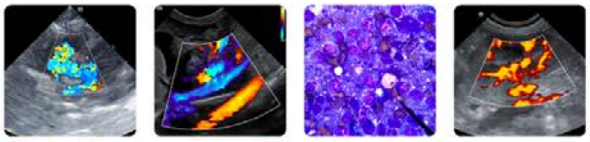


PATIENT

Toby Lieberman

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

29 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

74742

DATE

4/23/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate weight loss, hypoalbuminemia, proteinuria (UPC 2.4), mild non-regenerative anemia (suspected anemia of chronic disease). PMH: Arthritis. Meds: Galliprant (prev on Carprofen), Fluoxetine.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5 L, Hct 37.8% L, Hgb 12.5 L, normocytic, normochromic, Plts 269-n, remainder NSF - Chem: Alb 2.3- mild L, normal LES, Chol 367 H, SDMA 15 H, Cr 1.2-n, BUN 31-n, remainder NSF - TT4: 2.0-n - UA: 1.050, pH 6, 4+ protein, trace ketones w/neg glucose, 1+ bili, occ granular casts - UPC: 2.4 H- proteinuric

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.

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

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 6.6 cm. Right kidney measured 6.98 cm. Small cortical cysts are present bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.65 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

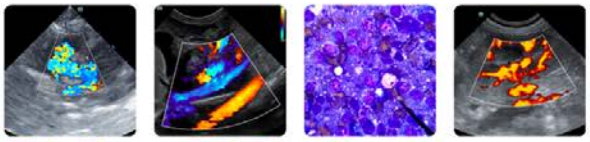
The left adrenal gland is normal in size (0.57 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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), except for a very subtle 0.50 cm x 0.80 cm hypo- to anechoic, non-capsule disrupting density near the cranial aspect of the spleen, as well as at least one discrete homogeneous hyperechoic density/suspect myelolipoma versus small mineral density. Splenic vasculature appears normal.

Liver

The 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, except for in the left caudal liver where there is an approximately 3.7 cm x 3.4 cm largely anechoic density with a small echogenic density within the lumen of it. Visible vasculature and biliary tree appear normal without distension or congestion.



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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 age related kidneys changes noted bilaterally. Having said that, emerging chronic kidney disease can't be definitively ruled out.
- Hypo to anechoic splenic nodule(s) – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Suspect an incidental, likely benign hepatic cyst. Having said that, given the echogenic intraluminal contents, a complicated cyst or even abscess versus hematoma versus other can't be ruled out. Infiltrative neoplasia is considered less likely.
- Mild 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.

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.

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Fine needle aspirates of the anechoic/suspect hepatic cyst could be considered for cytology, culture and sensitivity, etc. if patient's coagulation status is appropriate.

In the meantime, given the reported proteinuria, a blood pressure is recommended if not recently evaluated.

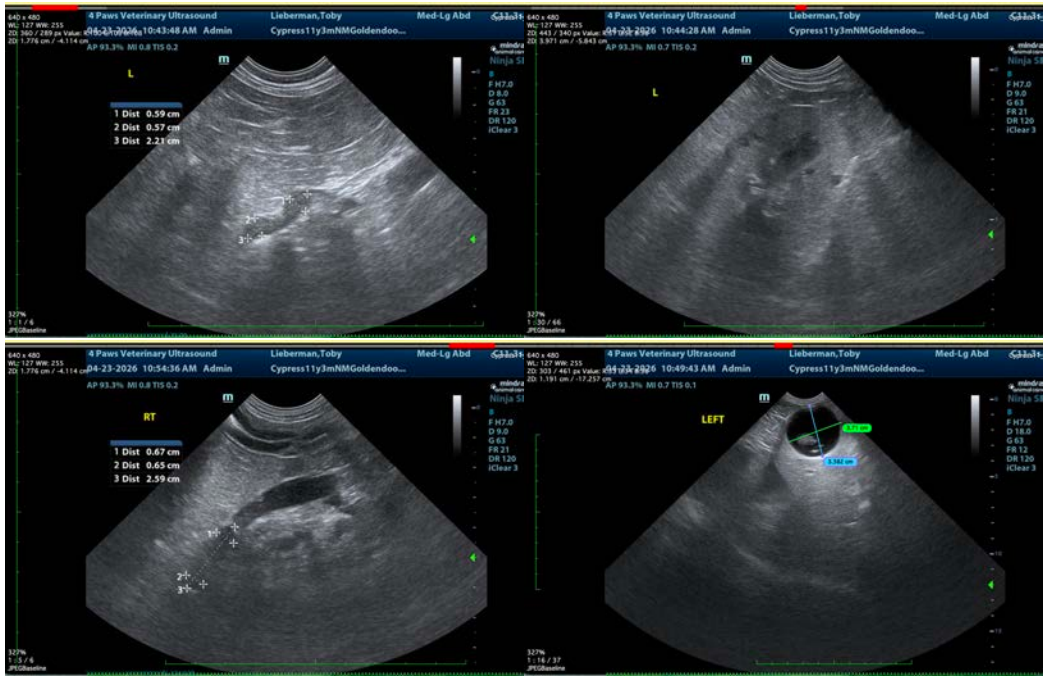
A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Pending results of above, comprehensive infectious disease testing including testing for Leptospirosis, potentially lyme, etc. if geographically appropriate could be considered.

Also, while patient's reported weight loss is likely secondary to the protein loss, further evaluation of digestion and absorption could also be considered.

Therefore, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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



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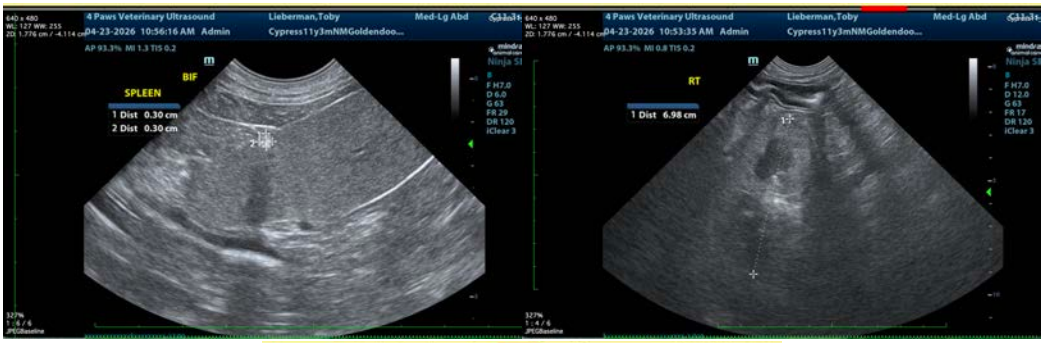

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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