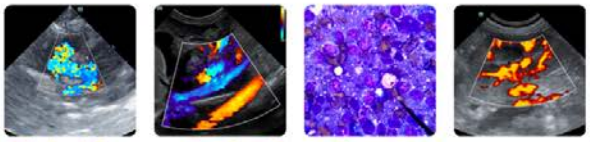


PATIENT

Kazik Rudnicka

SPECIES

Canine

BREED

Cairn Terrier

SEX

Intact Male

AGE

13 Years 3 Months

WEIGHT

14.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Sondra Oliver, DVM

INVOICE

71886

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes, recently ALP doubled and dog gradually has lost appetite, seems painful in abdomen, recent weight loss; radiographs reveal hepatomegaly; O opts for US to rule out liver disease, rule out pancreatitis, reason for inappetance & weight loss; P was fasted for US scan, no sedation needed

Abnormal PE/Chem/CBC/UA Results: Attached

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 symmetrically enlarged (2.7 cm thick) with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

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 measured 4.8 cm. Right kidney measured 4.5 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.60 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.36 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

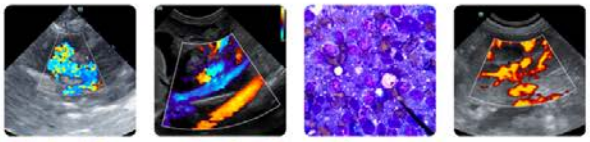
Spleen

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately to markedly heterogenous characterized by multiple poorly defined hypoechoic nodules as well as multifocal discrete homogeneous hyperechoic nodules and several anechoic/cystic densities within an otherwise coarse remodeled liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

The 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.



PATIENT

Kazik Rudnicka

SPECIES

Canine

BREED

Cairn Terrier

SEX

Intact Male

AGE

13 Years 3 Months

WEIGHT

14.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Sondra Oliver, DVM

INVOICE

71886

DATE

11/18/25

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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.

In the mid abdomen there is an irregular, approximately 1.0 cm long x 0.40 cm thick, hypoechoic density that could represent an enlarged lymph node, although other etiologies can't be ruled out.

Additionally, both testicles have a nodular appearance, with the left containing multiple homogeneous hyperechoic nodules and the right containing a mildly more heterogeneous, slightly hypoechoic nodule.

PRIMARY FINDINGS

- An obvious cause for the 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.
- The mid abdominal hypoechoic density could represent a reactive lymph node versus neoplastic lymph node versus other.
- Bilaterally nodular testicles.

SECONDAFRY FINDINGS

- Age related kidney changes.
- Benign Prostatic Hyperplasia – Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

PATIENT

Kazik Rudnicka

SPECIES

Canine

BREED

Cairn Terrier

SEX

Intact Male

AGE

13 Years 3 Months

WEIGHT

14.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Sondra Oliver, DVM

INVOICE

71886

DATE

11/18/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

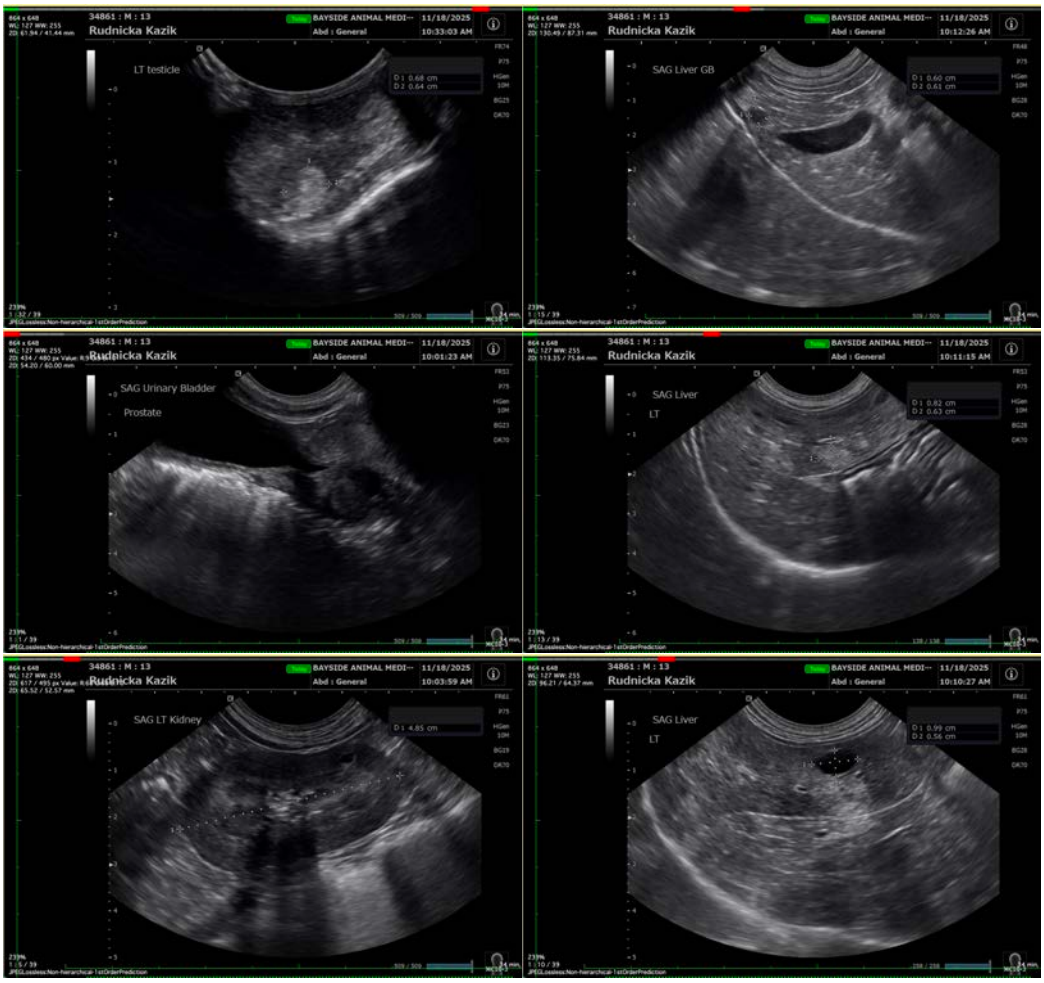
Bile acids are recommended if patient's total bilirubin is not increased.

