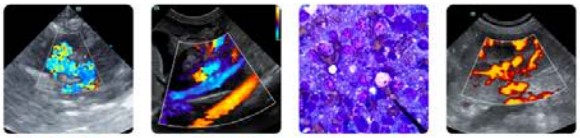

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Phoenix Legros

SPECIES

Canine

BREED

Sheltie

SEX

Neutered Male

AGE

9 Years

WEIGHT

13.1 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford County Veterinary Clinic

REFERRING VET

Dr. Halfon

INVOICE

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DATE

4/14/26

PRESENTING CLINICAL SIGNS

Owners are working on weight loss as pet is overweight, no V/D, routine bloodwork shows elevations in the liver enzymes and GGT; Pet has a slightly low T4 and has hair loss noted around neck/ears but also a thin haircoat with slightly inflamed skin. Na/K 27

Current Medications: Atocollar, starting low dose thyroid treatment 0.1 mg BID

Abnormal PE/Chem/CBC/UA Results: ALT 196 18 - 121 U/L AST 70 16 - 55 U/L ALP 477 5 - 160 U/L GGT 56 0 - 13 U/L Bilirubin - Total 2.2 0.0 - 5.2 µmol/L Cholesterol 22.1 3.4 - 8.9 mmol/L Triglyceride 3.84 TT4 9.6 13-53 Primary Question to Be Answered in This Exam What might be going in the liver and gallbladder given breed and predisposition to gallbladder disease and hypothyroidism

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 right 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. Cortical cysts and mineralization are present. Right kidney measures 5.71 cm.

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. Cortical mineralization is noted. Left kidney measured 5.41 cm.

Adrenal Glands

The adrenal glands are bilaterally enlarged with somewhat heterogeneous echogenicities. There are no specific masses or nodules seen. Phrenic vasculature is unremarkable. Left measures 3.09 cm in length x 0.73 cm at the caudal pole and 0.90 cm at the cranial pole. Right measures 2.23 cm in length x 0.93 cm at the caudal pole and 0.91 cm at the cranial pole.

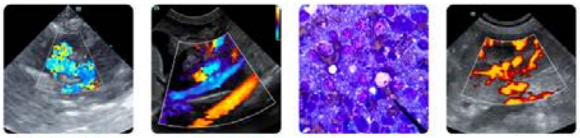
Spleen

The spleen had hyperechoic pinpoint foci throughout consistent with hyperechoic stippling suggestive of dystrophic mineralization. It had a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. There were no specific masses or nodules seen.

Liver

The liver is subjectively mildly enlarged. Parenchyma is diffusely coarse. There are multifocal hypoechoic nodules noted throughout the parenchyma. There are also multifocal anechoic spherical structures consistent with intrahepatic cysts. No specific masses were visualized.

The gallbladder is moderately distended. It is filled with echogenic organized debris that is not overtly attached to the gallbladder wall. There are focal areas of hyperechogenicity without significant



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shadowing. There is no definitive blood flow in the gallbladder lumen, suggestive of a mass, though motion artifact from breathing does inhibit analysis of color flow.

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

- Bilateral adrenomegaly.
- Hepatomegaly with diffuse hypoechoic nodules and multiple hepatic cysts.
- Organized gallbladder debris.
- Hyperechoic stippling in the spleen.
- Degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). They are likely at least partially chronic in nature but may represent an acute on chronic hepatopathy. Evaluation of a bile acid profile is recommended to further define the degree of liver dysfunction. Liver FNA is recommended to further characterize parenchymal changes. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

Gall bladder contents appear as very organized debris, though they do not have the classic appearance of a mucocele. I am most suspicious of inspissated organized debris or a developing mucocele. It does not appear to be causing an active problem but can contribute to elevated liver values.

Surgical removal could be considered to prevent gall bladder rupture and subsequent bile peritonitis. Cholecystectomy surgery is not without risk and an alternative reasonable strategy is medical management and monitoring.

