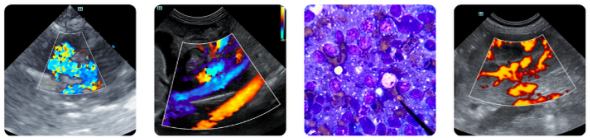


PATIENT

Archie Drysdale

SPECIES

Canine

BREED

Husky mix

SEX

MN

AGE

12 years 5 months

WEIGHT

37.7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10956

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

Chronic, progressive musculoskeletal pain (currently on gabapentin) History of elevated liver enzymes; previously on liver support Abdominal ultrasound ~1 year ago showed flattened adrenal glands, no liver abnormalities at that time.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.1, Heart Rate/min (HR):100, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: QAR ,Hydration: Adequate , BCS (scale 1 to 5): 3.5/5, Hematology RBC/HCT/Hgb: Low-normal MCV/MCH: Low-normal → microcytic trend Platelets: Mild thrombocytosis Chemistry Creatinine: Normal currently (92 µmol/L), but history of azotemia BUN: Normal ALT: Mildly elevated currently; marked historical elevations ALP: Markedly elevated (612 U/L), chronic and progressive Cholesterol: Mildly increased Electrolytes: Mild hypernatremia (161 mmol/L) Total protein / globulin: High-normal to mildly increased historically Lipase: Mildly elevated; history of significant elevations.

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 area of the prostate is examined without evident prostatic pathology.

The right kidney is normal is size (7.67 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 (8.14 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 right adrenal gland is normal in size (0.66 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

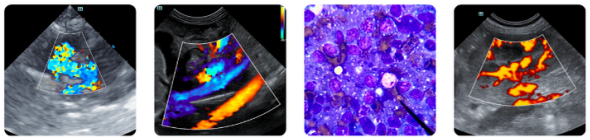
The left adrenal gland is normal in size (0.54 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 diffusely, markedly/significantly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. More focally, in the mid to left to left liver, is an



PATIENT

Archie Drysdale

SPECIES

Canine

BREED

Husky mix

SEX

MN

AGE

12 years 5 months

WEIGHT

37.7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10956

DATE

12/17/2025

approximately 5.4 cm x 4.0 cm in size, discrete heterogenous mass. 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.

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

In the right cranial to mid abdomen are several discrete, round, anechoic densities measuring between almost 2.0 cm in diameter to 2.0 cm in diameter. No other free fluid is noted.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Both the diffuse liver changes as well as the more focal mass, could represent a benign process such as marked nodular hyperplasia, extramedullary hematopoiesis, chronic inflammatory disease, a hepatoma/adenoma, hematoma, abscess, etc., as well as infiltrative neoplasia causing either the focal mass and/or the diffuse changes, can't be ruled out without tissue sampling. The focal mass pathology may or may not represent the same change as the diffuse heterogenicity.
- The cystic structures in the right cranial abdomen could represent cystic lymph nodes versus potentially pancreatic cysts versus other but trend largely in appearance toward benign.
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Other than the discrete liver mass, which is a new finding, the changes described above are largely static/unchanged from the previous exam with the other exception being adrenal glands appear largely normal in this study.

