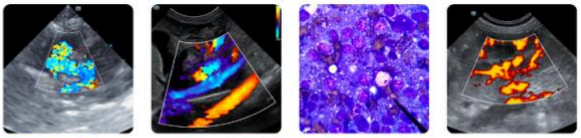

PATIENT

Billy Velazquez

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

1 Year 4 Months

WEIGHT

28.6 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

Dr. Gwon/Keefe

INVOICE

15130

DATE

04/16/26

PRESENTING CLINICAL SIGNS

BCS 7/9; Acute collapse on Saturday. HW (+); liver elevations, radiology consults wnl.

Current Medications; HG; Pred; Doxycycline; Denamarin; Ursodiol

Abnormal PE/Chem/CBC/UA Results: Phos-11.6; BUN-57; Glu-250; ALT too high to read. HW positive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (5.5 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.

Right kidney is normal in size (5.3 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

Left adrenal gland is normal in size (0.35 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.52 cm at cranial pole and 0.41 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. *See Other*

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

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The visible gastric wall is normal in thickness and layering. The stomach is mildly to moderately distended with acoustic shadowing contents that could represent normal ingesta and gas, although given the shadowing foreign material can't be ruled out.

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. *See Other*

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

Other

In the right cranial abdomen, is an approximately 2.2 cm x 5.1 cm ovoid hypo- to anechoic density that almost appears to be an echogenic fluid filled structure in some views. It's difficult to determine whether this density is associated with or originating from the liver versus the pancreas versus other.

ULTRASONOGRAPHIC FINDINGS

- Right cranial abdominal density appears to represent a cyst versus hematoma versus abscess versus other fluid filled structure, although a solid tissue mass cannot be ruled out.
- The gastric content should be interpreted in combination with when patient last ate as well as potentially reassessment following an additional 12-24 hours of fasting as normal ingesta is possible but so is gastric foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's history, full cardiac evaluation including echocardiogram, EKG, etc. is recommended.

A blood pressure is recommended if not recently evaluated.

Given patient's reported chemistry results, if not recently evaluated, 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.

Bile acids are recommended if patient's total bilirubin is not increased. Testing for leptospirosis is recommended.

Finally, sampling of the right cranial abdominal structure for cytology analysis +/- culture and sensitivity if appropriate, etc. is recommended if patient's coagulation status is appropriate.

