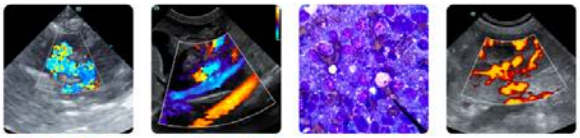

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

King Arnott

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

11 Years

WEIGHT

37.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Bellion

INVOICE

72018

DATE

1/7/26

PRESENTING CLINICAL SIGNS

Presentation: hyporexial anorexia for 1 week, vomited once, weight loss - PE WNL Current Medications None, started on cerenia and Denamarin on 01/05/2026

Abnormal PE/Chem/CBC/UA Results: ALT 335 U/L Radiographic Findings N/A Primary Question to Be Answered in This Exam Reason for elevated ALT / hyporexia - hepatitis vs cancer vs other

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 kidneys present normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 7.13 cm. Right kidney measures 6.96 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 3.48 cm in length x 0.49 cm at the caudal pole and 0.48 cm at the cranial pole.

The right adrenal gland is visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 2.64 cm in length x 0.69 cm at the caudal pole and 0.82 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is small in size with a diffusely somewhat hypoechoic echotexture. No specific nodules or masses were visualized.

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 minimal luminal contents. 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

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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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

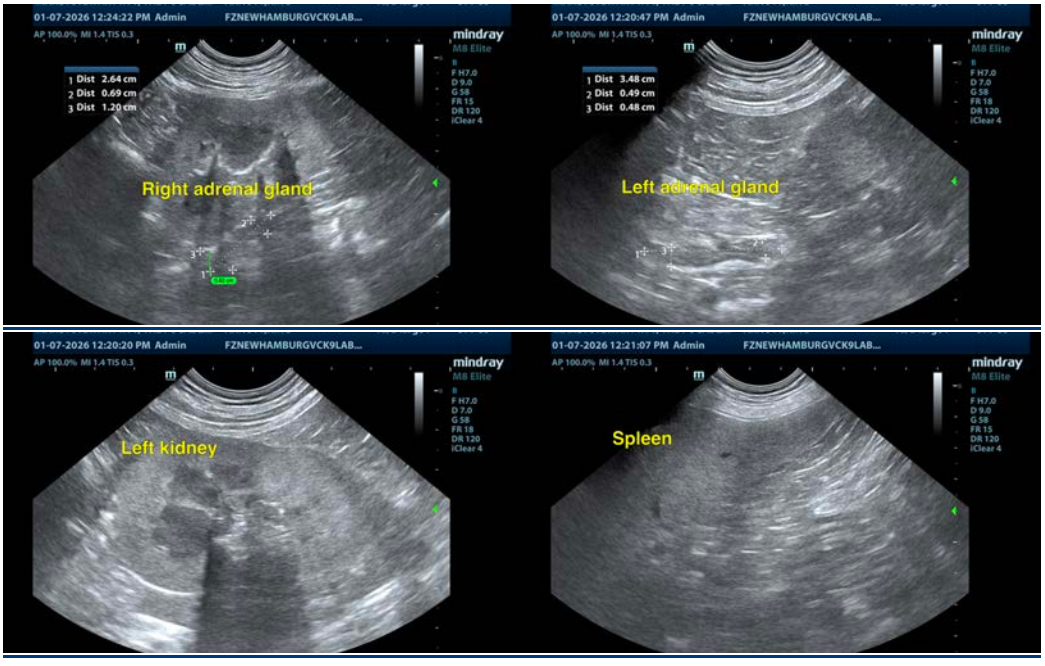
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Microhepatica.
- Mild nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical significance of microhepatica is uncertain. It may represent age related remodeling and cirrhosis, be related to a vascular anomaly, or be a variation of normal. Liver FNA could be considered, but this may be technically challenging, and it is a relatively low yield diagnostic with microhepatica. Surgical liver biopsy is most often needed for attempt at definitive diagnosis. Bile acid profile is recommended to assess liver function.



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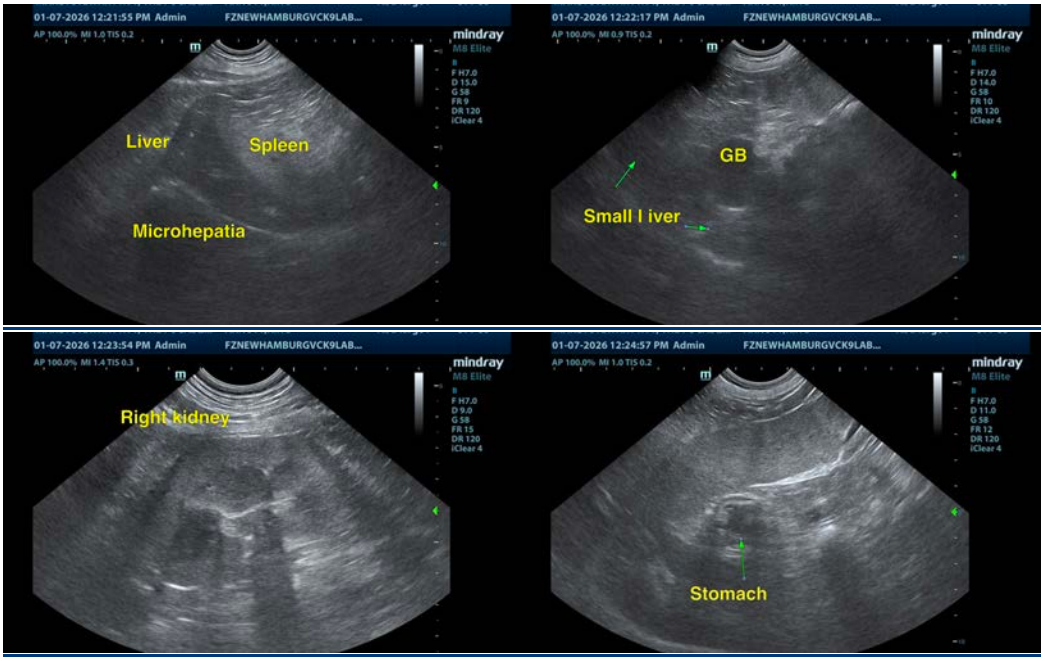

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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