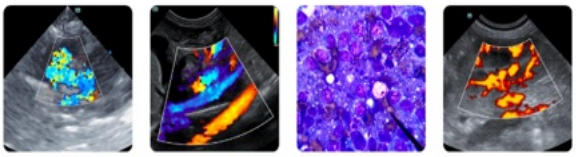

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Tank Fleming

SPECIES
Canine

BREED
Labrador

SEX
Neutered male

AGE
11 years

WEIGHT
71 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Pappas

INVOICE
69341

DATE
12/4/25

PRESENTING CLINICAL SIGNS

History: Present for aural hematoma 11/25- resolved with medical manage- prednisone course. At exam significant weight loss noted. Owner initially stated purposeful. At recheck 2 weeks later pet had lost another 1 LB. In total 6 lbs lost since Feb 25. Meds: Denamarin, Ursodiol
Abnormal PE/Chem/CBC/UA Results: CBC: Mono 1.197 rest WNL, Chem CL 101, ALT 647, AST 103, ALP 6247, GGT 34, T4 2.3(N)

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. Slight microcystic cortical changes were noted on the left kidney. The left kidney measured 7.0 cm.

The residual prostate measured 1.0 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 2.74 x 0.47 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 3.78 x 1.55 cm at the cranial pole and 1.0 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged.

Liver

The **liver** was uniform and mildly enlarged. The gallbladder and common bile duct were unremarkable other than a minor amount of sand.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

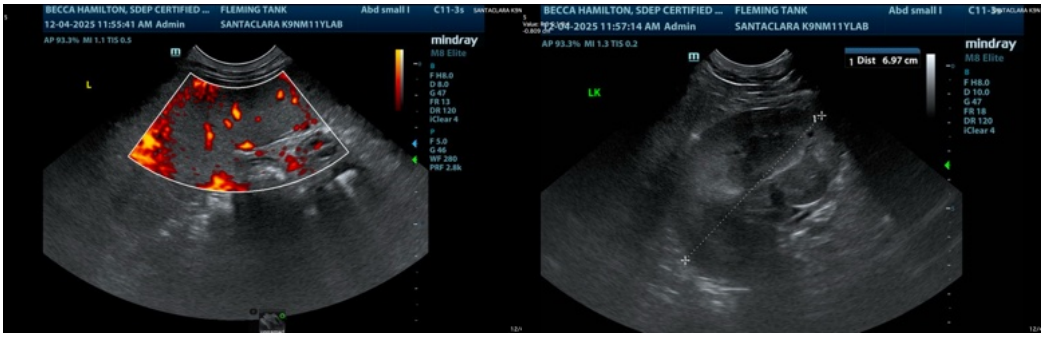
ULTRASONOGRAPHIC FINDINGS

Mild splenohepatomegaly, subjectively appears benign. Benign hepatopathy versus emerging round cell neoplasia.
Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge ultrasound-guided FNA of the spleen and liver is recommended given the patient's history.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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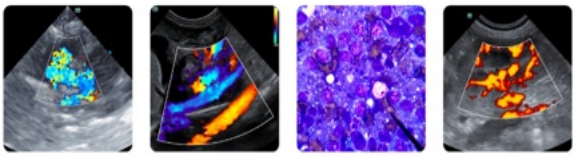

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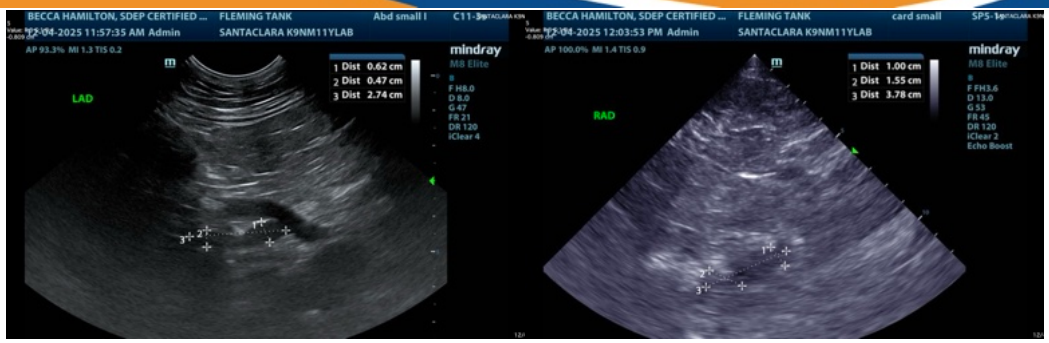

