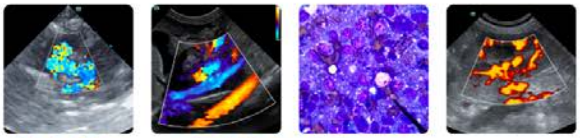


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Barry Regan

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

5 Years

WEIGHT

8.6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tansley Woods Veterinary Hospital

REFERRING VET

Dr. Motallebi

INVOICE

72022

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History of stomach gurgling. Pancreatitis, Liver values
Abnormal PE/Chem/CBC/UA Results: CPL - 11/21/25 = 256 ALT - 11/21/25 = 289 CPL - 12/22/25 = 334

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Resolution of the left kidney is significantly limited. The left kidney measures 4.84 cm.

Resolution and visualization of the right kidney are significantly limited in part by overlying gas-filled GI tract, limiting assessment. It appears to be normal in size, shape and position. The right kidney measured 5.18 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.67 cm in length x 0.41 cm at the caudal pole and 0.53 cm at the cranial pole. Right measures 1.97 cm in length x 0.78 cm in thickness.

Spleen

In the body of the spleen near the hilus there is a spherical, partially cavitated, small splenic mass measuring approximately 1.0 cm x 1.3 cm.

Liver

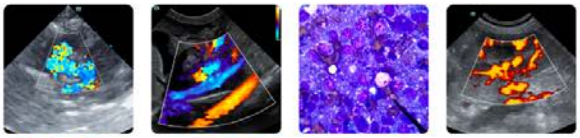
The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.



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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Developing splenic mass.
- Aging renal changes.
- Normal liver.
- Pancreas normal/not visible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic mass is small but has the ultrasonographic features concerning for a developing significant mass. It may represent neoplasia with a primary differential being early hemangiosarcoma or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause.

The liver parenchyma appears normal and there is no ultrasonographic explanation for the elevated liver enzymes in this patient. There is no significant disruption of architecture noted to suggest significant pathology. Low grade inflammatory hepatopathy/reactive hepatopathy is a likely cause of LE elevations. Fine needle aspirate is recommended and bile acid profile to assess liver function. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

There is no apparent significant pancreatic changes/inflammation. The cause of mildly elevated CPL is uncertain.

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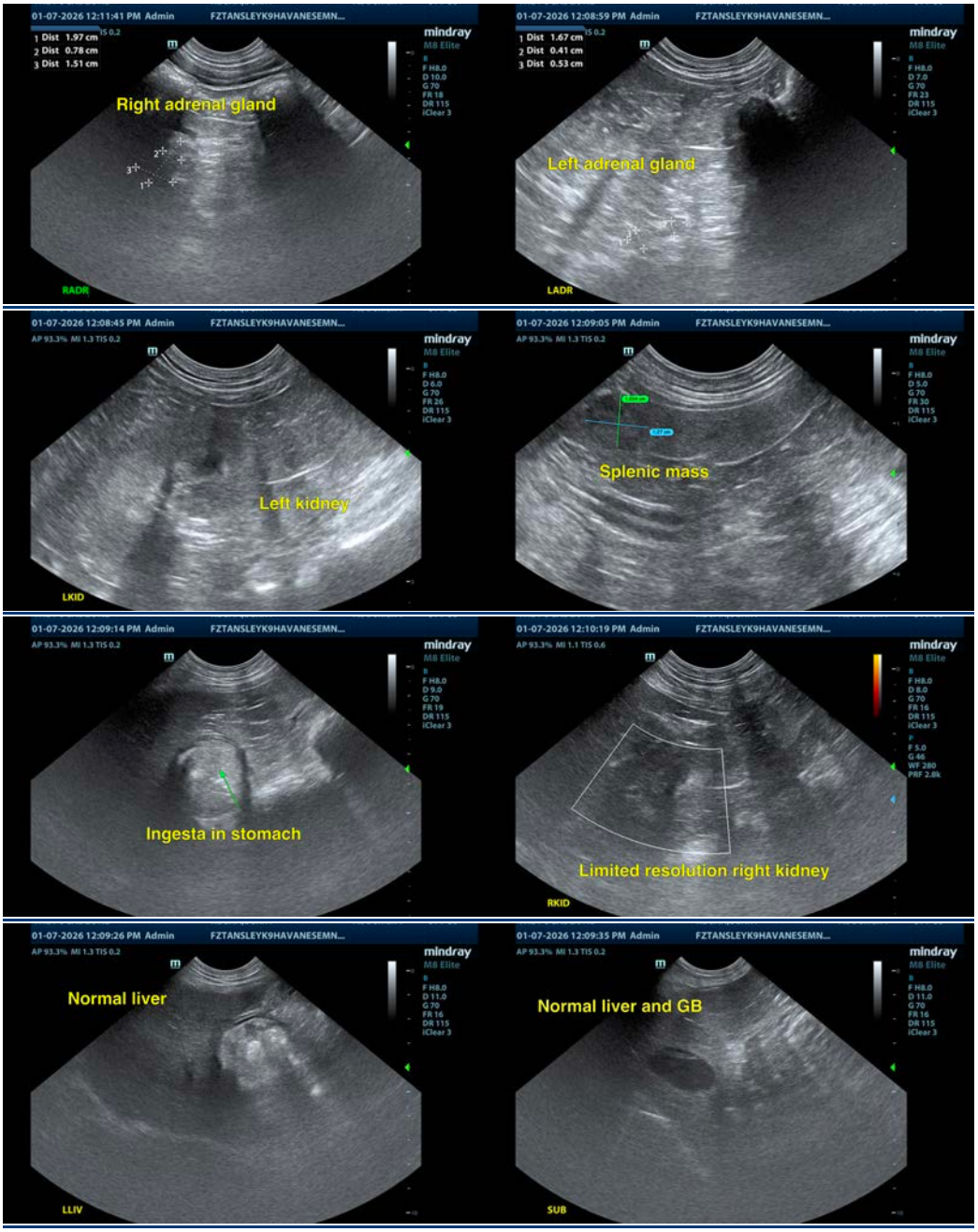

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC info@SonoPath.com