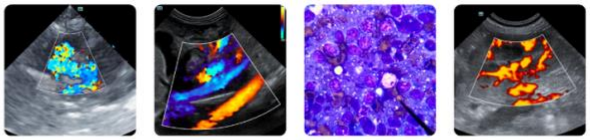


PATIENT

Kira Haines

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

65.6 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jenny Russell

HOSPITAL NAME

Southwest Texas Veterinary Medical Center

REFERRING VET

Dr. Taylor Stokes

INVOICE

13171

DATE

01/15/26

PRESENTING CLINICAL SIGNS

P presented for mild hacking, weight loss and mild lethargy. Radiographs on initial visit reveled increased radiopacity in the lungs, more evident around the base of the heart with possible small nodules in the ventral thorax. Suspected liver or spleen enlargement on radiographs. P does have a grade 2 heart murmur but has not been put on any meds for it before. P was given doxycycline a low dose of furosemide and prednisone. P returned for recheck with maybe mild improvement except for still acting lethargic. But still is continuing to lose weight despite O saying that she has increased her food.

Abnormal PE/Chem/CBC/UA Results: 2 weeks apart bloodwork -First set: mild anemia and low lymphocytes, mild increased ALT and ALP -Second set: HCT back in the low end of normal range, lymphocytes stayed about the same. Liver values both increased Retake radiographs appear to have no improvement with possible mild enlargement of suspected nodules previously noted. Splenic and Liver aspirates reveal increased neutrophils; lung aspirates did give up anything unfortunately.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (7.22 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (7.02 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

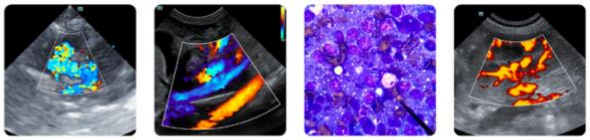
Left adrenal gland is normal in size (0.39 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.96 cm at cranial pole and 0.66 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Splenic vasculature appears normal. Off of the lateral cranial aspect of the spleen, where the spleen is adjacent to the left caudal liver, there's an approximately3.0 cm x 4.8 cm, in some views, discrete ovoid homogenous iso- to slightly hypoechoic area that may represent normal overlapping organs as it's not present in every view, but could represent an early or emerging mass in either organ.

Liver



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Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Normal ingesta and gas cannot be definitively ruled out and should be considered especially without adequate fasting prior to the ultrasound.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Diffusely mildly heterogenous liver- These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- The gastric contents could represent normal ingesta and gas and should be interpreted in combination with when patient last ate as given the shadowing, non-obstructive foreign material is also a possibility. Reassessment of the stomach following an additional 12 to 24 hours of fasting could be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given patient's history, I suspect that the root of the problem is the pulmonic nodules, and given the suspected progression in size, but difficulty obtaining a diagnosis, next diagnostic steps could include advanced imaging of the area such as a thoracic contrast CT +/- concurrent abdominal contrast CT at the same time. Having said that, given patient's reported weight loss in the face of a normal or even recently increased appetite, further evaluation of

