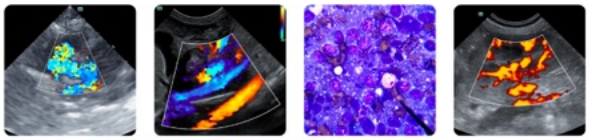

PATIENT

Nikki Joseph

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

14 years

WEIGHT

65 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

74839

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: -History of persistent panting since August of 2025
-Per owner no response to pain medications, anti-anxiety medication, or GI protectants
-Dx with hypertension recently and started on Enalapril with BP slowly decreasing but no improvement in the panting per owner
-Chronic aural hematoma with no otitis x 2 months and no head shaking per owner
Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9; panting and anxious; small aural hematoma AD (no otitis) CBC: NAF Chem: ALP 235, ALT 147, ALB 4.6, CA 12.3 ACTH stim test: WNL, 5.9 pre, 8.8 post UA: pH 5, trace PRO, usg 1.022 Radiographs (2/27/26): spondylosis deformans, raw hid like treat in lumen of stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.75 cm. The right kidney measured 6.38 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.7 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

The **liver** revealed heterogenous parenchymal changes with remodeling. The liver revealed increased portal markings and mild irregular contour. Isoechoic to hypoechogenic nodular changes were noted in the liver. The liver revealed generalized enlargement. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

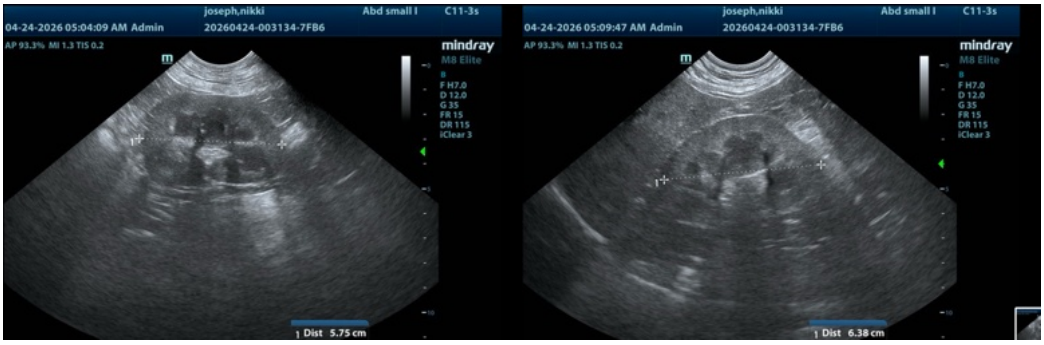
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Hepatic heterogenous parenchymal changes with isoechoic and hypoechogenic nodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. There was no evidence of visceral disease responsible for the clinical signs. Pain related disease such as orthopedic pain, thoracic or cardiac disease as well as CNS disease are all potential causes for the vague clinical signs. However, there was no evidence of abdominal disease directly related; however, bile acid profile and FNA of the liver would be appropriate.



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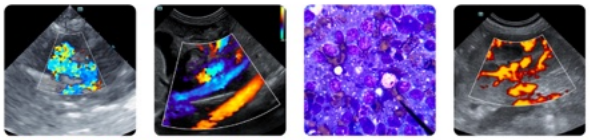

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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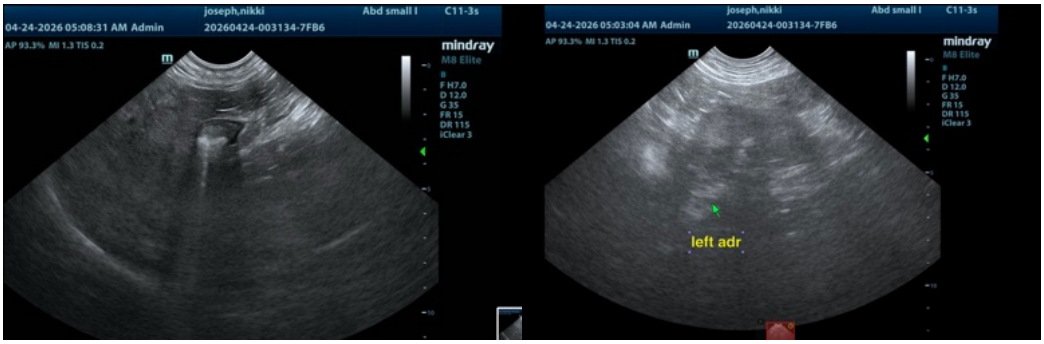

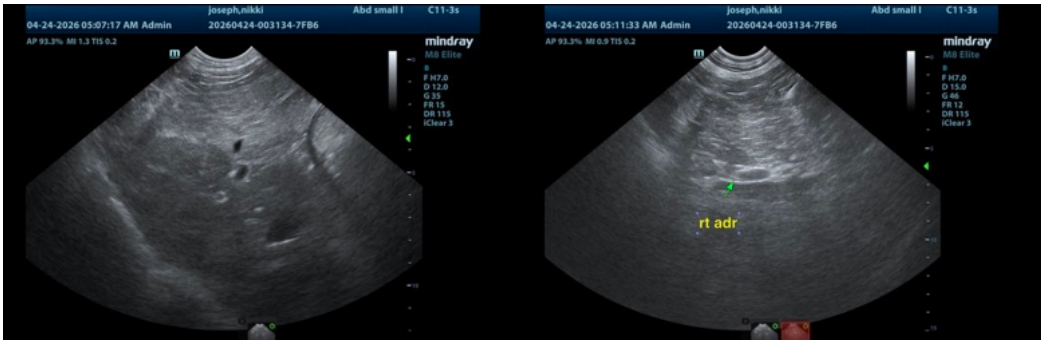

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com