Testing for Leptospirosis could be considered.

A fine needle aspirate of the liver could be performed to assess inflammatory cell type, rule in/out round cell neoplasia, etc. if patient's coagulation status is appropriate, but ultimately, if round cell neoplasia is not diagnosed, a liver biopsy including copper level assessment may be required to definitively diagnose the suspected underlying hepatopathy.

Additionally, given the reported weight loss, 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.

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



PATIENT

Kazik Rudnicka

SPECIES

Canine

BREED

Cairn Terrier

SEX

Intact Male

AGE

13 Years 3 Months

WEIGHT

14.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

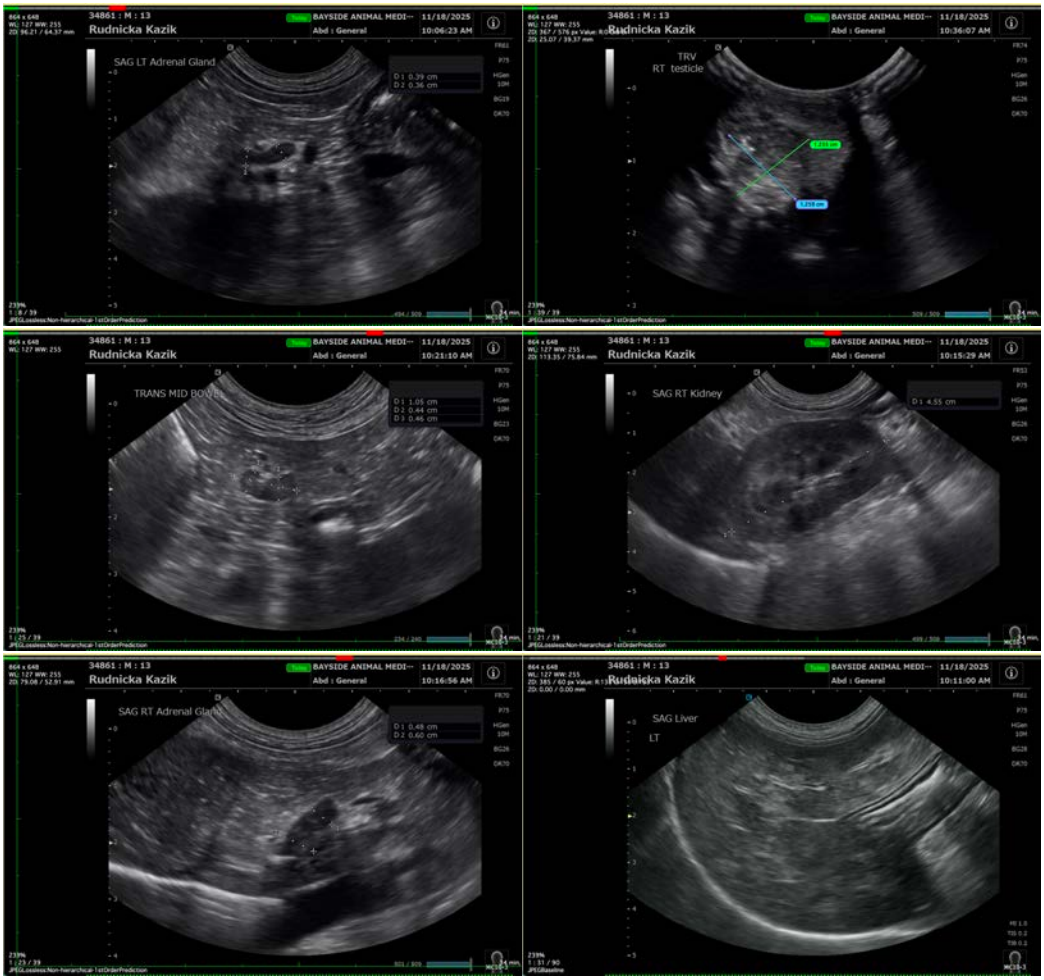
Sondra Oliver, DVM

INVOICE

71886

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