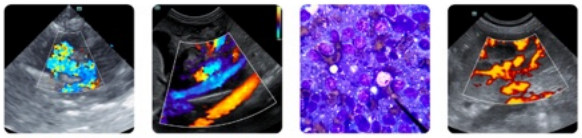


PATIENT

Mimi Deng

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

13 year

WEIGHT

13.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Englewood Cliffs VC

REFERRING VET

Dr. Attanasi

INVOICE

73769

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Elevated Liver enzymes- ALT 150, ALP 1916 on 3/13/26, ALT 65 and ALP 960 on 4/12/25

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 3.0 cm beyond the cystourethral junction and appeared normal. Small, dystrophic irregular changes were noted. 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 **right kidney** 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 right kidney measured 4.66 cm.

The **region of the left kidney** revealed a slight, hypoechoic, vestigial structure that measured 1.4 cm. This is presumed to be the severely hypoplastic or left kidney agenesis.

Adrenal Glands

There is a minor irregularity to the left adrenal gland, likely hyperplasia or adenoma with a minor potential for pheochromocytoma or adenocarcinoma. The left adrenal gland is slightly more irregular, yet fairly similar in size compared to the prior sonogram. The left adrenal gland measured 1.98 x 0.68 cm at the cranial pole and 0.38 cm at the caudal pole.

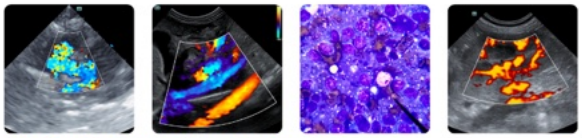
The right adrenal gland was uniform and measured 0.63 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. A focal, hypoechoic nodule was noted and measured 0.5 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. An anechoic cyst was noted in the mid cranial liver measuring 1.9 cm and was cranial to the gallbladder. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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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 hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed shadowing luminal material measuring 2.4 cm. The gastric wall itself was unremarkable. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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

Severely dystrophic subnormal left renal size, consistent with hypoplasia or potential secondary severe degenerative end stage changes, localized. Not visible on the prior sonogram.
Splenic nodule, new development.
Slightly irregular left adrenal gland.
Age related hepatic changes with newly developed cyst.
Shadowing gastric material. Soft foreign matter is possible if n.p.o. at the time of the sonogram.
Pancreatc changes, similar to the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prior hypertrophy appears to have resolved; however, if the patient was n.p.o. at the time of the sonogram, then soft foreign matter is a strong concern measuring up to 2.4 cm. Serial blood pressure measurements are recommended. Assessment of the feeding history prior to the sonogram regarding any clinical significance of the pyloric structure.

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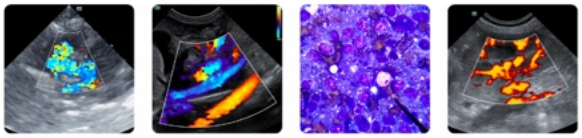

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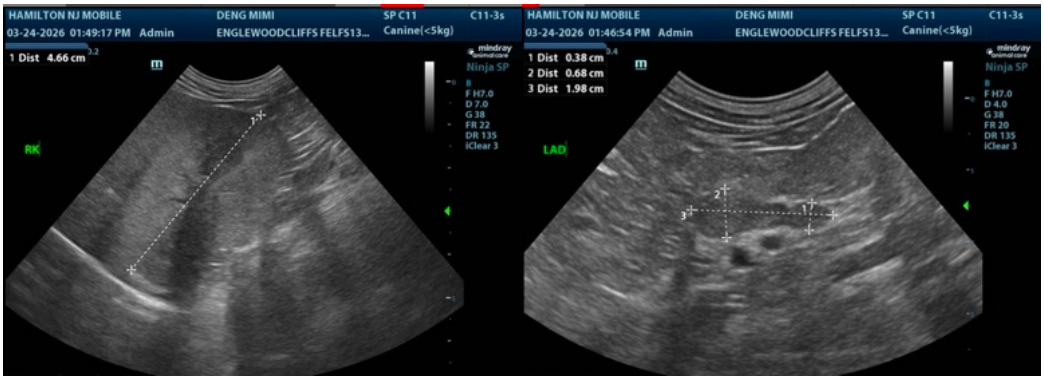

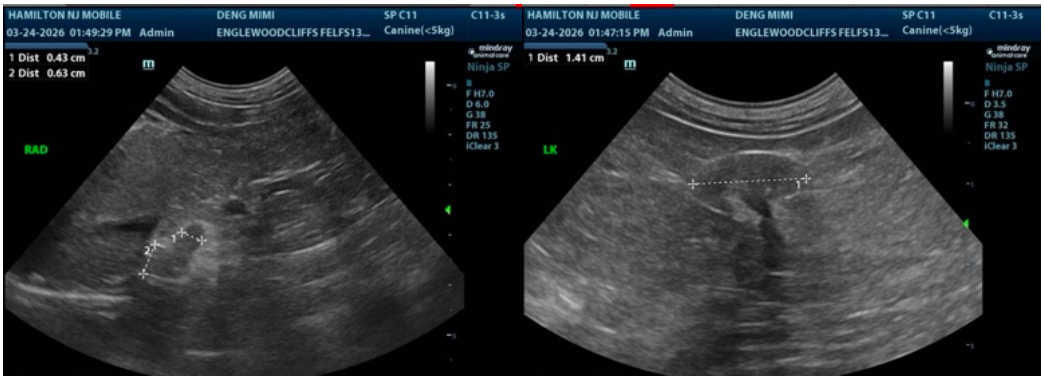

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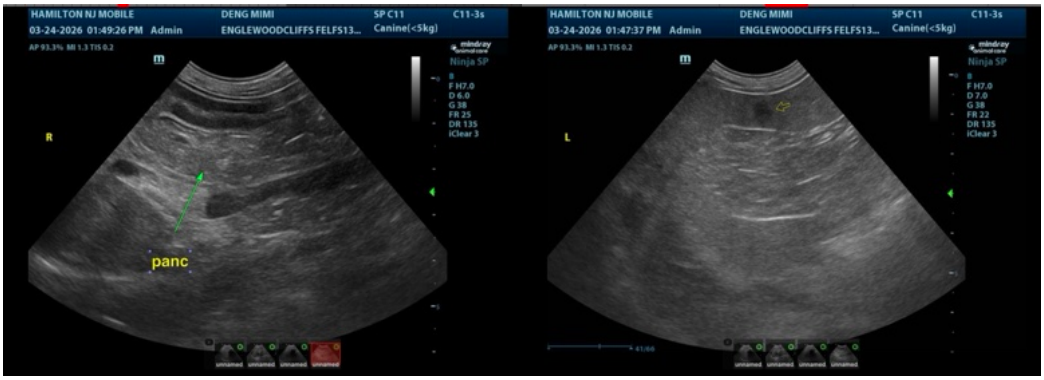

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com