PATIENT

Archie Drysdale

SPECIES

Canine

BREED

Husky mix

SEX

MN

AGE

12 years 5 months

WEIGHT

37.7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10956

DATE

12/17/2025

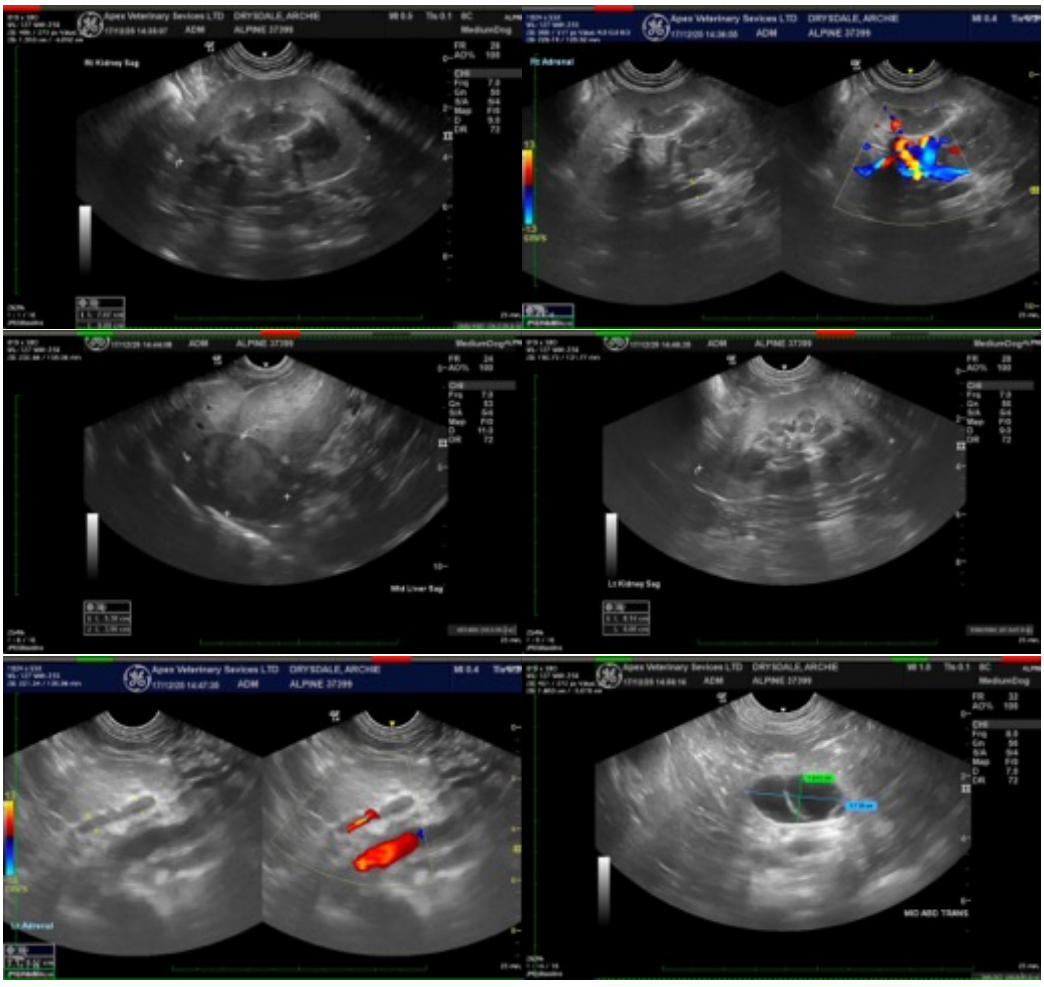
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the liver, including both the diffuse parenchyma as well as the focal mass, are recommended if patient's coagulation status is appropriate.

Similarly, sampling of the anechoic cystic structures in the right cranial abdomen could be considered.

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



PATIENT

Archie Drysdale

SPECIES

Canine

BREED

Husky mix

SEX

MN

AGE

12 years 5 months

WEIGHT

37.7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

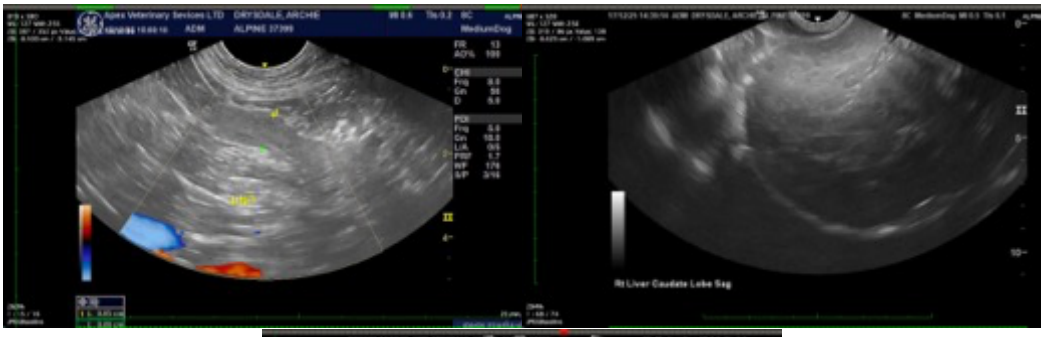
Alpine 24/7 – ER Doctor

INVOICE

10956

DATE

12/17/2025



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