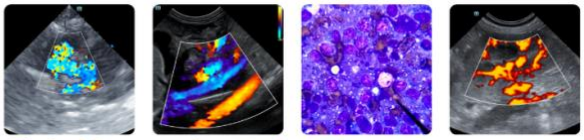

PATIENT

Dexter Balasingham

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

9.2 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

16300

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Presented today for abdominal ultrasound and Low-Dose Dexamethasone Suppression Test to investigate progressively increasing liver enzyme elevations (ALP 486 >>> 764 U/L, mild ALT elevation), PU/PD, and clinical concern for hyperadrenocorticism. Patient was originally scheduled for surgical removal of multiple cutaneous masses; however, pre-anesthetic bloodwork identified significant ALP elevation, prompting recommendation for further investigation prior to anesthesia. LDDST performed today. Previous abdominal ultrasound (July 2025) demonstrated vacuolar hepatopathy, gallbladder sludge, a small left adrenal nodule, and a splenic mass. Splenectomy was subsequently performed. Histopathology of the splenic mass confirmed splenic lymphoid nodular hyperplasia (benign lesion).

Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):122, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: panting, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: BAR ,Hydration: Adequate , BCS (scale 1 to 5): 3.5/5, • PU/PD • Elevated ALP and mild ALT elevation • Pot-bellied appearance reported historically • Thinning hair coat reported historically • Appetite remains good • No vomiting or diarrhea

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **residual prostate** measured 7.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.92 cm in length. The right kidney measured 4.29 cm in length.

Adrenal Glands

The **right adrenal gland** revealed a 0.33 cm hyperechoic nodule at the cranial pole that appears nondisruptive. The right adrenal gland measured 0.43 cm width.

The **left adrenal gland** was 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 0.55 cm width.

Spleen

The **region of the splenic fossa** was unremarkable.

Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The liver revealed mildly enlarged hepatic lymph nodes measuring 0.63 cm with micronodular and slight microcystic changes.

Gastrointestinal

Mucosal speckling was noted in the **small intestine**. The clinical significance is debatable. Minor excessive GI gas was present.

Pancreas

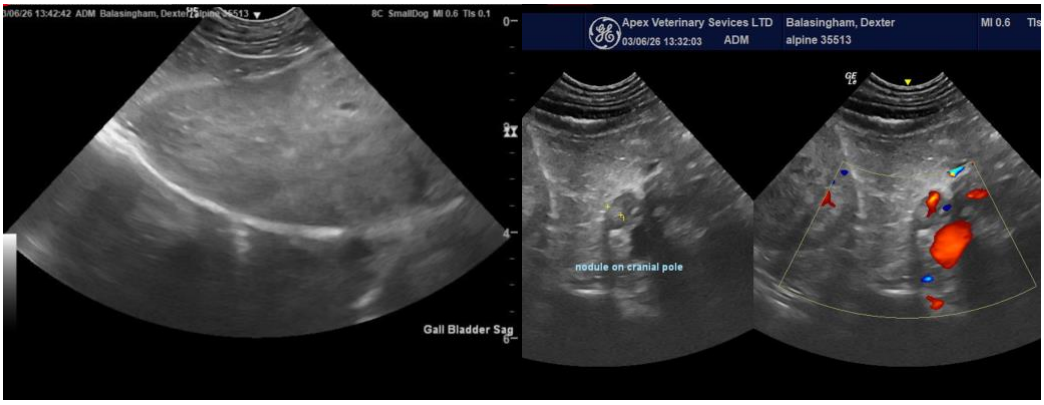
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen.
- Minor bladder thickening.
- Mild nodular hyperplasia liver pattern with reactive hepatic lymph nodes- low-grade inflammatory hepatopathy likely.
- Right adrenal nodule.
- Intestinal mucosal speckling with excessive GI gas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary workup is warranted if not already performed to assess for any evidence of UTI.
FNA of the liver is indicated for further definition.



