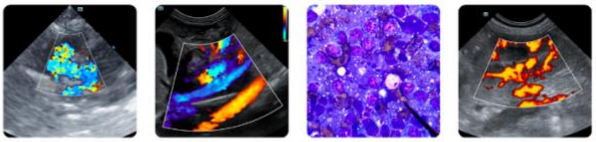


PATIENT

Dayze Kranak

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

12 Years

WEIGHT

63 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Julia Bakker DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Alejandra Perez DVM

INVOICE

14895

DATE

04/06/26

PRESENTING CLINICAL SIGNS

Scheduled to investigate her liver since her enzymes have changed from last year. ALT has increased further (192 last year to 323 currently), and ALP (604) remains significantly elevated and slightly higher than before. Her bilirubin remains normal. Previous medical history: Seizures (managed with Levine Neurology), Osteoarthritis, Lipomas, Hx of CCL tear

Medication (dose/dosage): Gabapentin 300mg 1 cap q8-12h, Galliprant 60mg 1 tablet q24h, Levetiracetam Extended-Release 500mg 1 tab q12h, Trazodone 100mg 1 tab q12h

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.

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. The left kidney measures 6.42 cm. The right kidney measures 5.54 cm.

Adrenal Glands

The left adrenal gland is plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 1.1 cm at the cranial pole and 0.80 cm at the caudal pole.

Right adrenal gland is normal in size (0.75 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

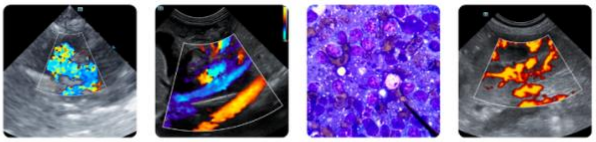
Spleen

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

The liver is subjectively enlarged with mildly irregular margins. The parenchyma is markedly heterogeneous characterized by multiple poorly defined hypoechoic nodules within an otherwise diffusely coarse liver parenchyma. In the mid to left liver is a slightly more definitive rounded focally more heterogeneous emerging mass-like lesion. The visible vasculature and biliary tree appear normal without distinction or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.



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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

- The liver changes, especially the diffuse changes, could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis or chronic inflammatory disease/hepatopathy with the focal mass-like lesion representing the same differentials versus potentially hepatoma/adenoma or other although infiltrative neoplasia causing either the diffuse changes and/or the focal mass-like lesion including round cell neoplasia such as lymphoma, hepatocellular carcinoma or other can't be ruled out without tissue sampling.
- Emerging gallbladder mucocele- 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- The mild left adrenomegaly should be interpreted in combination with patient's clinical history etc. as normal patient variant/incidental finding can't be ruled out
- Moderate age-related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. A blood pressure is also recommended.

