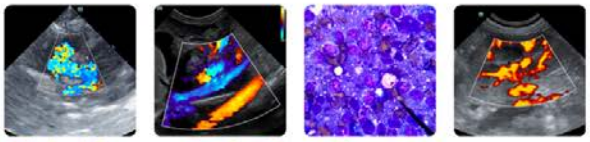


PATIENT

Harlee Vasquez

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.41 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Laura Johnon, VMD

INVOICE

71906

DATE

11/18/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate elevated liver and kidney values, hypercholesterolemia also noted. Patient has also had weight loss, PU/PD, decreased appetite and vomiting at home. O reported that vomiting has decreased and believes has stopped. Recent diagnosis of DM (~ 4 mos ago) that has been difficult to control within that time. Oct 8 2025, was evaluated by IM service at PennVet and was Dx with DM, new onset azotemia, progressive LES elevation and hypercholesterolemia. Presented to Cypress Vet on 11/17/25 for the first time. Meds: Novalin N 6u BID, 25mg Carprofen BID, 6mg Melatonin SID, Nexgard, Interceptor, Apoquel SID

Abnormal PE/Chem/CBC/UA Results: 11/4/25 With U Penn IM: - Chem: Gluc369 H, ALT 537 H, ALP 1,758 H, AST 148 H, Chol 734 H, Triglycerides 1,207 H, BUN 38 H, Cr 1.9 H, SDMA 7.4-n, - Fructosamine 562 µmol/L (HIGH) - CBC: Hct 56%, plts 283 - T4: 2.5-n - UA: SG 1.040,1+ protein, 3+ glucose, inactive sediment - UPC: 0.3 - non-proteinuric Owner-reported BG 329 mg/dL at home on 11/03/2025 (5 hr post-breakfast).

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.

The right kidney is normal is size (5.16 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. A hyperechoic band parallel to the corticomedullary border is present.

The left kidney is normal is size (5.18 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. A hyperechoic band parallel to the corticomedullary border is present.

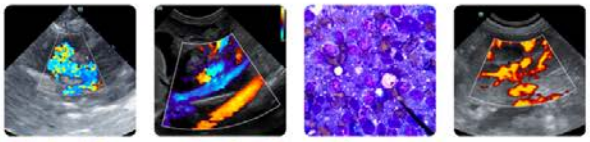
Adrenal Glands

The right adrenal gland is normal in size (0.74 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size (1.26 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). An approximately 0.60 cm x 1.4 cm non-capsule disrupting hypo- to anechoic nodule is noted in the mid spleen. Splenic vasculature appears normal.



PATIENT

Harlee Vasquez

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.41 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Laura Johnon, VMD

INVOICE

71906

DATE

11/18/25

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 stomach is largely normal in layering and thickness, except for some subjetively mildly prominent muscularis predominantly in the area of the pylorus. Even in that area, no loss of layering is appreciated. The lumen of the stomach is empty.

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

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

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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

- Very mild/subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- The subtle/mild bowel changes trend in appearance toward benign, as is seen with gastritis, potentially secondary to dietary indiscretion or intolerance, bacterial, viral, or other infectious disease, parasitic or protozoal disease, toxin, or other underlying metabolic disease including pancreatitis, etc. Microulceration can't be ruled out. Similarly, while considered much less likely, infiltrative neoplasia can't be definitively ruled out without tissue sampling.
- An obvious cause for the subtle liver changes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

PATIENT

Harlee Vasquez

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.41 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Laura Johnon, VMD

