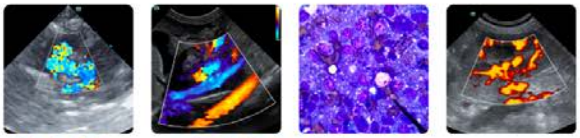

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Daisy Pillar

SPECIES

Canine

BREED

Maltese x

SEX

Spayed Female

AGE

13 Years

WEIGHT

15.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples Animal Hospital

REFERRING VET

Dr. Kazienko

INVOICE

75374

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Picky eating/not eating at times, shivering, shaking, unsettled and anxious. No V/D. Start Cerenia and Convenia today. Has been on Tramadol and Gabapentin.

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, uroliths or abnormal focal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

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. Hyperechoic, shadowing foci present in renal parenchyma and calyces bilaterally, consistent with nephrocalcinosis. Left kidney measures 4.28 cm. Right kidney measures 4.64 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic and measured slightly enlarged. No specific masses or nodules seen. The phrenic vasculature was unremarkable. Left measures 1.97 cm in length x 0.51 cm at the caudal pole and 0.46 cm at the cranial pole. Right measures 1.37 cm in length x 0.54 cm at the caudal pole and 0.80 cm at the cranial pole.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. 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

The liver is subjectively moderately enlarged with rounded and slightly irregular margins. The parenchyma is diffusely somewhat heterogeneous and coarse with no specific masses or nodules seen.

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.

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.

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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

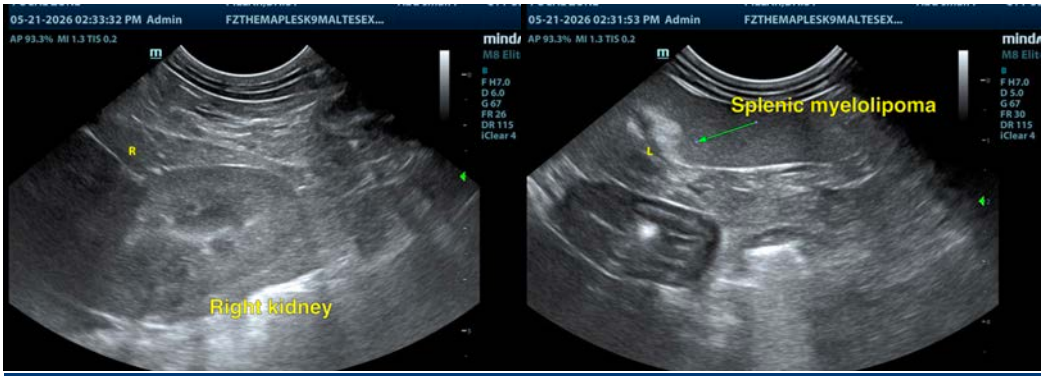
- Hepatomegaly with coarse echotexture.
- Mild bilateral adrenomegaly.
- Degenerative renal changes.
- Splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of shaking and anxiety was found on abdominal ultrasound. Further assessment may include current bloodwork and urinalysis, chest radiographs, ECG, blood pressure measurement, and full neurologic, ocular and orthopedic evaluation. Adrenal gland function testing should be considered to rule out hyperadrenocorticism as a cause, given the bilateral mild adrenomegaly.

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.

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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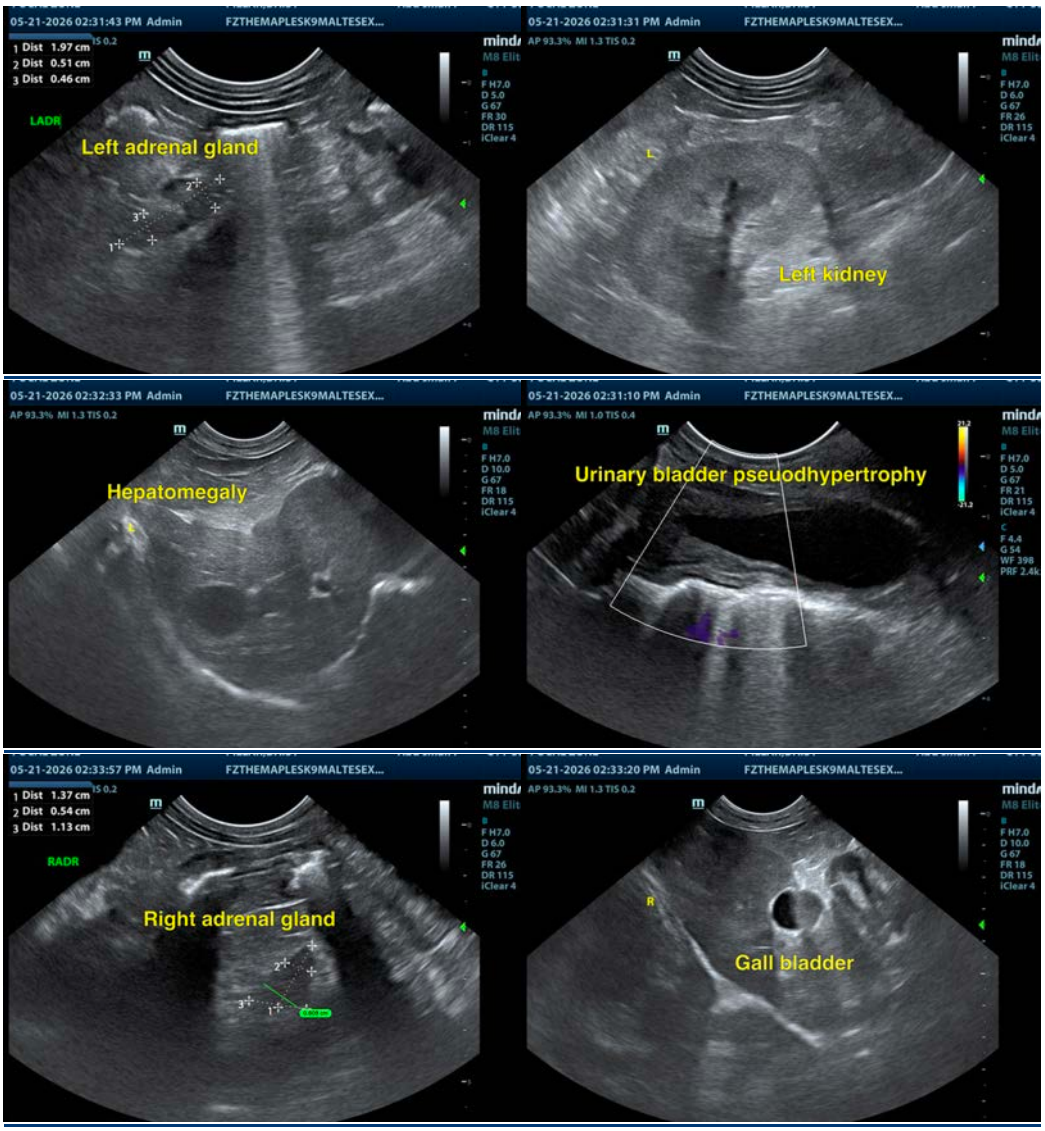

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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