findings Rads- NAF

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 and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 6.08 cm. The right kidney measured 5.94 cm.

Adrenal Glands

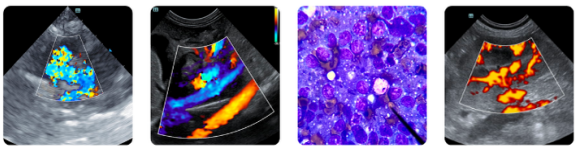
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.67 x 2.63 cm and the right adrenal gland measured 0.76 x 1.84 cm.

Spleen

The spleen 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. The spleen measured 1.83 cm at the hilus.

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 has thin walls with contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is



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documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

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.

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.

ULTRASONOGRAPHIC FINDINGS

- No discrete underlying cause for the elevations in liver enzymes or bilirubin identified on this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An occult biliary obstruction whether functional or mechanical cannot be completely excluded at this time.

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.

Consider a CPLI to further evaluate the pancreas for occult inflammation or pancreatitis as this may represent an underlying cause for a functional extrahepatic biliary obstruction.

Also consider a gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

If the patient is eating the addition of Denamarin and Ursodiol may be useful in providing liver support in the case of an acute underlying hepatopathy.

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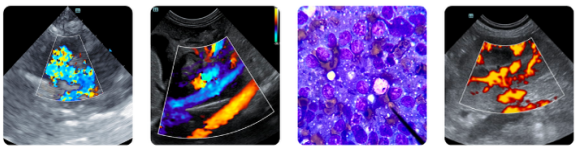

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Educational Teleconsultation Services™

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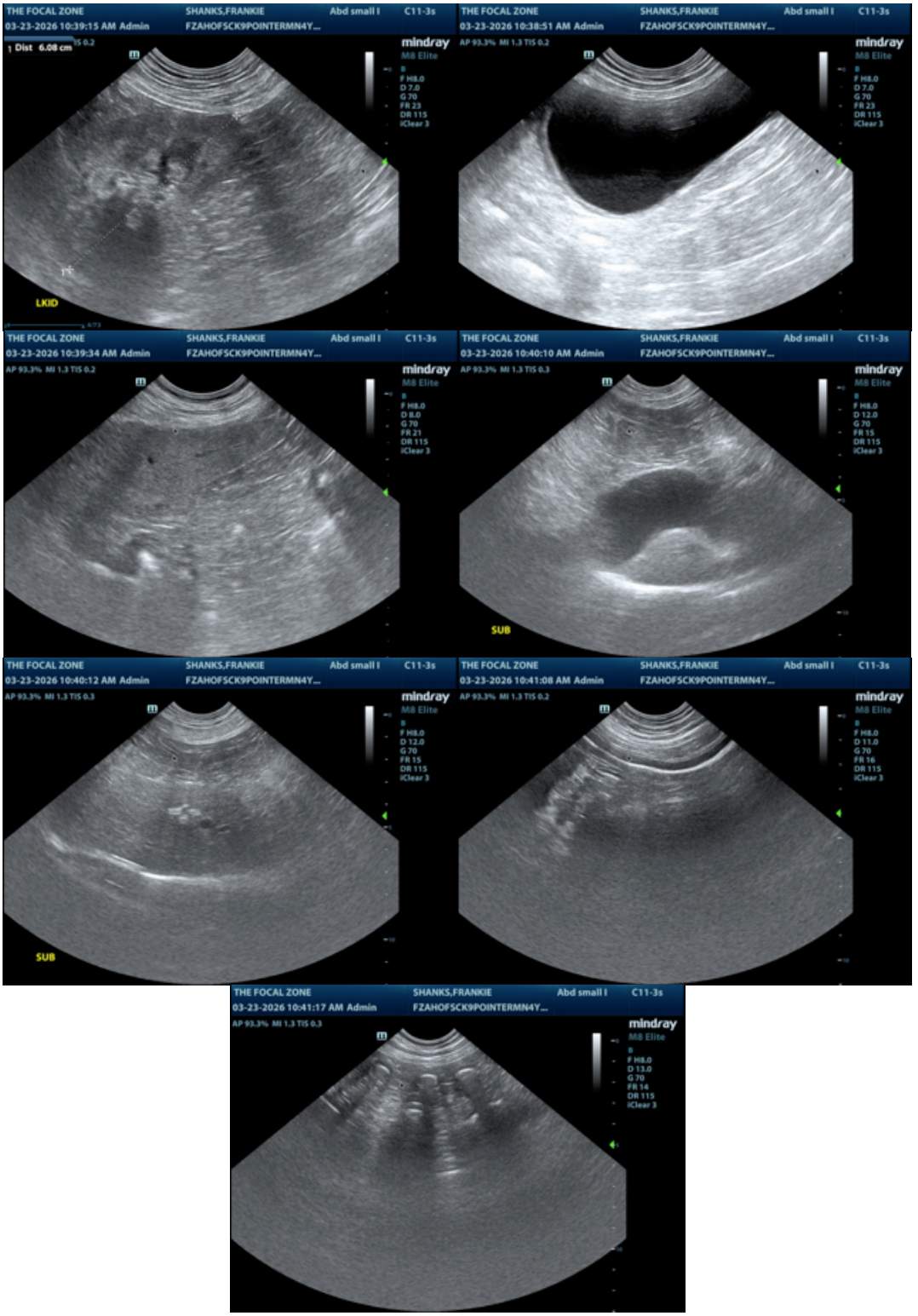

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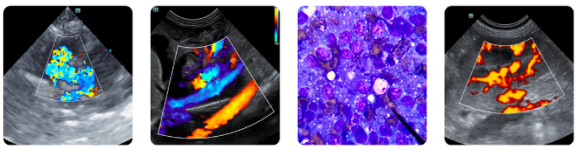

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com