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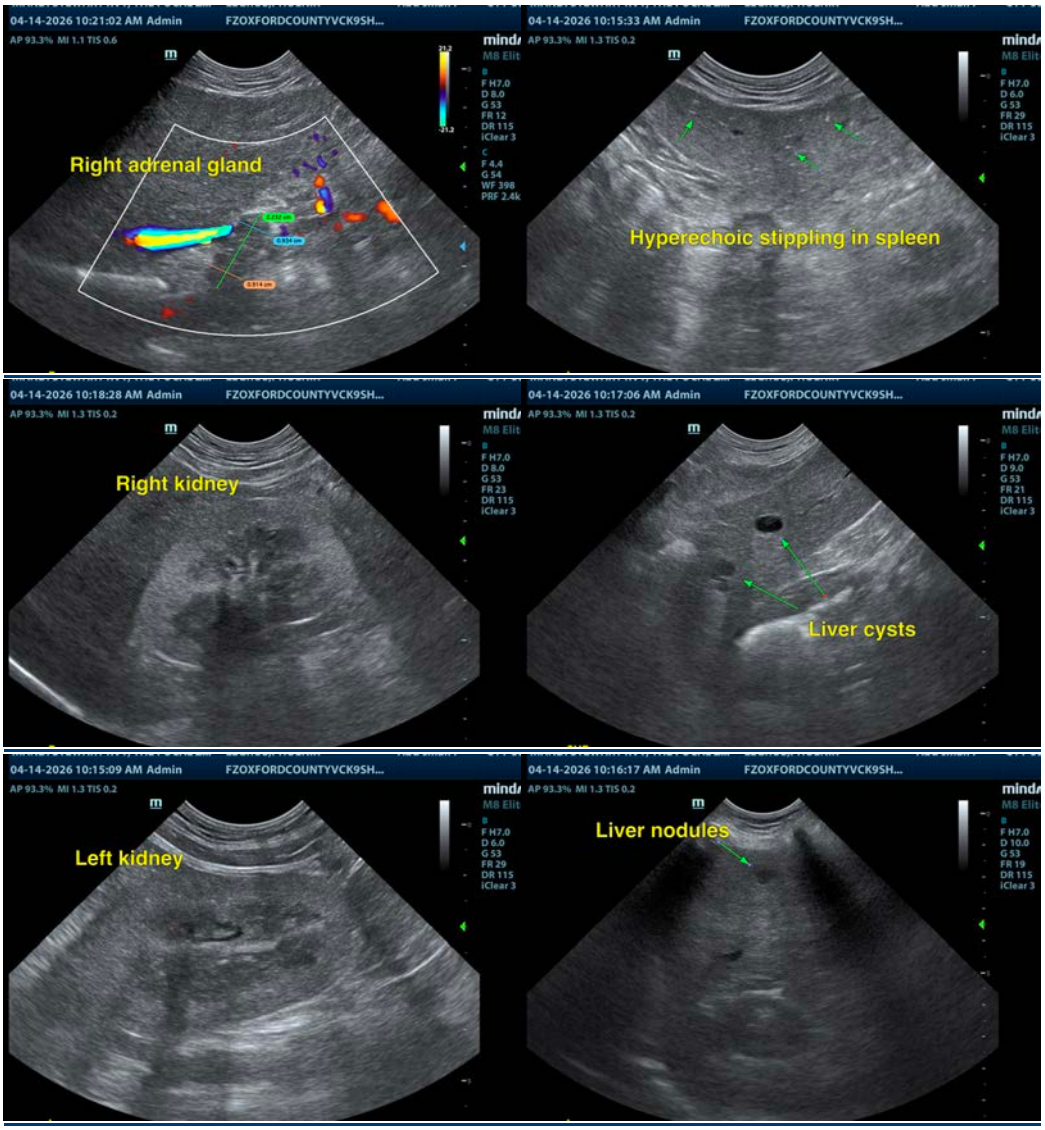
Medical management includes ursodiol, routine bloodwork and ultrasound monitoring (every 3-6 months). Mucocele is a common finding in dogs with endocrine disease such as hyperadrenocorticism and hypothyroidism and investigation for underlying endocrine disease should be considered.

Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent 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 parenchymal changes are most consistent with dystrophic mineralization which is commonly seen with hyperadrenocorticism or other causes of mineral imbalance. Splenic aspirate could be considered if clinically warranted.



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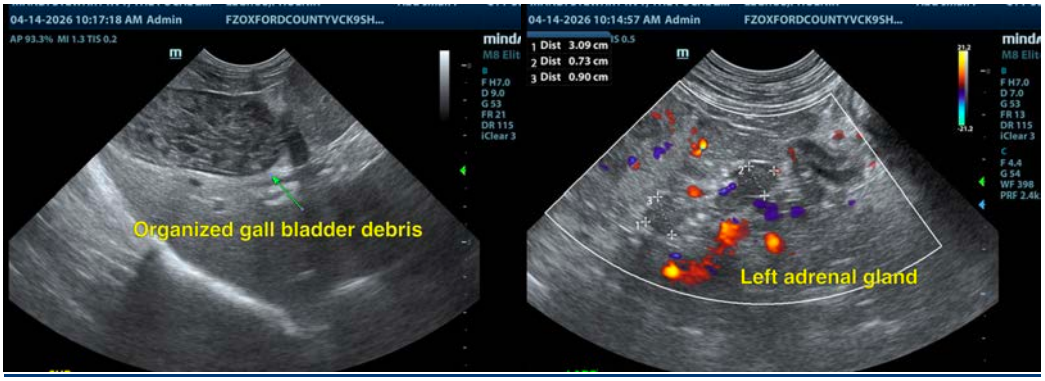

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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