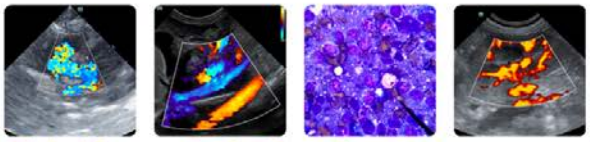

PATIENT

Raleigh Allen

SPECIES

Canine

BREED

Chesapeake Bay Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

74 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jaime Uren

HOSPITAL NAME

TotalBond Veterinary Hospital

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PRESENTING CLINICAL SIGNS

Ultrasound for increasing ALT (ALT was 138 in April 2025 and increased to 328 in Oct 2025). She has been on chronic budesonide and metronidazole for GI disease since around 2020 - her GI signs have been pretty well controlled. Raleigh also has a history of diabetes that has been somewhat difficult to control and is currently on 30 Units Novolin insulin every 12 hours. Owner does not feel she is PU/PD.

Abnormal PE/Chem/CBC/UA Results: April 2025: lymphocytes 0.77 low, glucose 431 high, ALT 138 high, USG 1.015, glucose 3+, ketones negative October 2025: WBC 4.8 low, lymphocytes 0.826 low, glucose 211, ALT 328, ALP 197 PE Oct 2025: OS - hx of enucleation; OD - hx of phacoemulsification sx; multiple variable sized SQ and cutaneous masses; dental tartar and periodontal disease, mild muscle atrophy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal is size (6.51 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 (7.08 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

The caudal pole of the right adrenal gland is normal in size (0.90 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. The cranial pole is difficult to fully visualized/isolate for measurement in these images.

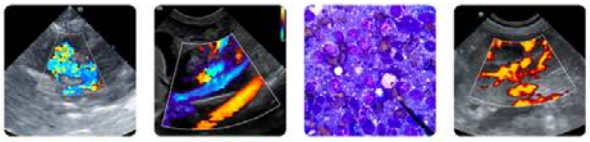
The left adrenal gland is normal in size (0.39 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Diffusely, the liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. In one view there appears to be an approximately 3.3 cm in diameter discrete, mildly heterogeneous, round density/nodule/mass. However, the lesion is unable to be



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corroborated in other views, and an edge view of the gallbladder versus a true mass can't be definitively ruled out. 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 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

- 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.

- Diffusely 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.

- Suspect focal (in one view as described above) nodule or mass in the mid caudal liver – This could similarly represent both benign or infiltrative neoplastic disease and can't be differentiated without tissue sampling. Having said that, an atypical view of the gallbladder appearing to be around mass can't be definitively ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

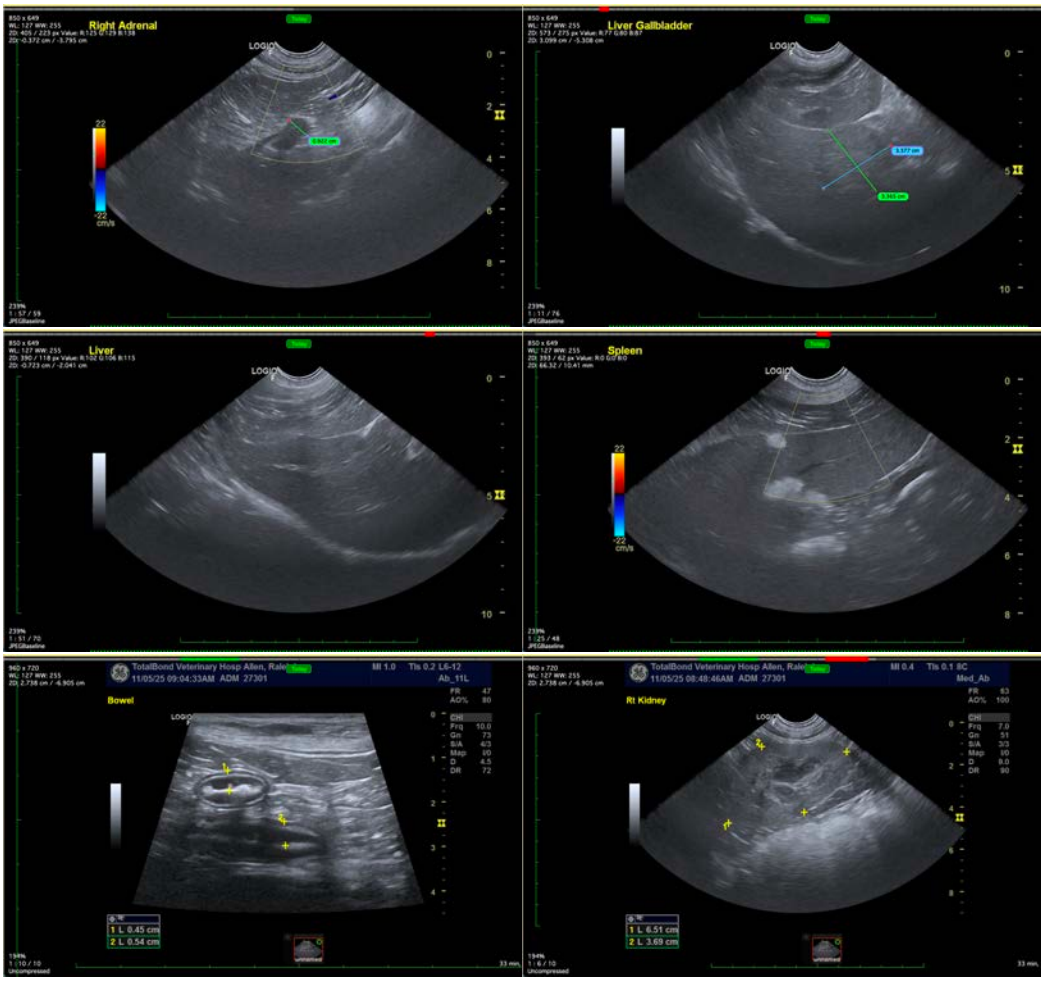
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

If the lesion in the mid to caudal liver truly represents a nodule/mass, then fine needle aspirates are recommended if patient's coagulation status is appropriate. Additional ultrasound images or advanced imaging such as an abdominal contrast CT scan could be considered to help determine that.

Additionally, bile acids are recommended if patient's total bilirubin is not increased.

Pending results of above, testing for Leptospirosis could be considered.

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



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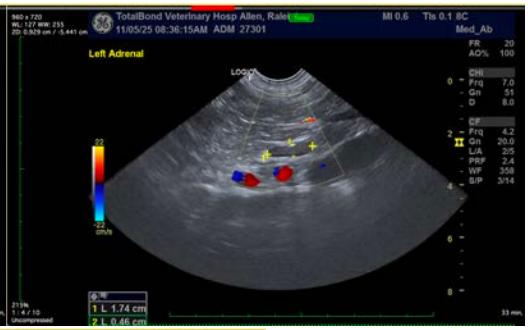

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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