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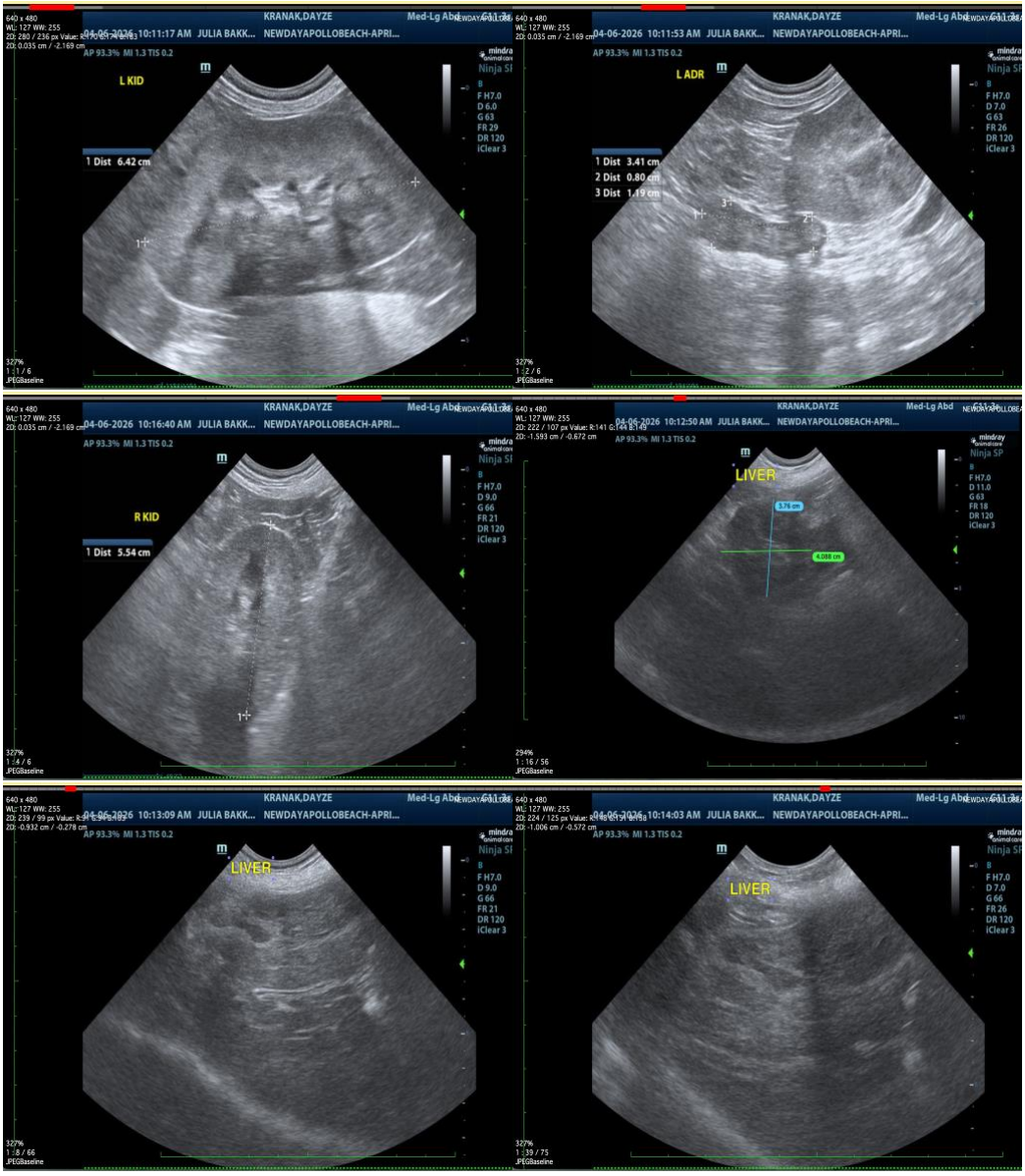
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the liver including the diffuse changes as well as the more focal mass-like lesion described above are recommended if patient's coagulation status is appropriate. Bile acids are recommended patient's total bilirubin is not increased.

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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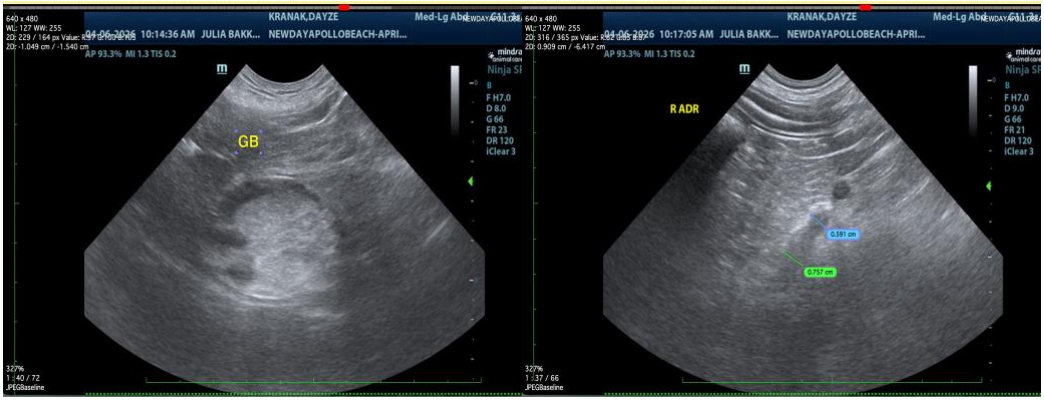

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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