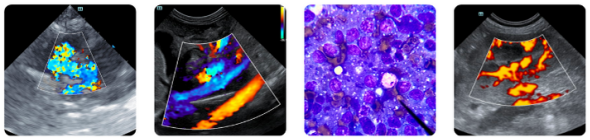


PATIENT

Chance Friday

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

16 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossm VI

REFERRING VET

Jessica White, DVM

INVOICE

35665

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Recent radiographs show: 1) Left atrial enlargement secondary to chronic mitral endocardiosis without signs of CHF. 2) Hepatomegaly: Metabolic vs Vacuolar infiltration vs Hepatic nodular hyperplasia vs Inflammatory vs Toxic vs Neoplastic or a combination of these differentials. Bicavitary scan and bile acids performed today to further screen health prior to anesthesia for mass removal and oral surgery.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.55 cm thick). Mucosa is hyperechoic and irregular. No masses are observed. One shadowing mineral density, measuring 1.2 cm in size, is present. The trigone and visible pelvic urethra are normal 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 or infarcts observed. The left kidney measures 4.6 cm. The right kidney measures 4.49 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally.

Adrenal Glands

Left adrenal gland is normal in size (0.47 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.64 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

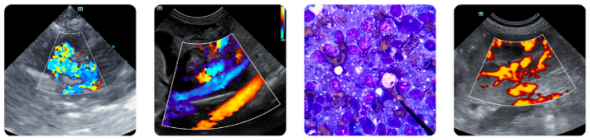
Spleen

Spleen is subjectively normal in size (1.4 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). No masses are observed. A 0.4 cm x 0.5 cm non-capsule disrupting hypo- to anechoic nodule is noted near the caudal aspect of the spleen. 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.

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. There is an approximately 0.7 cm in



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diameter echogenic density that could represent tissue, such as a polyp vs less likely a neoplastic mass vs debris.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach contains a strong shadowing echogenic interface that likely represents gas and ingesta, although foreign material can't be definitively ruled out. The pylorus is difficult to fully visualize.

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 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 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

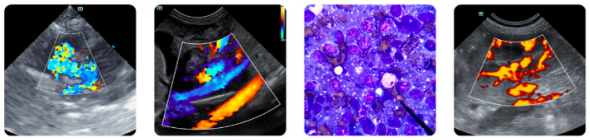
There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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.
- Moderate 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. Additionally, as described above, a nodule, or considered much less likely, a neoplastic mass can't be definitively ruled out.
- 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.



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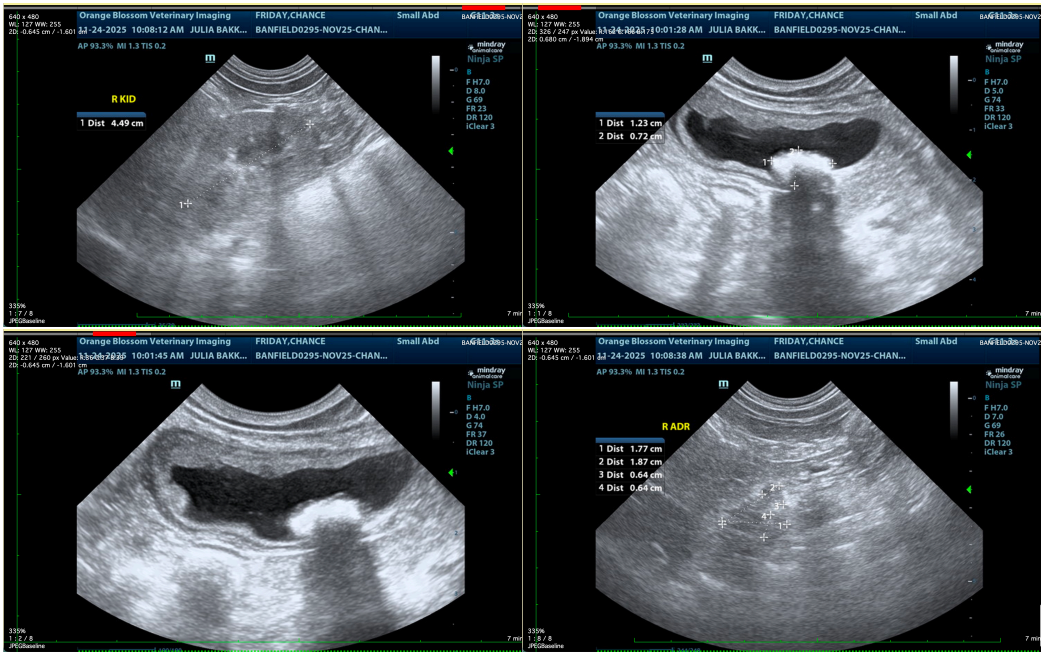
- Chronic cystitis with at least one urinary bladder cystolith noted- Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

