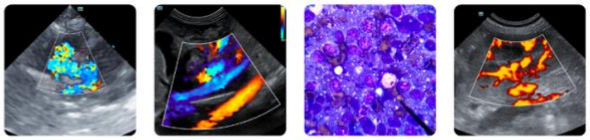


PATIENT

Tillie Seldin

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

7 Years

WEIGHT

11.9 pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Dr. Janeen Lezcano DVM

INVOICE

14827

DATE

04/03/26

PRESENTING CLINICAL SIGNS

- P presented for biannual wellness exam.
- Hx of cystoliths w cystotomy performed in 8/2022
- Stone analysis showed struvite stone, no recurrence of cystoliths. Has been on c/d canned since dx.
- No v/d/c/s, eating well, on NG+
- Recent hx of ALP which has progressed since 9/2025
- P not on any steroid medication (oral or topical)
- No PP/PU/PD

Abnormal PE/Chem/CBC/UA Results: 3/2026: Chem: ALP: 284H (5-131), creat: 0.7, UA: SG: 1.029, quiet sediment 12/2025: CBC: plt ct: 570, miniChem: ALP: 220H 9/2025: CBC: plt ct: 584H, miniChem: ALP: 159H, UA: SG: 1.023, quiet sediment, bacteruria (cocci), UCS: Beta hemolytic strep, responded to abx tx 8/2024: Chem: ALP: 38

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small, and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, or abnormal focal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted. There were very small mineral foci visualized within the urinary bladder consistent with very small cystoliths.

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. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 3.99 cm in length. The right kidney measured 3.83 cm in length.

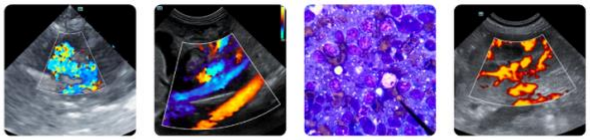
Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.03 cm in length and 0.55 cm at the caudal pole and 0.39 cm at the cranial pole. The right adrenal gland measured 1.71 cm in length and 0.41 cm at the caudal pole and 0.36 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with perivascular 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.

Liver



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The liver is subjectively mildly enlarged. The parenchyma is generally normal with no specific masses seen. There is a solitary hyperechoic nodule noted in the mid liver measuring approximately 0.74 cm x 0.77 cm.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent 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.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Equivocal hepatomegaly with solitary hyperechoic nodule.
- Gallbladder debris.
- Nephrocalcinosis.
- Pinpoint mineral opacity in the urinary bladder- likely small incidental nonobstructive cystoliths.

