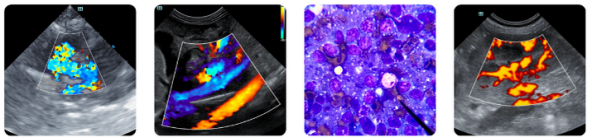


PATIENT

Rosie McKinney

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Female

AGE

3 years 9 months

WEIGHT

27.5 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

New Holland Veterinary Hospital

INVOICE

11329

DATE

2/18/2026

PRESENTING CLINICAL SIGNS

- AUS to further evaluate coughing, reverse sneezing, anorexia, icterus, and ocular precipitates OU. Was hospitalized for possible cholangiohepatitis. Numerous changes on bloodwork - hypoalbuminemia, elevated ALP, ALT, AST, GGT, T. bili. Low-normal Glucose and BUN. Normal cholesterol. AXR- NSF, Chest rads - mild BI pattern. Vaccine status is unknown, goes to Tractor Supply for Vax.
- Meds: Baytril, Metronidazole, Cerenia, Doxycycline, Clavamox (completed), Pred ophthalmic drops (ocular precipitates)

Abnormal PE/Chem/CBC/UA Results: 2/16/26 (prev 2/7 -> 2/14) - Chem: Alb 1.8 L (2.5 -> 2.2), Glob 3.2-n (2.5-n), TP 5.0 L (4.3), ALP 944 H (167 -> 546 H), ALT 123-n (92-n), AST 180 H, GGT 27 H (19 H), Gluc 74-low n (98-n), BUN 3 L (3-> 7.7), T. bili 3.1 H (2.2 H), Ca 8.4-n (9.0), Phos 1.8 L-> 5.8, Chol 128-n, Cr 0.6-n - CBC: Hct 37.2% mild L, RBC 5.53 L, WBC 36.73 H (28.67 H), Lu,phs 10.91 H, Mono 4.52 H, Neut 20.33 H (14.36 H), Eos 0.96-n, Baso 0.02-n, Plts 231-n - 4Dx: Neg x 4 - CXR/AXR: Mild bronchointerstital pattern; NSF - UA: trac pro, bld 25, Rods, WBC 1/hpf, RBC 2/hpf - Tonometry: OD 12, OS 15.

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 (6.92 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 (5.8 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

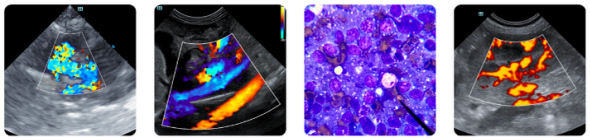
The right adrenal gland is normal in size (0.7 cm at cranial pole and 0.9 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (2.4 cm thick at the hilus) with a swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver



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Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. 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.

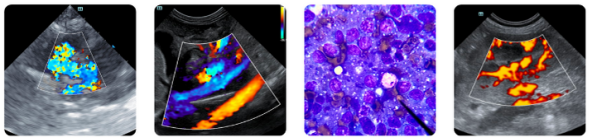
Free Abdomen

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

Mesenteric lymph nodes are diffusely enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Honeycomb Spleen – This finding is concerning for infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out.
- An obvious cause for the subtle 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, etc. cannot be definitively ruled out.
- Diffusely aggressive lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.



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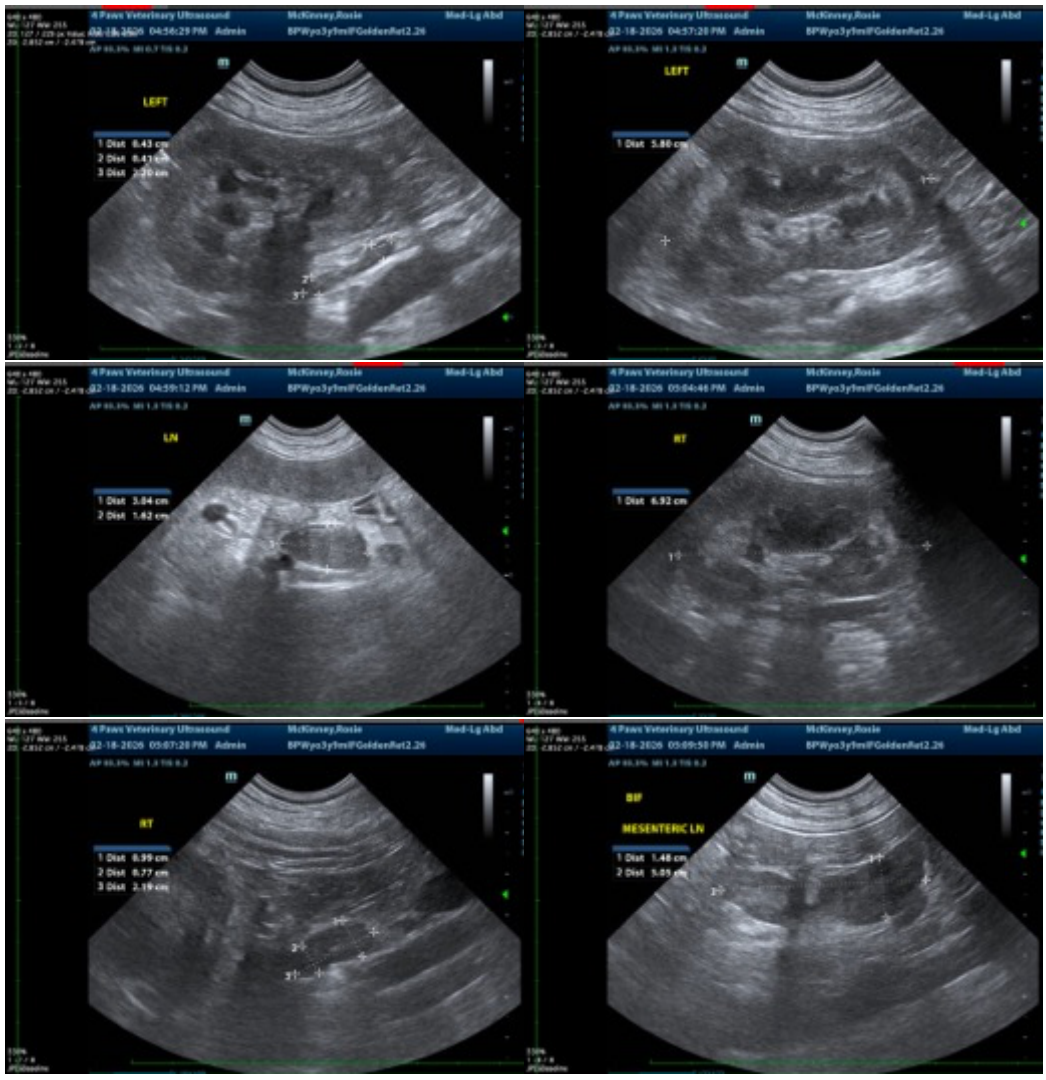
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the spleen, the liver, as well as the enlarged lymph nodes are recommended if patient's coagulation status is appropriate. Prior to aspirating of the intraabdominal structures, however, thorough palpation of peripheral lymph nodes is recommended incase a less invasive sampling of a peripheral lymph node may be an option.