Secondary Findings

- Age-related kidney changes with nonobstructive dystrophic mineralization bilaterally
- Possible gastric foreign material, although normal gas and ingesta can't be ruled out. Therefore, recheck imaging following an additional 12-24 hours of fasting could be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are subtle/mild and trend largely toward benign, with recommendations dependent on patient's clinical status, laboratory changes, etc. Therefore, if not recently evaluated, a full general metabolic health screen is recommended, to include CBC, chemistry panel, electrolytes, and urinalysis, and if indicated, based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



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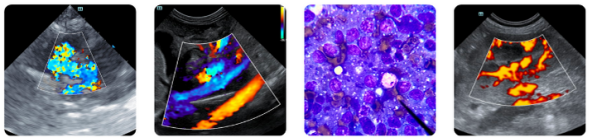

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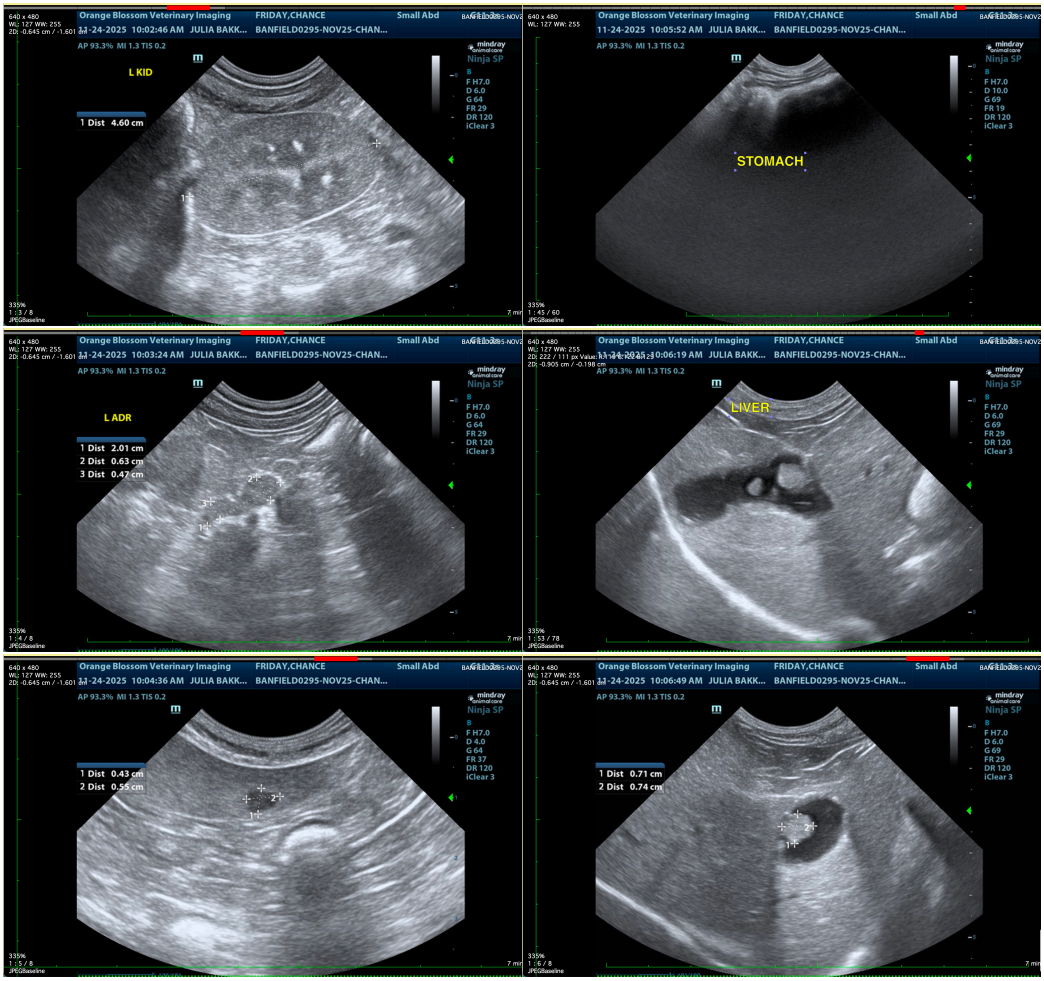

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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