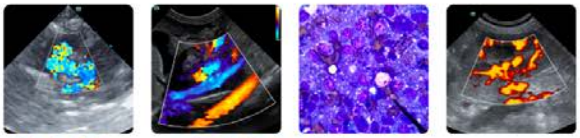

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Finn Adams

SPECIES

Canine

BREED

Airedale

SEX

Neutered Male

AGE

8 Years

WEIGHT

42.1 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Guagliano

INVOICE

72642

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Systolic heart murmur, grade 2-3/6, heard on both sides, PMI left side requires anesthetic for dental procedure Current Medications Trazodone 2.5tablets PO 3 hours before appointment and after an 8 hour fast.

Abnormal PE/Chem/CBC/UA Results: Elevated ALP - 613 U/L and ALT - 418 U/L from December 11th bloodwork and decrease in RBC values - RBC - 5.1x10^12/L, Hematocrit 0.37L/L, Hemoglobin 116g/L and MCHC 313.5g/L

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 prostate is not visible.

The kidneys were both 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. Visualization was somewhat limited by intracostal location. Left kidney measures 6.6 cm. Right kidney measures 7.86 cm.

Adrenal Glands

The adrenal glands are not visualized.

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 normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. There is a solitary, small, spherical hypoechoic structure visualized, consistent with a benign hepatic cyst. 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

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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 pancreas is not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

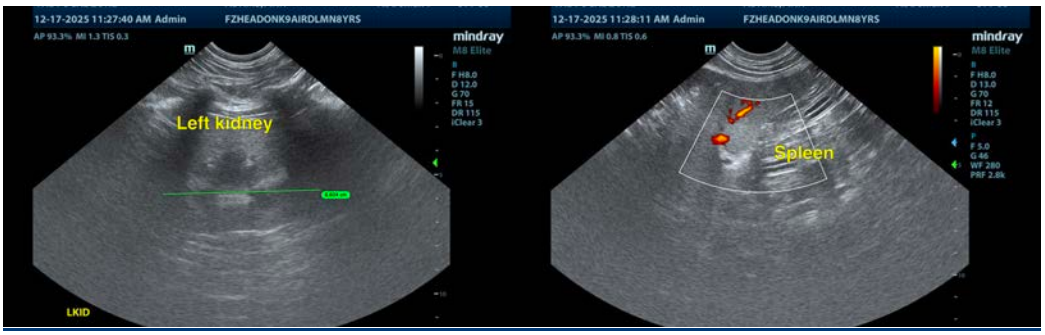
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Slightly coarse liver with solitary hepatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gallbladder 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.



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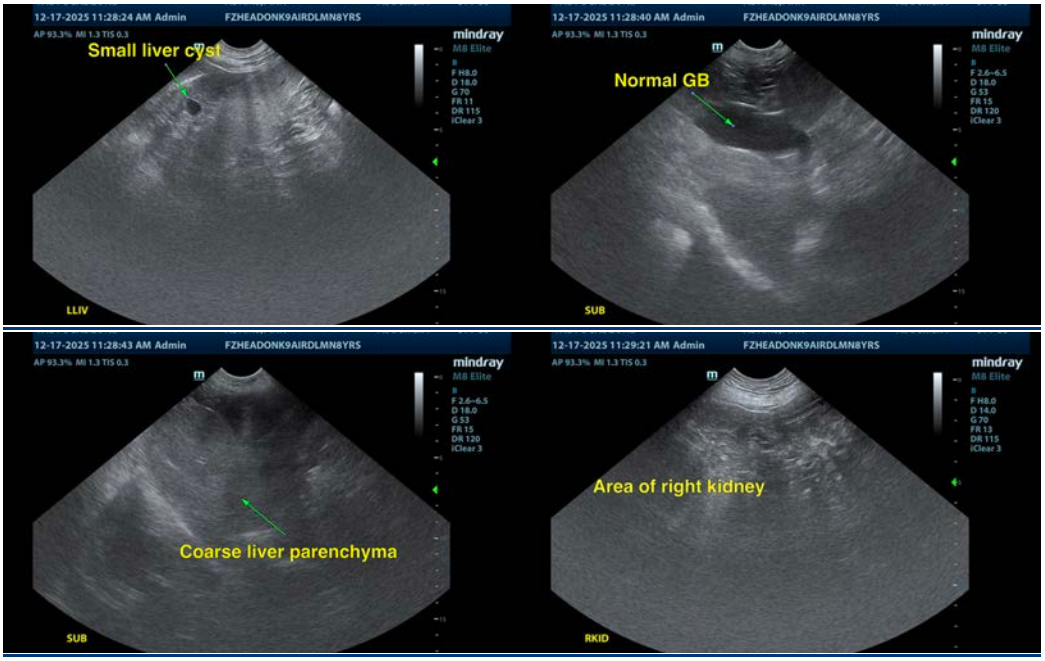

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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