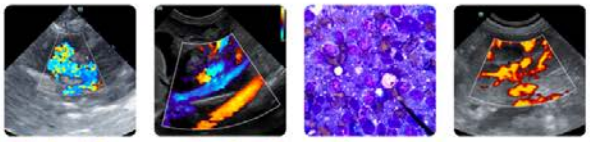


PATIENT

Cooper House

SPECIES

Canine

BREED

King Charles Spaniel

SEX

Neutered Male

AGE

9 Years 7 Months

WEIGHT

13.95 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

71885

DATE

11/18/25

PRESENTING CLINICAL SIGNS

DM, Pancreatitis, Splenic nodules, LAd mass, RAD invasion CVC, Stage , Proteinuria, GB diease, KCS, DMVD Stage B2 R/C AUS and ECHO doing well Current Treatment VetMedin 5 mg BID, Urso 90 mg SID, Telemasartin 10 mg SID , Optimmune and eye lube BID , Caninsulin 20 units BID

Abnormal PE/Chem/CBC/UA Results: Mild anrnia of chronic disseae ALt 140 (N 10-125) previous 17
ALKP >2000 (N 23-212) previouss 1744 GGT 37 (N 0-11) previous 1
Total # of File

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 6.0 cm. Right kidney measures 7.7 cm.

Adrenal Glands

The right adrenal gland is normal to subjectively mildly small in size (0.60 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

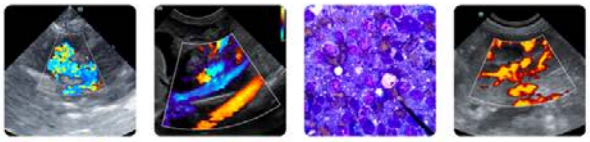
The left adrenal gland is enlarged, measuring 1.8 cm at the cranial pole and 1.4 cm at the caudal pole with significantly heterogeneous parenchymal changes. Swollen capsular expansion is noted diffusely. Phrenicoabdominal invasion progressing to caval invasion is suspected, with an intracaval luminal density measuring approximately 1.1 cm thick x 3.1 cm long visualized. This intracaval density is most easily visible from the right side but is believed to be invading from a left adrenal gland tumor. Occlusion of the vessel remains visibly only partial.

Spleen

The 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). Several very subtle, non-capsule disrupting hypo- to anechoic densities/nodules are noted, with a representative nodule measuring approximately 0.30 cm x 0.70 cm in size. Splenic vasculature appears normal.

Liver

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



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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

- The appearance of the previously diagnosed left adrenal mass and suspected vascular invasion is static in size and appearance. Similarly, the remaining changes are largely static, including some subtle age related kidney changes, a mildly heterogeneous liver, static splenic nodules, and gallbladder debris. Subjectively, the appearance of the gallbladder debris is mildly improved.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations are largely unchanged from the previous study and dependent on previous diagnostics, diagnostic results, etc.

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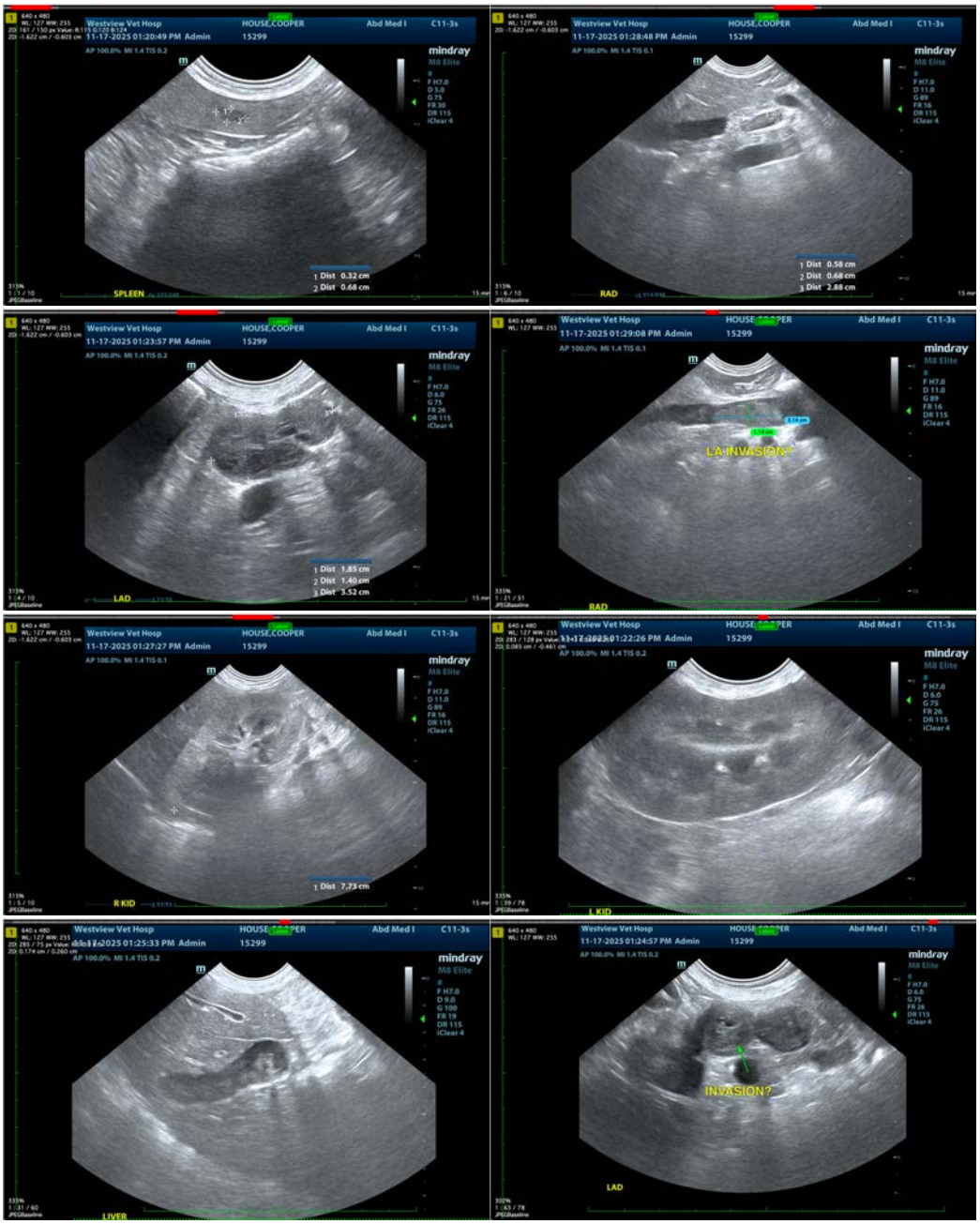

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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