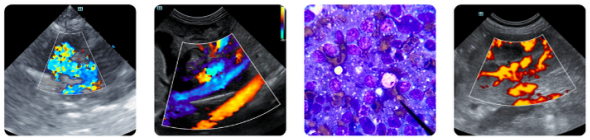


PATIENT

Dixie Sanderow

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

FS

AGE

14 years

WEIGHT

12.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Bowmont Animal Hospital

REFERRING VET

Dr. MacKenzie

INVOICE

12056

DATE

6/2/2026

PRESENTING CLINICAL SIGNS

Mild Heart Murmur detected. Doing Echo prior to sedation/GA for lumpectomy.

Abnormal PE/Chem/CBC/UA Results: ALKALINE PHOSPH 274 5 -160 LIPASE 569 0- 250 proBNP 368 0 900 pmol/L.

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, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The 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 or infarcts observed. Small cortical cysts noted bilaterally as well as pinpoint non-obstructive mineral densities. Left kidney measures 5.29 cm, and the right kidney measures 5.8 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.54 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is unable to be well visualized in these images.

Spleen

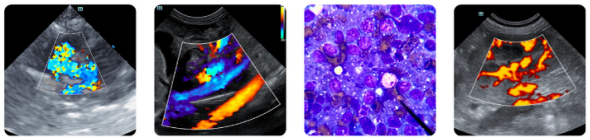
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Several discrete, homogenous, non-capsular disrupting, hypo- to anechoic densities/nodules are noted throughout the parenchyma ranging from 0.5 cm to 0.9 cm in size. 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. No focal lesions are observed. Subtle, pinpoint non-obstructive intrahepatic biliary mineral densities cannot be ruled out. 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



PATIENT

Dixie Sanderow

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

FS

AGE

14 years

WEIGHT

12.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Bowmont Animal Hospital

REFERRING VET

Dr. MacKenzie

INVOICE

12056

DATE

6/2/2026

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is normal ingesta" – mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. 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 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 visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- 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 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.
- Pancreatic age-related remodeling/Chronic pancreatitis – 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.
- Hypo to anechoic splenic nodules – 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.

SECONDARY FINDINGS

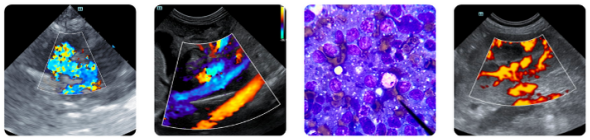
- Moderate age-related kidney changes with bilateral cortical cysts and pinpoint non-obstructive mineral densities.
- A mild amount of echogenic mineral/sand debris within the urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are non-specific and largely trend in appearance toward benign, and should be interpreted in combination with patient's overall clinical picture, etc.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Dixie Sanderow

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

FS

AGE

14 years

WEIGHT

12.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Bowmont Animal Hospital

REFERRING VET

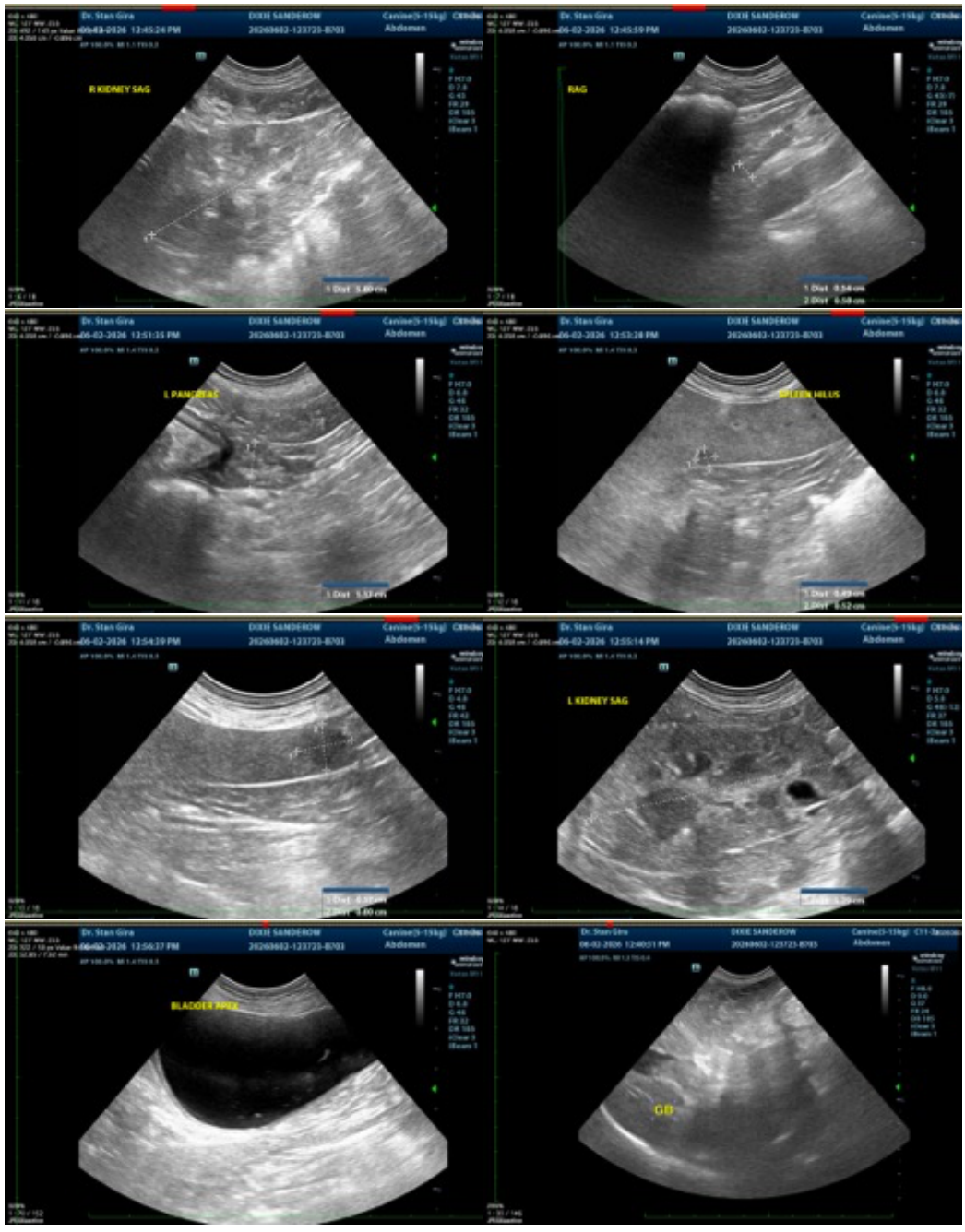
Dr. MacKenzie

INVOICE

12056

DATE

6/2/2026



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