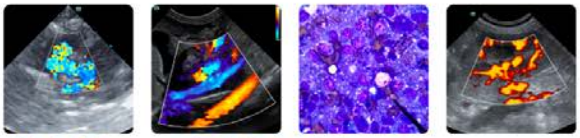

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ziggy Hanson

SPECIES

Canine

BREED

Hound x

SEX

Neutred Male

AGE

10 Years

WEIGHT

44.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Big Creek Veterinary Hospital

REFERRING VET

Dr. Bilinsky

INVOICE

75504

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Chronic elevated ALT and ALP. History of pancreatitis. Current Medications: Was on Aventi-Liver but not given for about 7 days.

Abnormal PE/Chem/CBC/UA Results: ALT 178 ALP 158 Primary Question to Be Answered in This Exam any abnormalities in the abdomen? adrenal glands? liver? GIT?

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 7.7 cm. Right kidney measured 7.3 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm at cranial pole and 0.70 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm at cranial pole and 0.70 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Additionally, there is a slightly larger (approximately 0.60 cm x 0.90 cm), non-capsule disrupting, hypo- to anechoic nodule near the medial aspect of the spleen. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. 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 mildly distended with shadowing echogenic luminal contents that likely represent normal ingesta and gas, as this appears to be a post-prandial study, but non-obstructive foreign material, while thought less likely, can’t be definitively ruled out.

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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

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.

PRIMARY FINDINGS

- The liver changes could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or chronic inflammatory disease, but given the degree of heterogenicity/nodular appearance, infiltrative neoplastic disease such as round cell neoplasia or even metastatic neoplasia can't be ruled out without tissue sampling.
- Similarly, the splenic changes could represent a benign process such as extramedullary hematopoiesis, micronodular hyperplasia, other, but infiltrative neoplasia can't be ruled out without tissue sampling.
- The gastric contents could represent normal ingesta or non-obstructive foreign material. Recheck imaging of the stomach following an additional 12-24 hours of fasting could be considered.

SECONDARY FINDINGS

- Moderate age related kidney changes.

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 liver and spleen are recommended if patient's coagulation status is appropriate.

Pending results of above, bile acids could be considered if patient's total bilirubin is not increased.

If a diagnosis is not obtained, infectious disease testing including testing for Leptospirosis could be considered.

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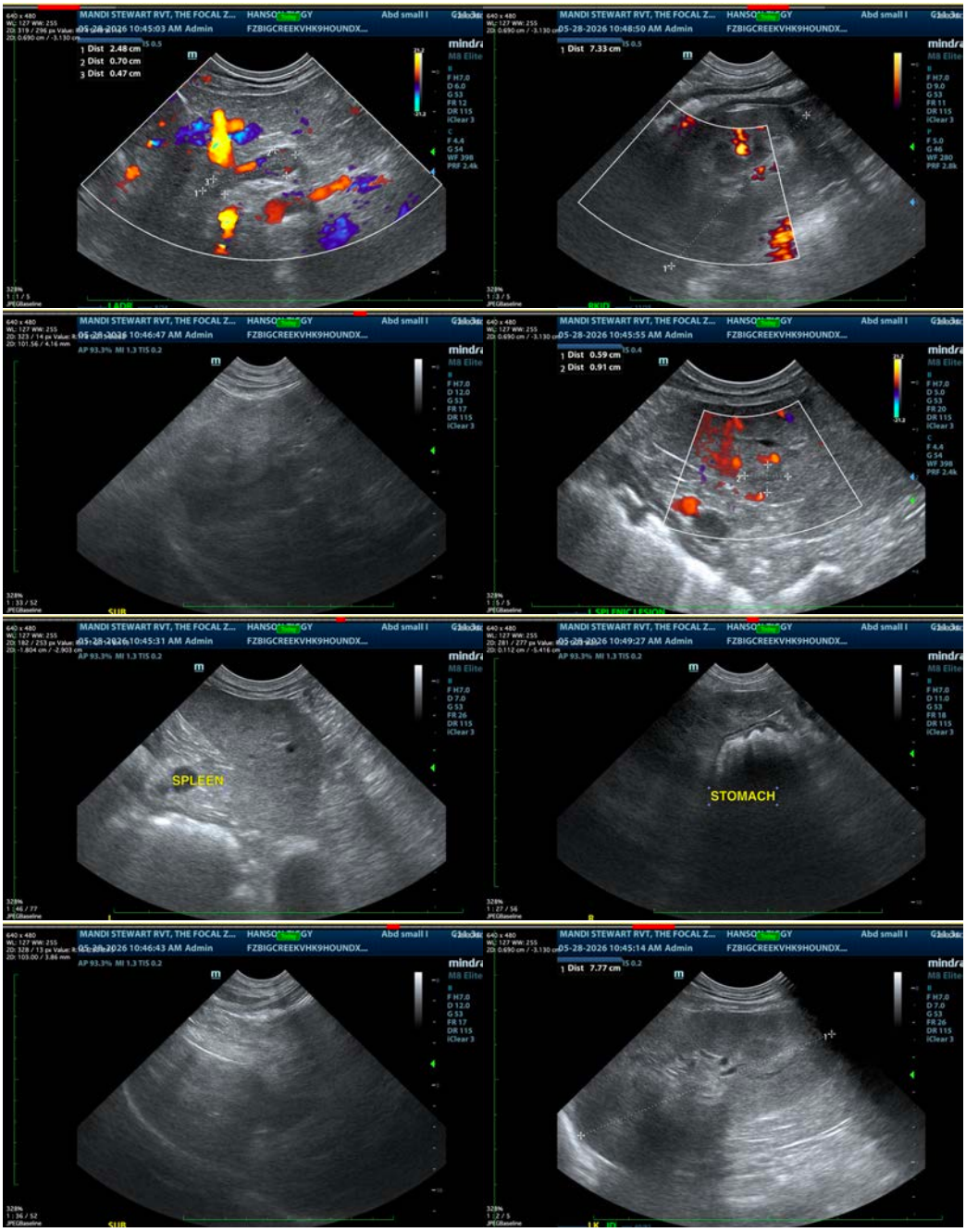
Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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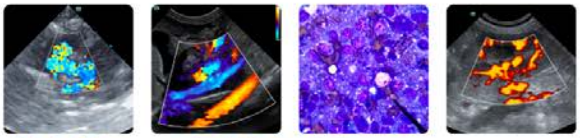

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Educational Teleconsultation Services™

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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