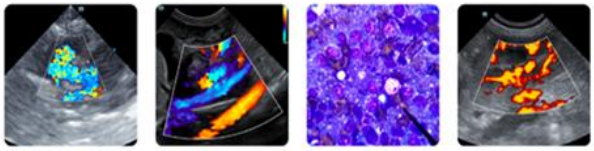


PATIENT

Bogie Sopiakova

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

9yr

WEIGHT

13lb

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Julia Bakker DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

John Fifarek DVM

INVOICE

24996

DATE

06/01/2026

PRESENTING CLINICAL SIGNS

Patient presents for reduced appetite and thirst, lethargy, and lameness.

History of liver enzyme elevations that on recheck today are progressive.

History of uroliths, on s/o diet.

Abnormal PE/Chem/CBC/UA Results: 3/2026 ALT (153) and ALP (744) 6/2026 ALP (1074) and GGT (12)

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 occasional 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 also 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. Some mineral/sand debris and potentially pinpoint urethroliths are noted within the intraprostatic urethral lumen. No visible evidence of obstruction is noted in these images at this time.

Prostate (neutered) 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 or infarcts observed. Non-obstructive nephroliths are noted bilaterally in the kidneys. The left kidney measured 4.16 cm, the right kidney measured 4.18 cm.

Adrenal Glands

Right adrenal gland is normal in size (0.65 cm at cranial pole and 0.39 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.45 cm at cranial pole and 0.51 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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.

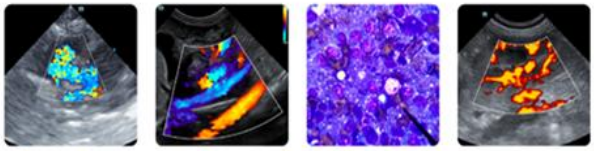
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is 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 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mild Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Pancreatic age-related remodeling– Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Large amount of echogenic urinary bladder minerals / sand debris and possible tiny/ pinpoint intraprostatic urethroliths.

Secondary

- Moderate bilateral age-related kidney changes with pinpoint non-obstructive mineral densities bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. 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.
2. Given the subtle pancreatic changes combined with patients' clinical signs, a quantitative PLI is recommended if not already evaluated.
3. Pain could be contributing to patients reported lethargy, etc. Therefore, further evaluation and treatment of the reported lameness may be helpful while monitoring for improvement. Otherwise, there is not a definitive ultrasonographically visible abdominal explanation for reported reduced appetite, lethargy, etc.
4. Given patients reported liver enzyme changes, differentials for a primary cholestatic liver enzyme pattern (increased ALP) are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

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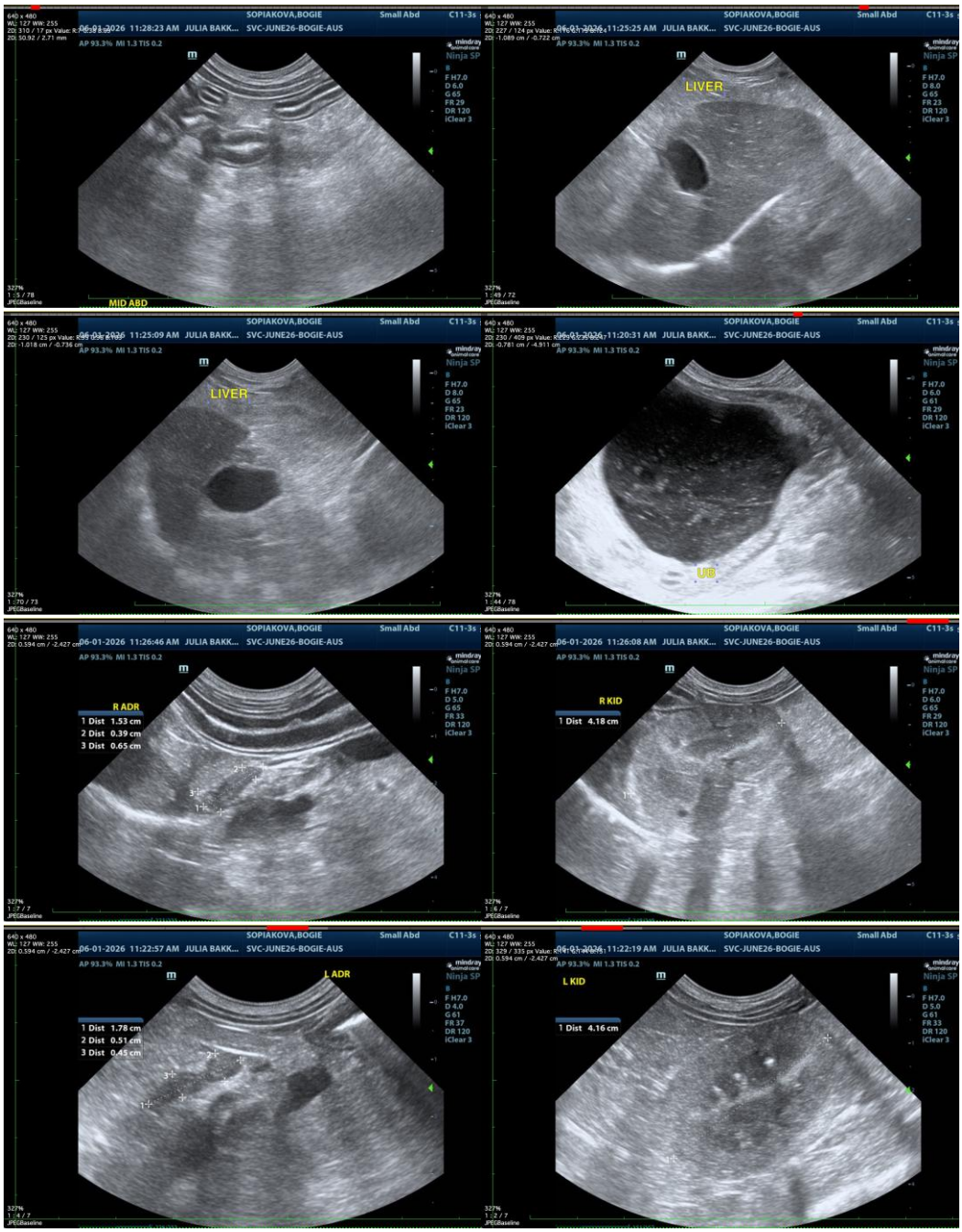
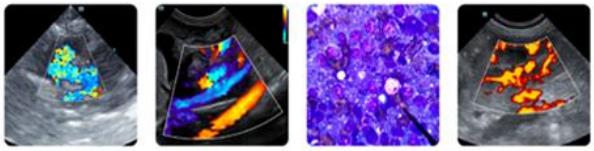


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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