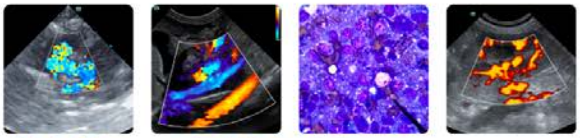


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ria Davidson

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

12 Years

WEIGHT

27.8 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit Veterinary Hospital

REFERRING VET

Dr. Gardiner

INVOICE

74115

DATE

4/1/26

PRESENTING CLINICAL SIGNS

Presented as a new patient exam with a 2 to 3-week history of slowing down and decreased interest in food. She does finish her meals, but it takes her longer. The owner reports that she has "really slowed down" and is laying around all the time, which is a significant change in her behaviour. Since January, there have been a couple of urination accidents in the house, which the owner believes were due to not letting her out in time. No v/d. She occasionally develops diarrhea after ingesting greasy food, but this is a long-standing issue and is not currently present. Her stools are reported to be normal at this time. Chronic hx of sneezing frequently. Abdomen tense on palpation, which is likely attributable to anxiety. No organomegaly, mass effects, or pain on palpation were appreciated

Current Medication: Probiotic, Gabapentin 200mg - 300mg every 8 - 12 hours. 300mg given at 9am the morning of ultrasound

Abnormal PE/Chem/CBC/UA Results: Blood work attached Mild lymphopenia suspected to be due to stress Other differentials include: Cushing's disease, acute systemic infection, loss of lymphocyte-rich fluid (PLE), infiltrative lymphatic disease Elevated ALT and ALP DDx: infectious (eg. leptospirosis), inflammatory (hepatitis), cholestasis, toxicity, metabolic disease (Cushing's disease), vascular anomaly, neoplasia < 3 times upper limit labs attached

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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present bilaterally in renal parenchyma and calyces consistent with nephrocalcinosis. Visualization of the right kidney is limited by overlying GI tract and likely patient conformation. Confirmation of measurement reported on still image cannot be confirmed. Left kidney measures 6.79 cm. Right kidney measures 7.97 cm.

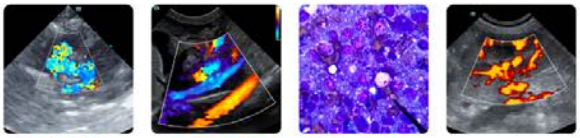
Adrenal Glands

The left adrenal gland is prominent but otherwise normal in size, shape, position and echogenicity. Left measures 3.4 cm in length x 0.89 cm at the caudal pole and 0.77 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 2.4 cm in length x 0.55 cm at the caudal pole and 0.98 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with multiple hyperechoic nodules visualized most consistent with benign myelolipomas. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.



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Liver

The liver is subjectively normal in size with generally normal contours and structure. There is generally age appropriate echogenicity and echotexture. A small hypoechoic nodule is noted in what is labeled "left liver", measuring approximately 0.50 cm x 0.70 cm. There are no other significant structural abnormalities. No specific masses are seen.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic, partially organized non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

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.

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.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Prominent adrenal gland.
- Aging renal changes.
- Splenic myelolipomas – benign aging change.
- Solitary liver nodule – likely benign age related remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenomegaly may represent stressful illness or hormonal stimulation as is seen with hyperadrenocorticism. If corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).

Splenic changes are a common age related change and hyperechoic areas are most consistent with benign myelolipoma, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

