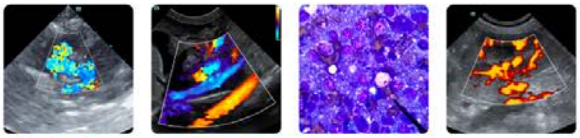


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Felix Haagsman

SPECIES

Canine

BREED

Chi x

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wilson Mobile

REFERRING VET

Dr. Wilson

INVOICE

71593

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Went for dental sx but not completed due to high liver values in BW Current Medications gabapentin/trazodone

Abnormal PE/Chem/CBC/UA Results: ALP >2400 ALT 253 Radiographic Findings N/A Primary Question to Be Answered in This Exam check liver for abnormalities

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, or abnormal thickening visualized. Multiple gravity dependent cystoliths were present with the largest measuring 0.70 cm.

The kidneys have 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. Pinpoint areas of cortical mineralization noted. Right kidney measured 4.4 cm. right kidney measured 3.98 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits. Left measures 1.33 cm in length x 0.43 cm at the caudal pole and 0.41 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

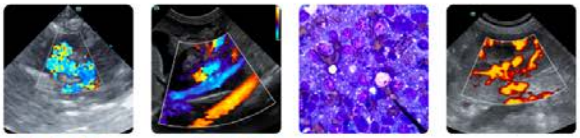
The liver is subjectively enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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



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

PATIENT

Felix Haagsman

SPECIES

Canine

BREED

Chi x

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wilson Mobile

REFERRING VET

Dr. Wilson

INVOICE

71593

DATE

11/5/25

The ileocecal junction was not visualized. 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 pancreas is not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly.
- Cystoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic parenchymal changes are a common finding in the face of endocrinopathies, infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things. As elevated liver enzymes are present, fine needle aspirate is recommended to further define. Ultimately liver biopsy may be required for more definitive diagnosis.

Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be tried if struvite stones are suspected with serial imaging used to monitor progress. If small enough in relation to patient size, urohydropulsion under general anesthesia may successfully remove stones. Surgical removal of stones should be considered if risk of urethral obstruction is unacceptable or dietary therapy is not successful. Cystoscopic removal of stones, with or without lithotripsy may be considered if locally available. A flexible cystoscope is required for male dogs. Calcium oxalate, struvite, urate, and cystine stones are all susceptible to laser lithotripsy. Some dogs are not considered good candidates for laser lithotripsy including:

- Male dogs less than 15 pounds: The endoscope may be too large to traverse the urethra.
- Male dogs with more than two bladder stones greater than 5 mm in diameter (depending on the size of the dog)
- Female dogs whose entire bladder is full of stones greater than 5 mm in diameter
- Dogs with uncontrolled urinary tract infection: Once infection is controlled, lithotripsy can be considered.

PATIENT

Felix Haagsman

SPECIES

Canine

BREED

Chi x

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wilson Mobile

REFERRING VET

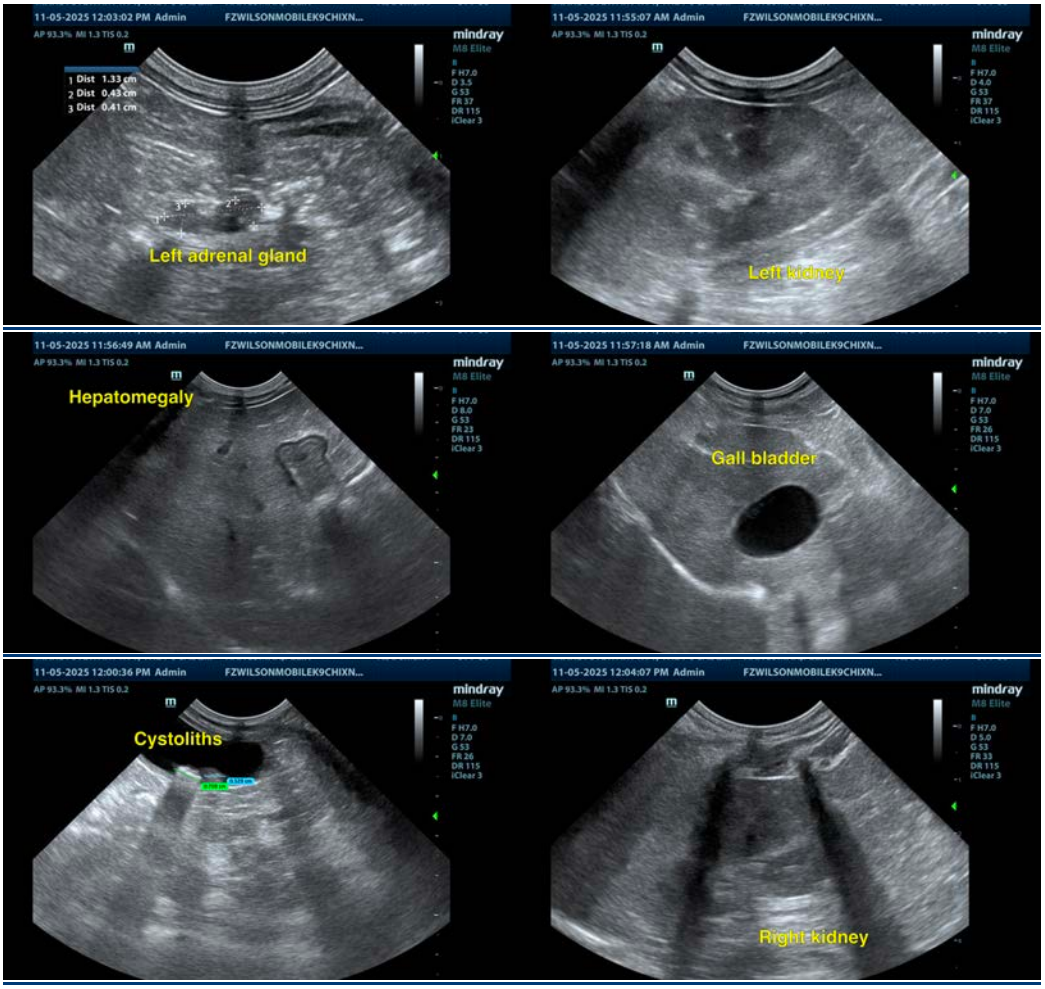
Dr. Wilson

INVOICE

71593

DATE

11/5/25



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