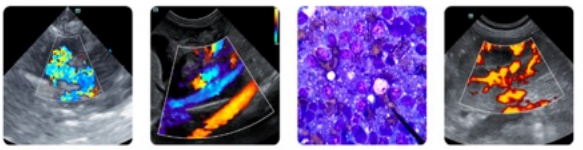


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Lexi Hunter

SPECIES

Canine

BREED

Bulldog Cross

SEX

Spayed female

AGE

12 years

WEIGHT

34 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Farrow

INVOICE

73693

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Mild pendulous belly, no obvious organomegaly, masses or pain on palpation
- Current Medications
- AVENTI LIVER COMPLETE, GABAPENTIN 300 MG
- ALP has been increasing over time currently 1800. Other values normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.53 cm. The right kidney measured 6.69 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having 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 0.53 x 2.35 cm. The right adrenal gland measured 0.78 x 2.67 cm.

Spleen

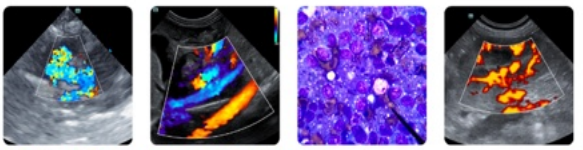
The **spleen** measured 1.89 cm at the hilus and slightly prominent with a mildly heterogenous or mottled reticular pattern. The capsule is smooth and the vasculature was normal.

Liver

The **liver** is normal with a mild amount of suspended echogenic debris and dependent sediment within the gallbladder. The gallbladder has appropriately thin walls. There was no intrahepatic or extrahepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely, but cannot 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

Fine needle aspirates of the spleen and 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.

In addition to the current liver supportive medications, consider Denamarin and/or Ursodiol given the progressive increase in ALKP.

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

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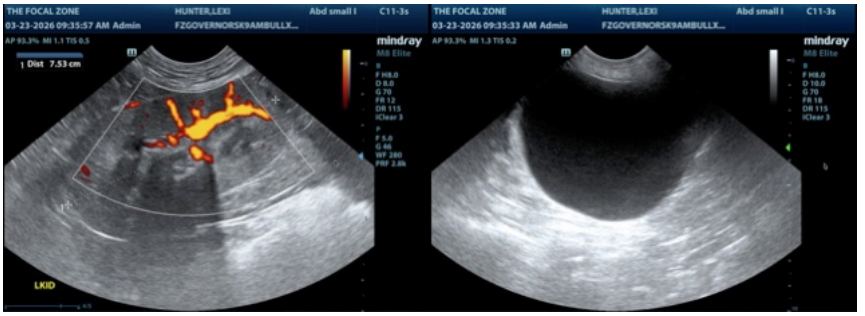

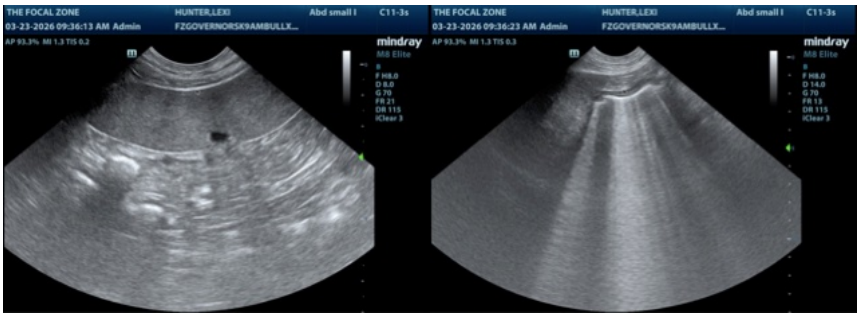

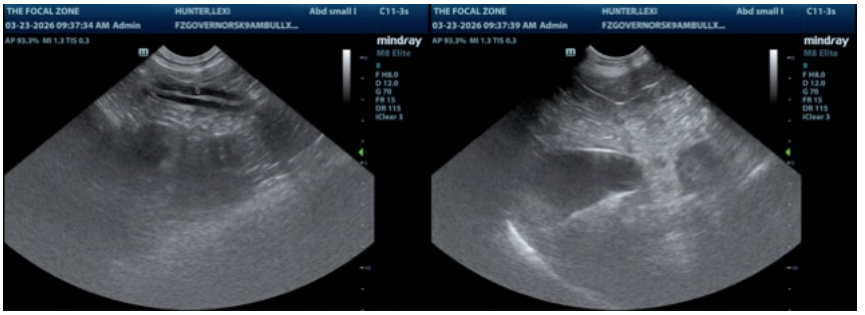

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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