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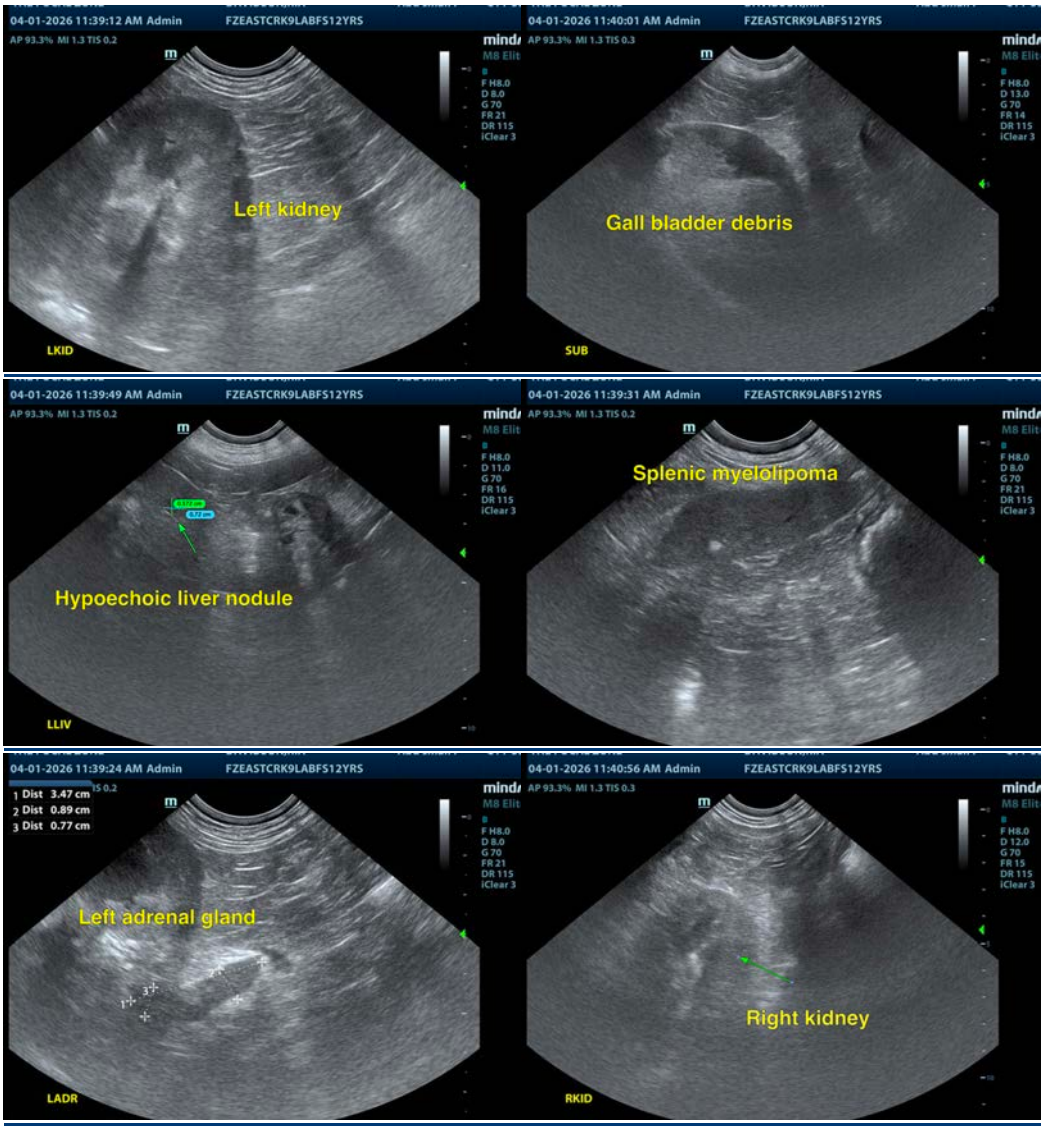
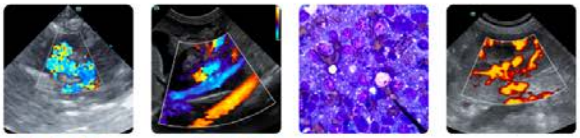
The clinical significance of the solitary liver nodule is uncertain. It is very small and does not have ultrasonographic features concerning for developing mass or other significant pathology. Serial monitoring with ultrasound is recommended. FNA could be attempted, though the lesion may be difficult to directly aspirate, given its depth.

Renal changes are likely age related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.





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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