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. Inflammation from mild gallbladder debris is a likely cause of mild ALP elevation. No significant disruption of architecture noted to suggest significant pathology. Hyperechoic nodules are more likely to be benign. 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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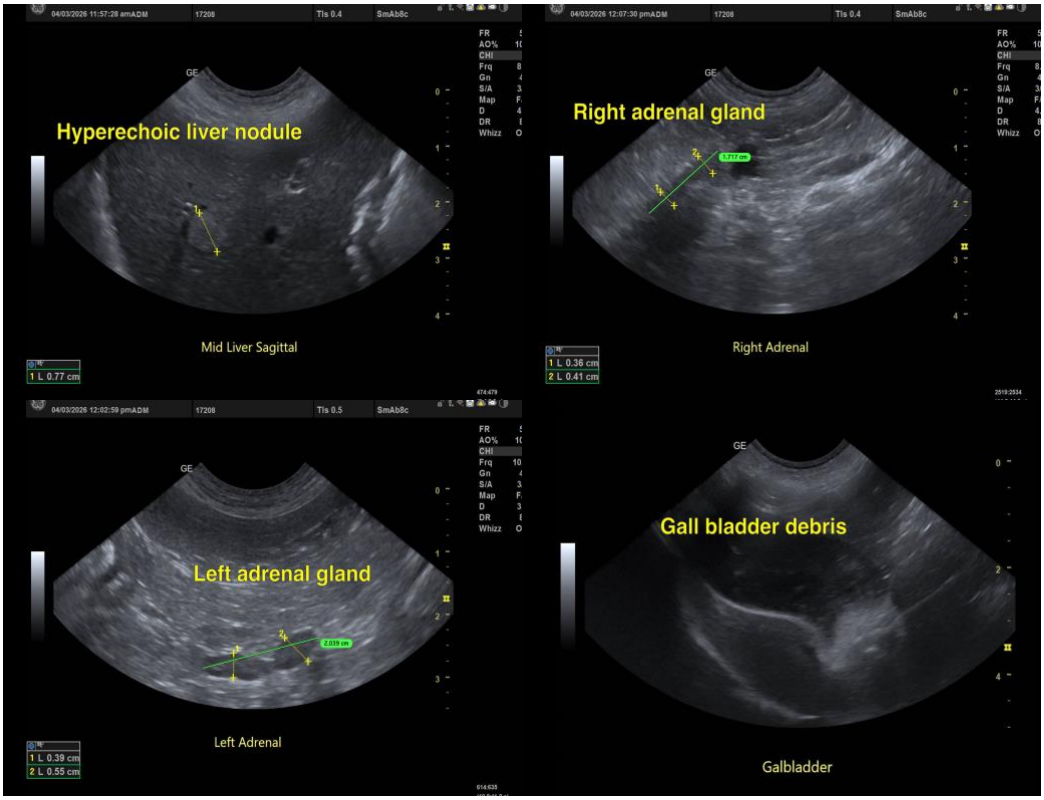
The mineral opacities within the urinary bladder are very small, not likely to become obstructive, and are likely renal in origin given the mild nephrocalcinosis visible. Continued urinary diet is appropriate with ongoing monitoring for obstructive urolithiasis. Again, this is considered unlikely given the very small mineralized foci.



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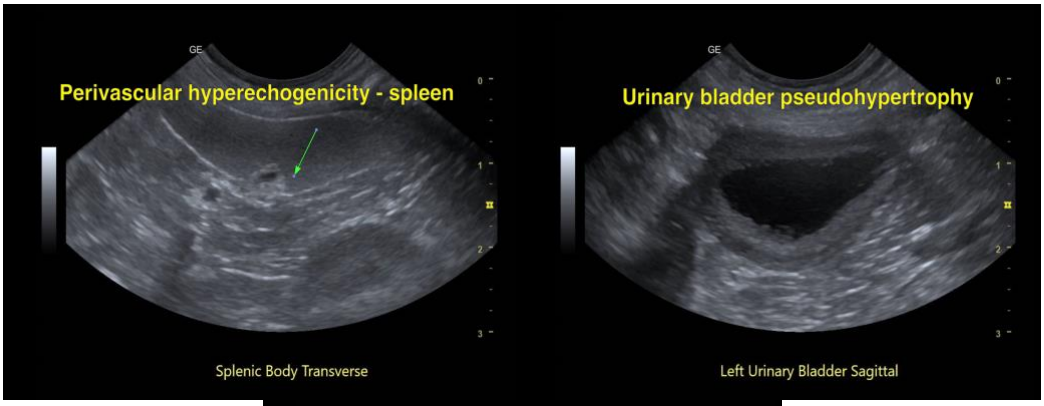

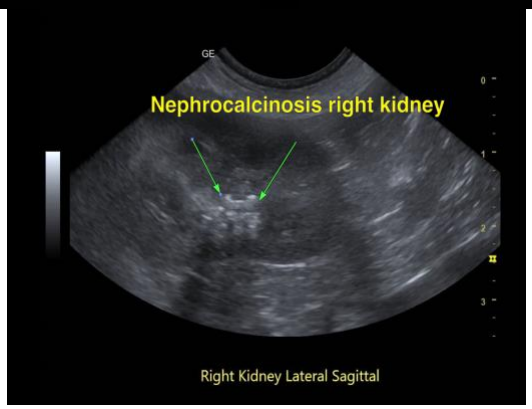

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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