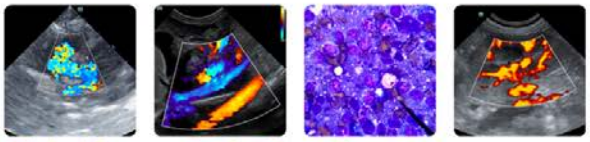

PATIENT

Belle Wray

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

16 Years

WEIGHT

43 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Jonathan Shivers, DVM

INVOICE

74710

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PRESENTING CLINICAL SIGNS

P has mild alt/alp elevations. Screening AUS recommended to evaluate. Has been on denamarin and carprofen. Mar 2026: ALT 719, ALP 1042, GGT 26, BA 44. Feb 2026: ALT 183, ALP386

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Left kidney is normal in size at 5.7 cm. Right kidney is small in size at 4.23 cm with moderate pyelectasia.

Adrenal Glands

The right adrenal gland is normal in size (1.1 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.59 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 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. Additionally, near the cranial aspect of the spleen there is an approximately 1.0 cm in diameter non-capsule disrupting, mixed, largely hypoechoic nodule. Splenic vasculature appears normal.

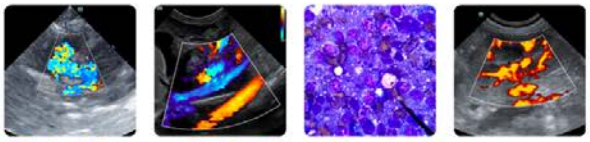
Liver

In the cranial aspect of the liver there appears to be a focal, approximately 4.2 cm x 3.7 cm, slightly rounded, homogeneous, iso- to hypoechoic emerging mass-like lesion. The remaining parenchyma is markedly 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

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

Medial to the caudal aspect of the spleen is an approximately 1.3 cm x 0.74 cm hypo- to almost anechoic appearing density. This could represent a lymph node versus a pancreatic cyst versus other. No other lymphadenopathy is appreciated.

ULTRASONOGRAPHIC FINDINGS

- The emerging mass lesion in the liver could represent a benign process such as nodular hyperplasia given the concurrent diffuse nodular changes, extramedullary hematopoiesis, chronic inflammatory change, hepatoma/adenoma, other, or infiltrative neoplasia causing either the focal mass and/or the diffuse changes including hepatocellular carcinoma, other round cell neoplasia, metastatic neoplasia, etc., which can't be ruled out without tissue sampling.

- Similarly, the splenic nodules including both the hyperechoic nodules (which largely trend in appearance toward benign as is seen with myelolipomas) and the hypo- to anechoic nodule/density could represent a benign process such as extramedullary hematopoiesis, cyst, hematoma, other, but an infiltrative neoplastic nodule or even metastatic nodules can't be ruled out without tissue sampling.

- The hypo- to anechoic density medial to the spleen is of unknown origin but could represent a cyst, hematoma, or even an anechoic or cystic lymph nodes.

- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

- 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

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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.

- Mild chronic kidney disease changes, most visibly significant in the right kidney where there is also moderate pyelectasia.
- Moderate amount of echogenic urinary bladder debris/

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

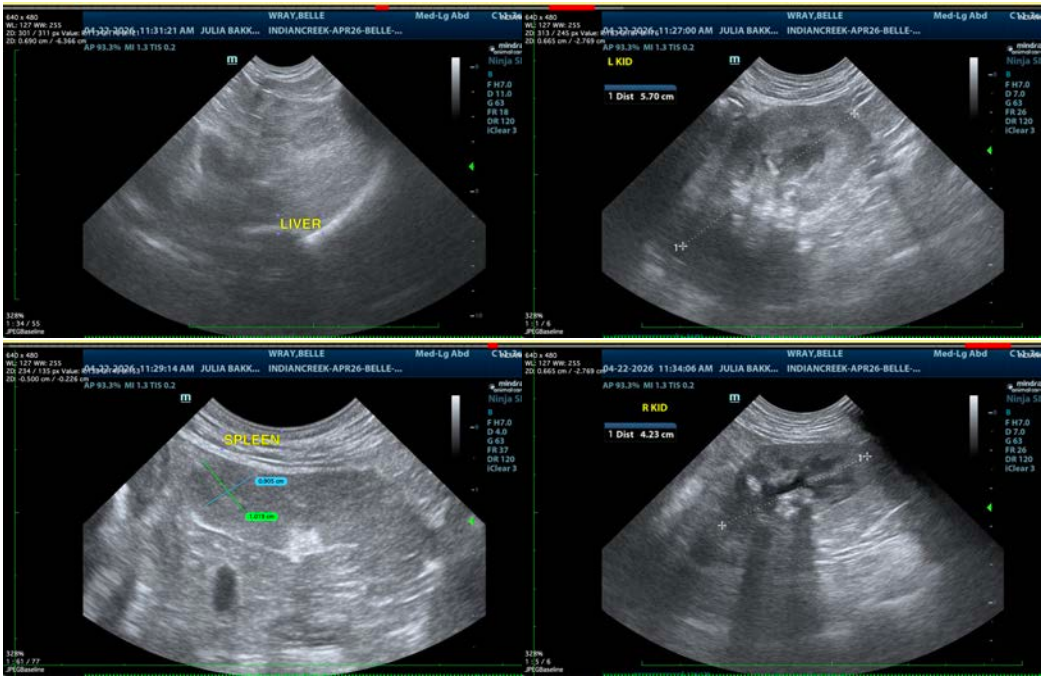
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