INVOICE

71906

DATE

11/18/25

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

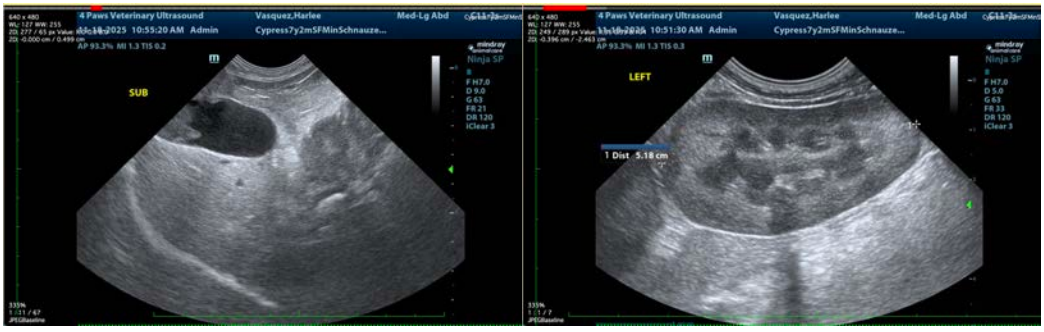
Fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate.

Placement of a freestyle libre sensor could be considered to help further regulate or control the diabetes mellitus.

In the meantime, other than symptomatic/supportive medical management of clinical signs, management of diabetes mellitus, etc., further diagnostic and treatment recommendations are dependent on results of above.

Having said that, if not already done, a transition in diet is recommended, based on trial-and-error response.

Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.



PATIENT

Harlee Vasquez

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.41 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

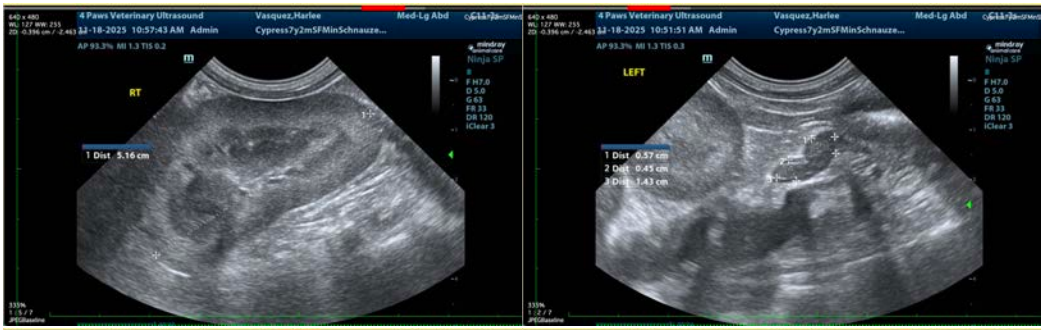
Laura Johnon, VMD

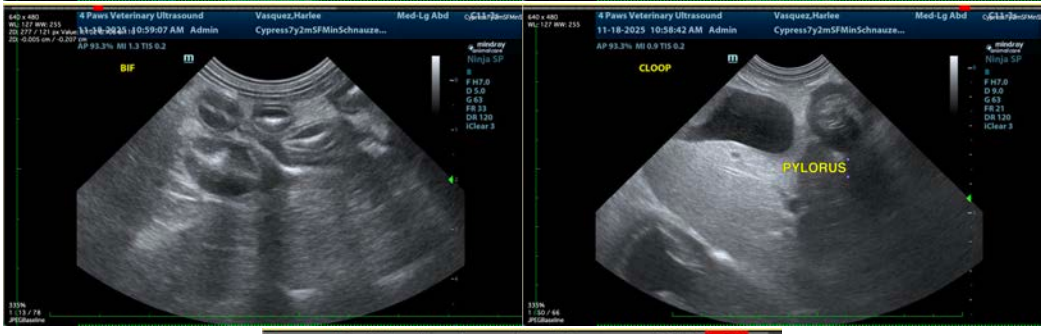
INVOICE

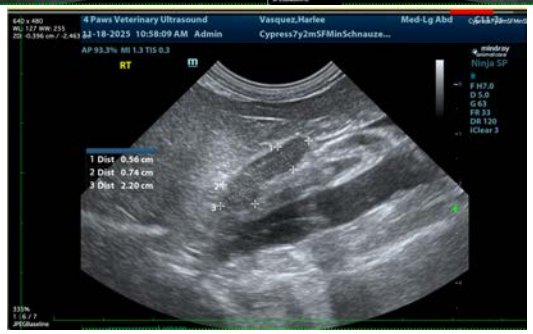
71906

DATE

11/18/25







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