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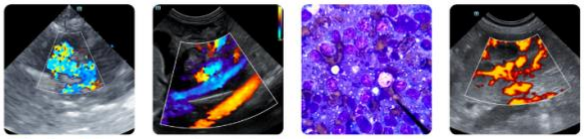

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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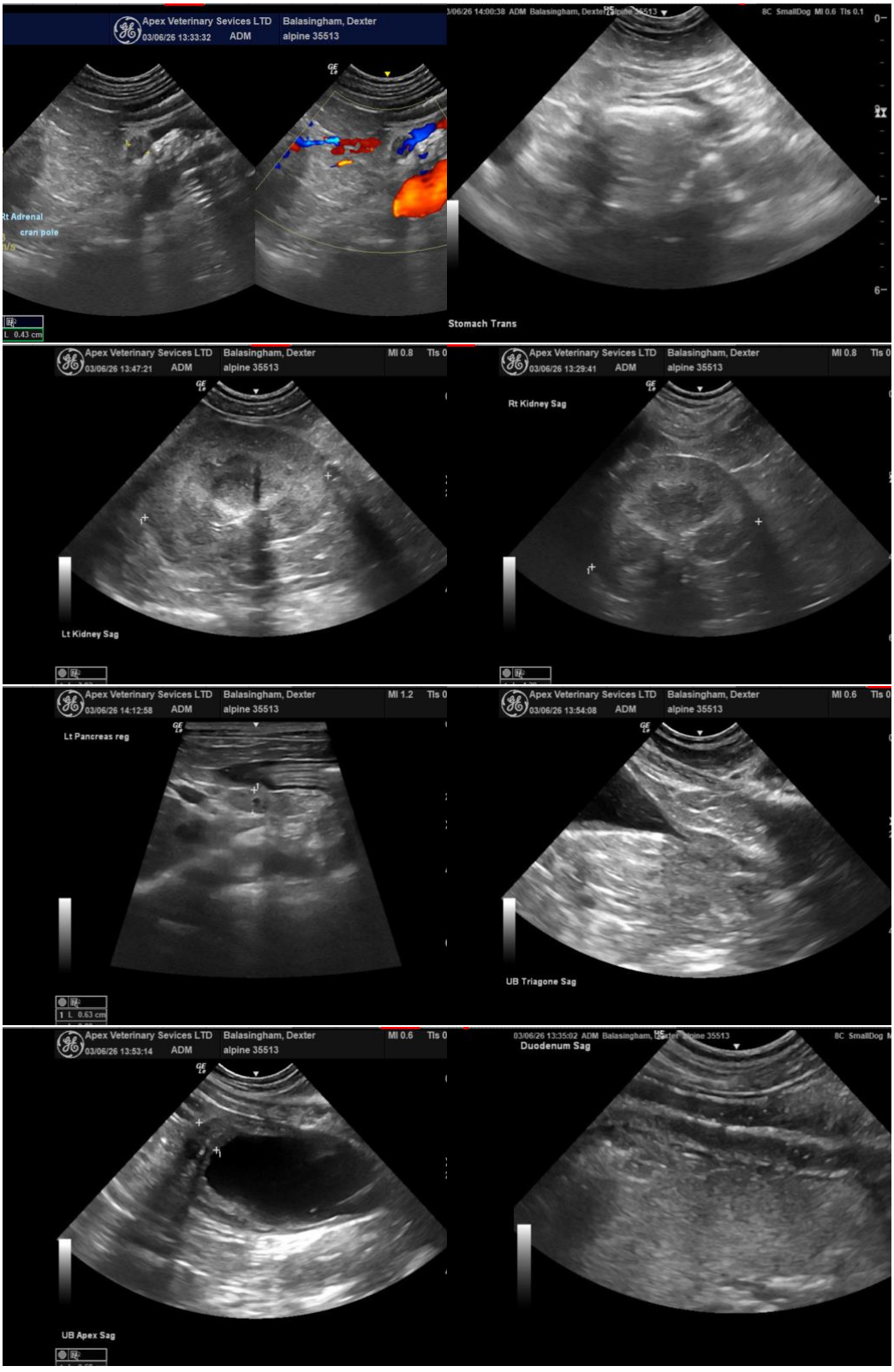

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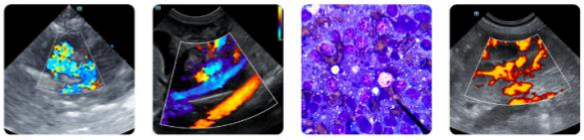

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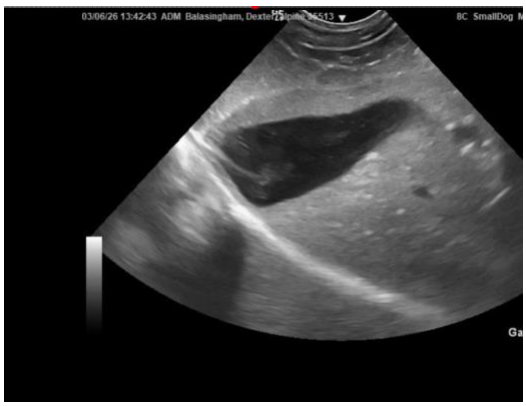

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com