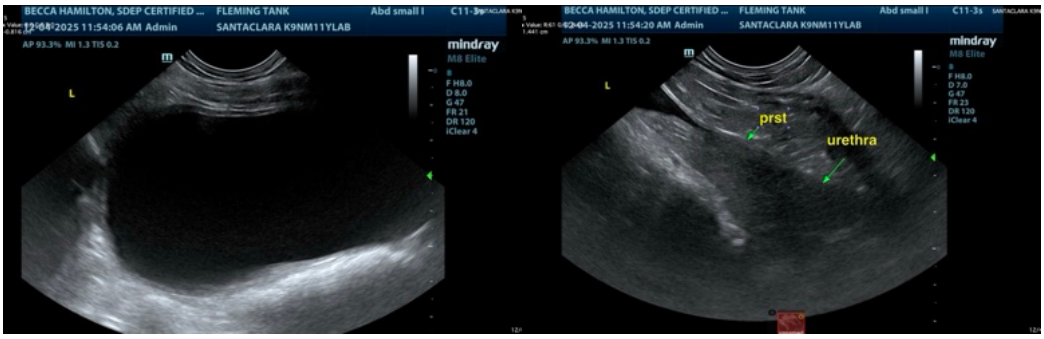

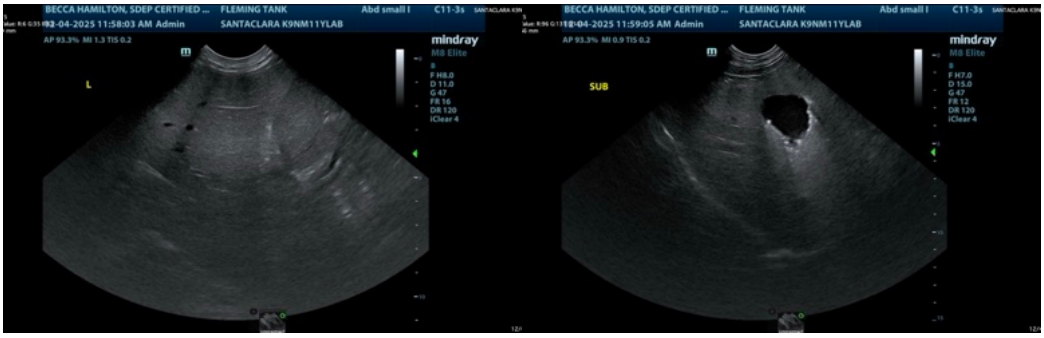

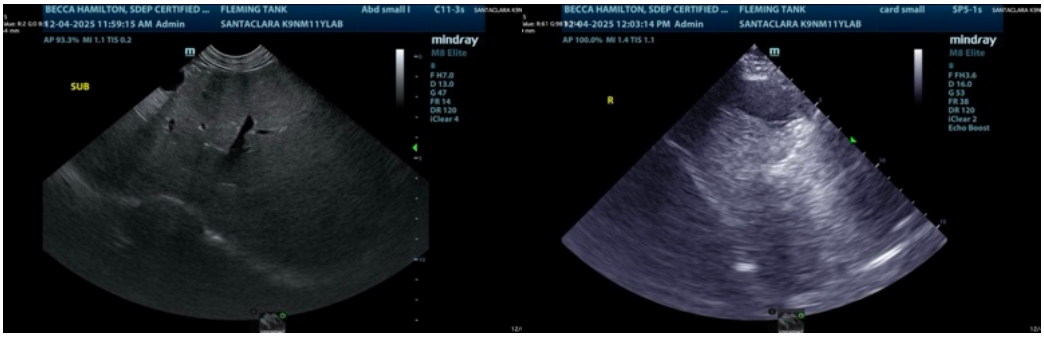

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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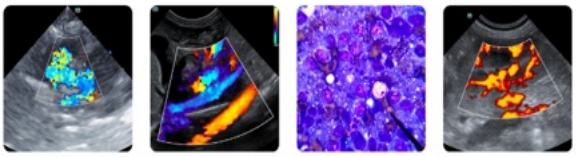

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