If not recently evaluated, a 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 ratio is recommended.

Fine needle aspirates of the liver (both the focal emerging mass-like lesion as well as the diffuse changes) and the hypo- to anechoic nodule in the spleen +/- the density medial to the spleen could be considered if patient's coagulation status is appropriate.

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

Some visualization was limited by marked movement/motion (suspect panting).



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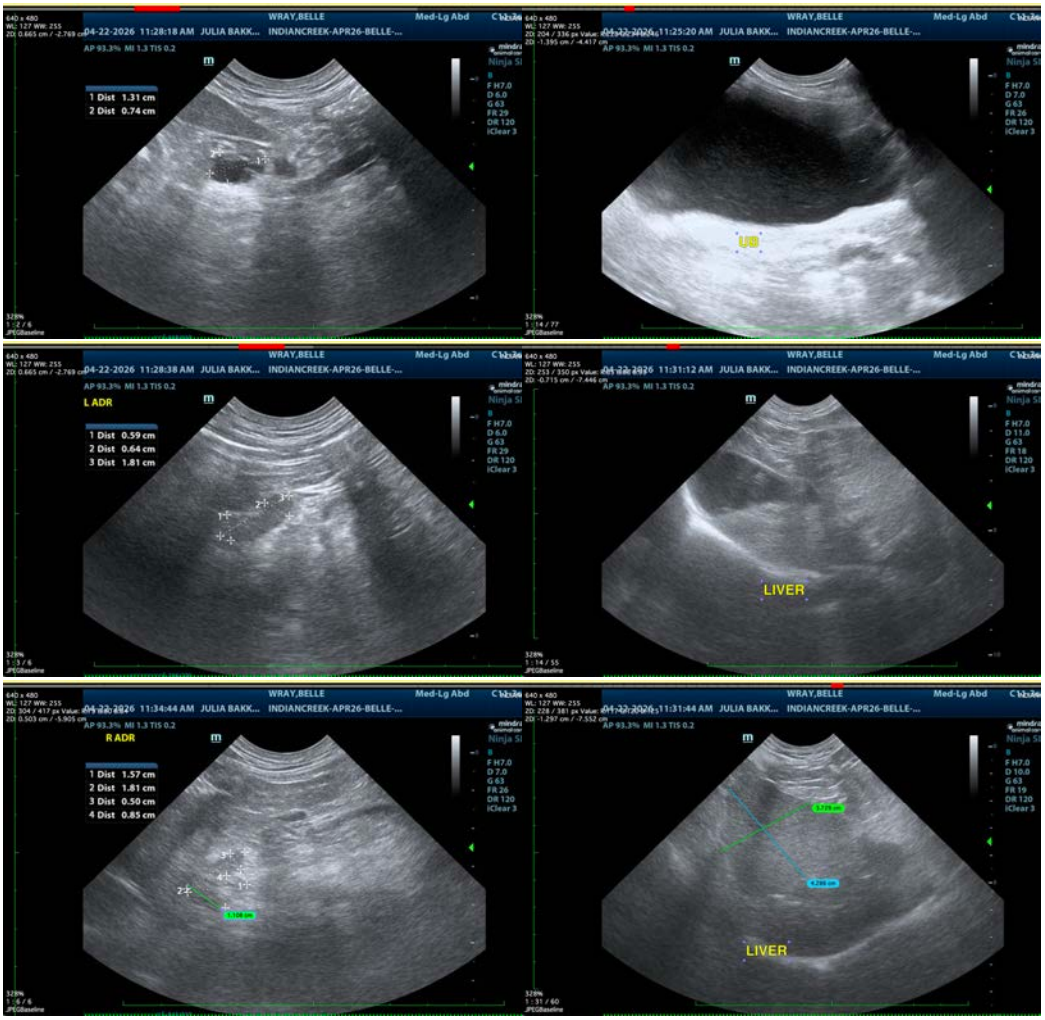

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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