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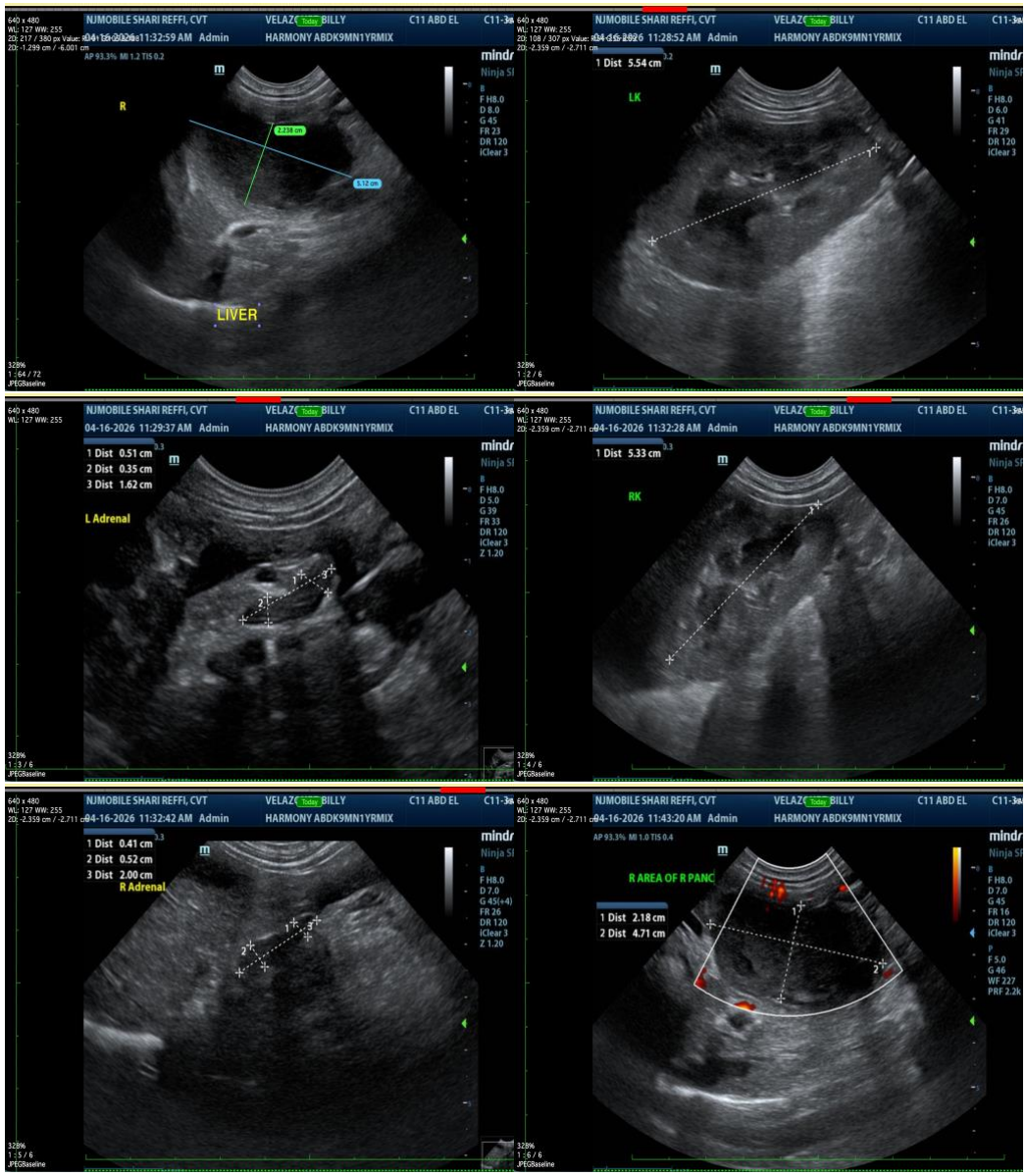
In the meantime, heartworm disease can contribute to an increased ALT. Therefore, as is reported, they are already in place, a plan to treat the heartworm disease while monitoring lab work abnormalities is recommended.



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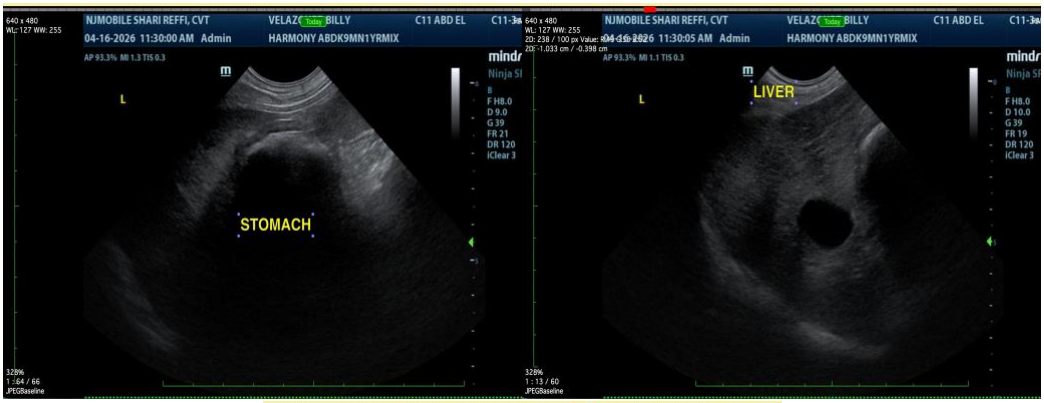

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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