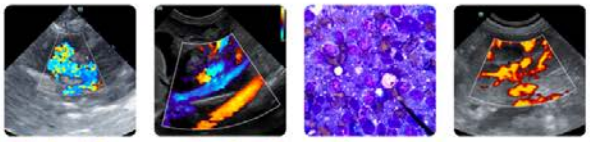


PATIENT

Charlotte Post

SPECIES

Canine

BREED

Lab Retriever x

SEX

Spayed Femae

AGE

12 Years 4 Months

WEIGHT

54.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Allyson Delozier, DVM

INVOICE

71954

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Imaging performed by: Brittney Beigel, DVM
Referring Veterinarian: Allyson Delozier, VMD
Hospital Name: Bayside Animal Medical Center
Email Address: info@baysideanimal.com
Phone Number: 410-544-4423
Notes to the Specialist:
Patient Name: Charlotte Post
Species: Canine
Gender: Spayed Female
Age: 12y5m
Weight: 54.5#
Breed: Lab retriever mix
History: increased ataxia/decreased CPs gradually over a few months, had addisonian crisis 1 month ago - responded great to meds; all bw improved except Tbili 7 GGT increased in the last month; previous AUS 5/7/25 and Splenectomy soon after in May 2025; O opts for US to screen adrenal glands and gallbladder/liver; hx of splenectomy May 2025; 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.

The right kidney is normal is size (7.6 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.

The left kidney is normal is size (6.8 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

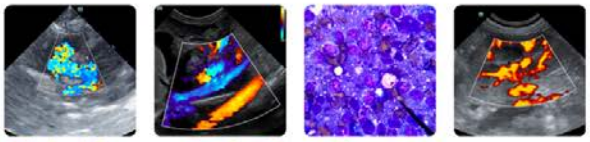
Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.43 cm at the cranial pole and 0.38 cm at the caudal pole. Right measures 0.40 cm at the cranial pole and 0.28 cm at the caudal pole.

Spleen

The spleen has been previously removed.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately 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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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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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

- Moderately 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.
- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- Spleen has been previously removed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are mild/subtle and consistent with patient's known history of hypoadrenocorticism, etc. Given reported ataxia, loss of proprioception, etc., further neurologic +/- orthopedic evaluation and potentially consultation with a veterinary neurologic could be considered.

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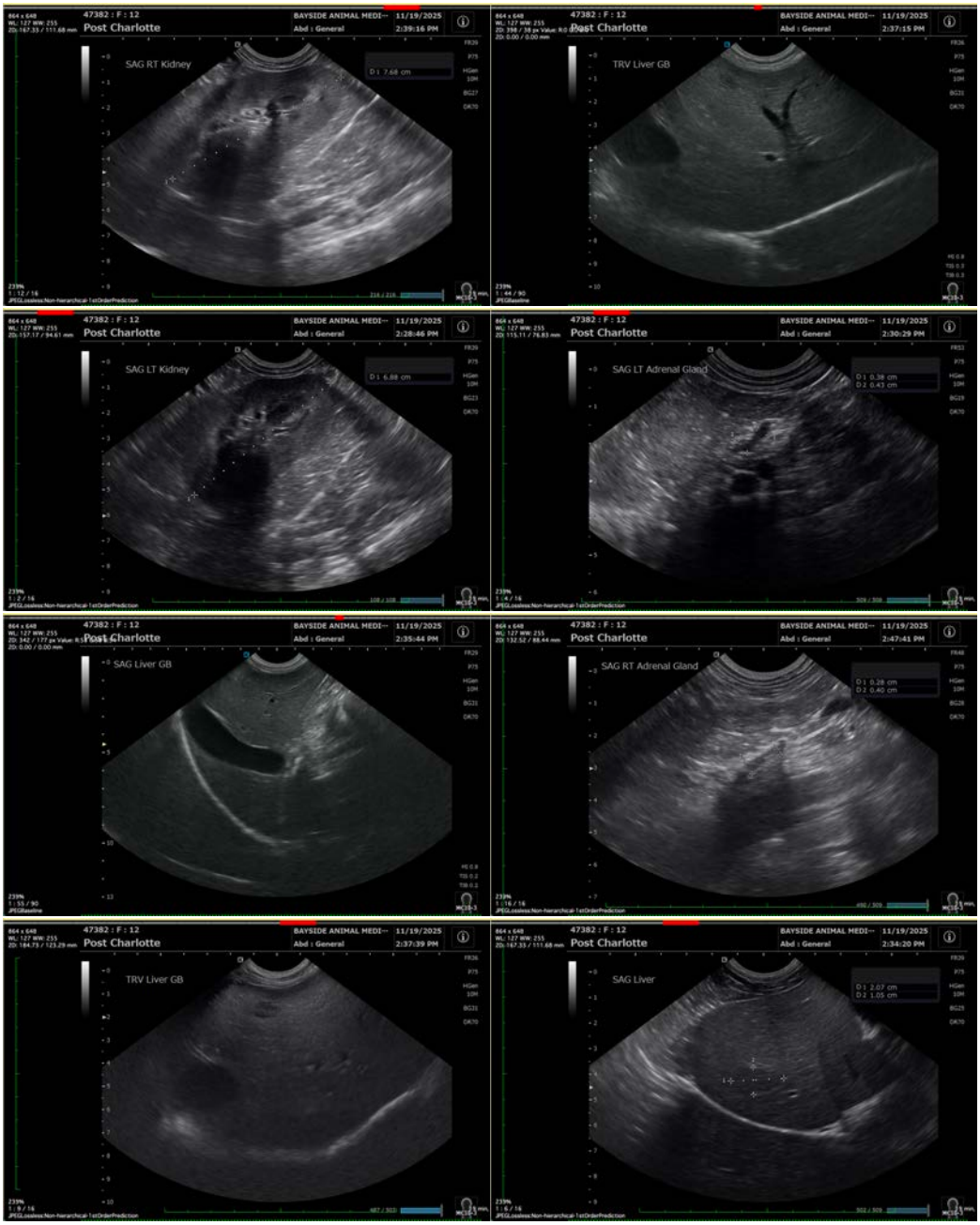

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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