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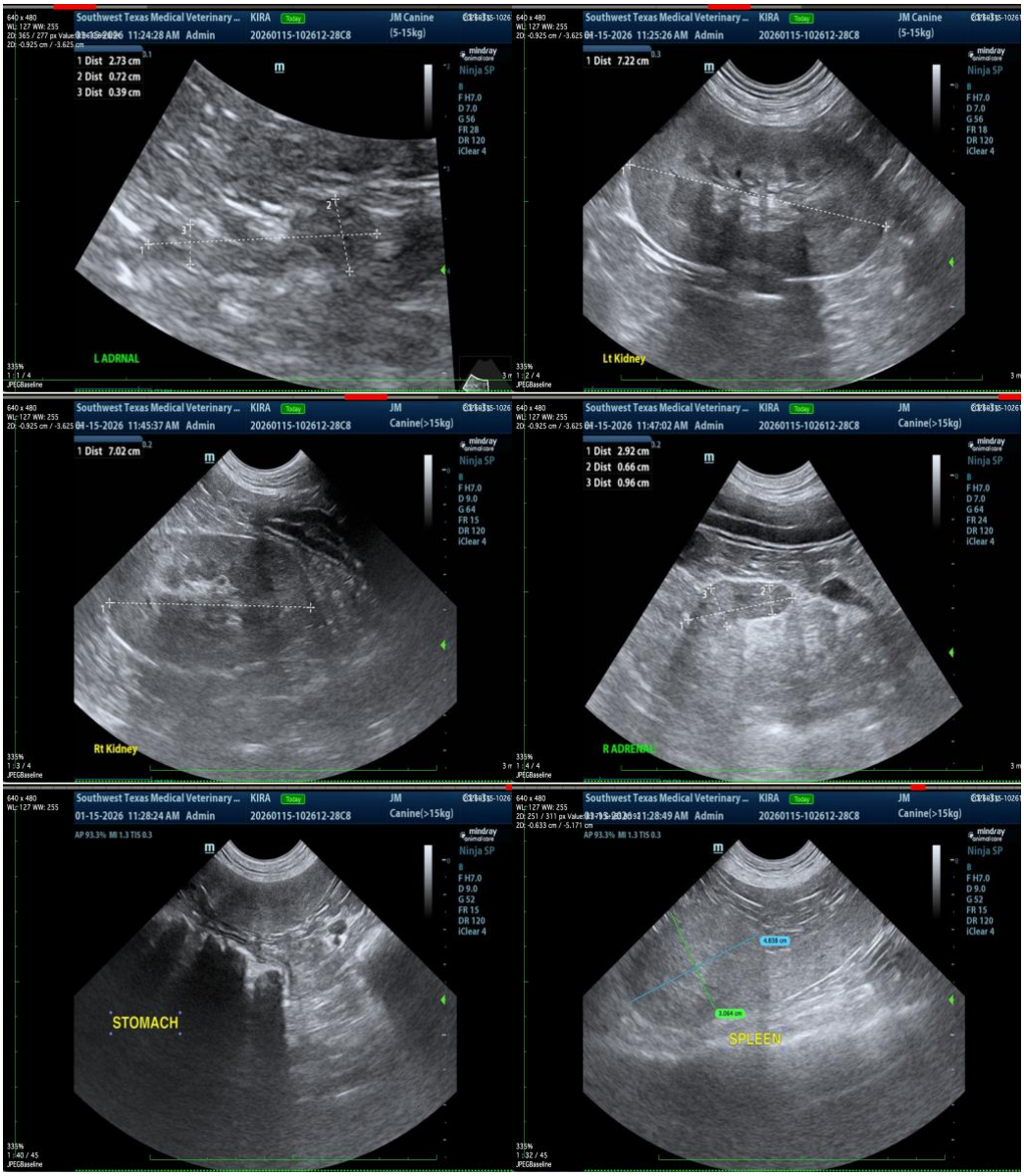
digestion and absorption is also recommended beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

- Finally, if a diagnosis is not obtained, resampling of the liver and/or spleen paying close attention, if not already evaluated to the left caudal liver/cranial spleen could be considered if patient's coagulation status is appropriate.

- Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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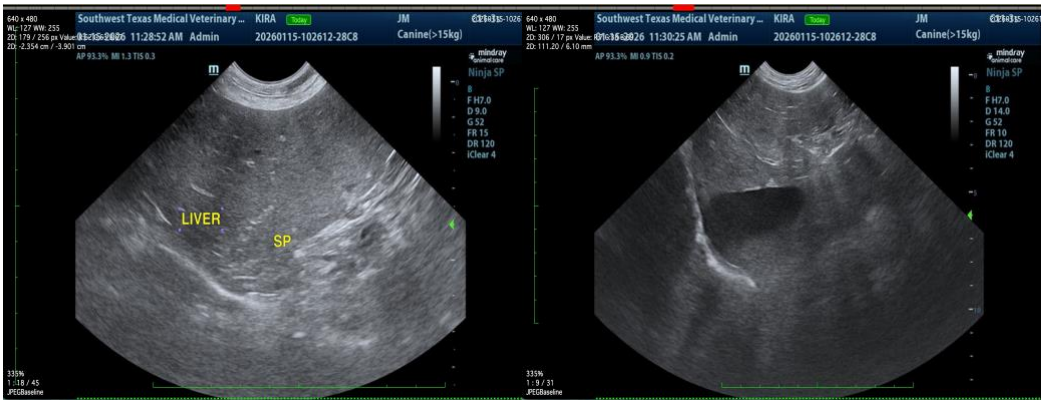

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com