Pending cytology results, comprehensive infectious disease evaluation including testing for leptospirosis may be indicated.

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



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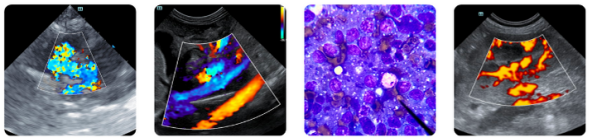

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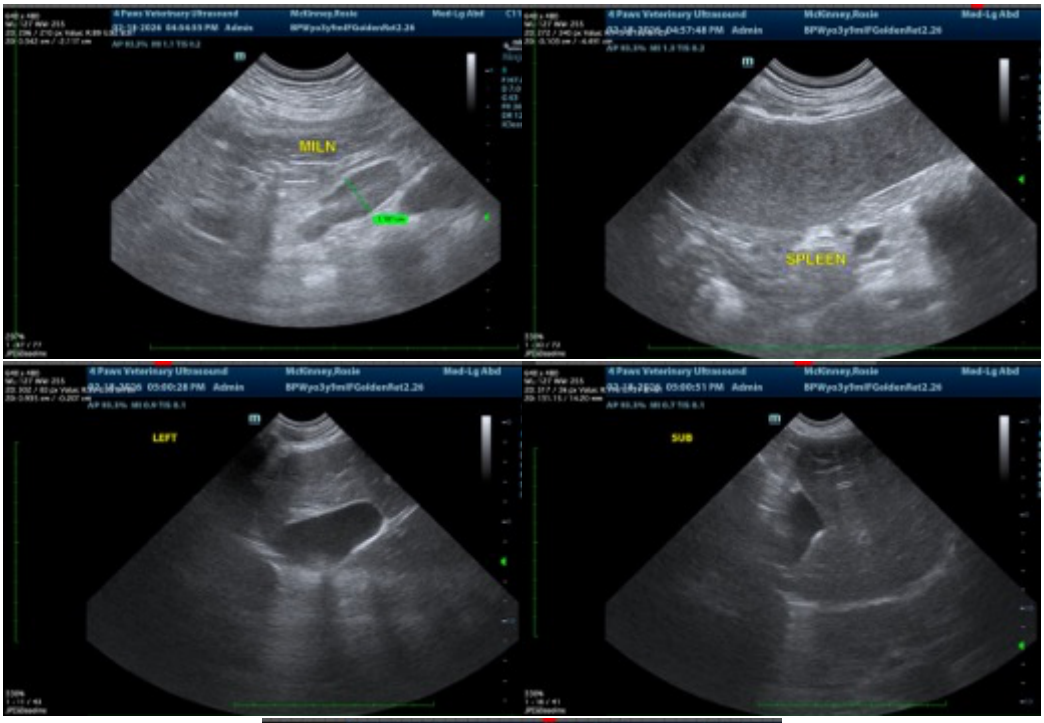

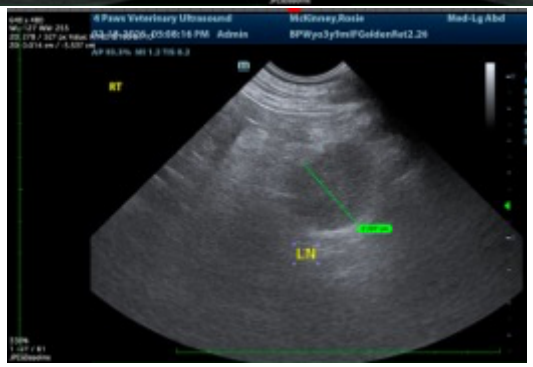

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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