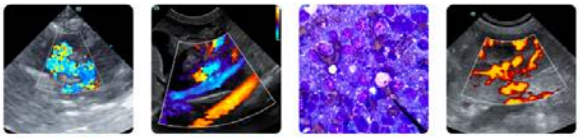


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Herbie Brzoska

SPECIES

Canine

BREED

Pomeranian x

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.4 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

West Brant Animal Hospital

REFERRING VET

Dr. Balaraju

INVOICE

72492

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Most recent PE was done at overnight emerg clinic. Will email separately. Owner reports Herbie is no longer coughing since the furosemide dose was increased and the cough suppressant was started

Current Medications: Furosemide 20mg(1 tab in AM, 1/2 tab in PM), vetmedin 1.25mg(1cap BID), hydrocodone 1mg/ml(1ml BID-TID). O was advised can give zylkene for anxiety prior to ultrasound

Abnormal PE/Chem/CBC/UA Results: Will email copy of full BW and u/a - blood pressures done Jan 22/26, average reading ~150 systolic placing him in stage 2 hypertension Radiographic Findings - radiographs were done when at emerg clinic - were mainly to assess chest but abdomen is present in lateral and VD views Primary Question to Be Answered in This Exam - further investigation due to the elevated liver enzymes and enlarged liver seen on x-rays See attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.63 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.15 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

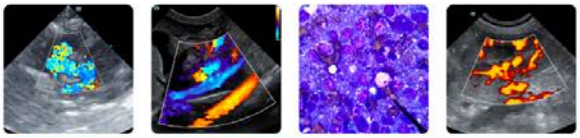
Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.52 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.96 cm at the cranial pole and 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.61 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is subjectively mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall appears mildly prominent/thickened, measuring 0.35 cm with intact wall layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid visualized near the urinary bladder in the cranial abdomen. No significant lymphadenopathy noted. The omentum is hyperechoic in the mid abdomen.

ULTRASONOGRAPHIC FINDINGS

- Large, subjectively mildly heterogeneous liver – Findings could be consistent with a mild vacuolar hepatopathy or other hepatopathy. Additionally consider possible congestion secondary to cardiac disease.
- Moderate shadowing ingesta visualized within the stomach – Findings are most consistent with a non-fasted patient. If the patient was adequately fasted, consider the possibility of delayed gastric emptying or partial outflow tract obstruction (none observed).
- Mildly thickened colon wall with non-formed fecal material – Findings are most consistent with colitis.
- Small volume free abdominal fluid and mid abdominal reactive mesentery – A definitive source for the fluid or inflammation is not visualized. This could be secondary to right-sided heart disease or inflammation from an unseen source.

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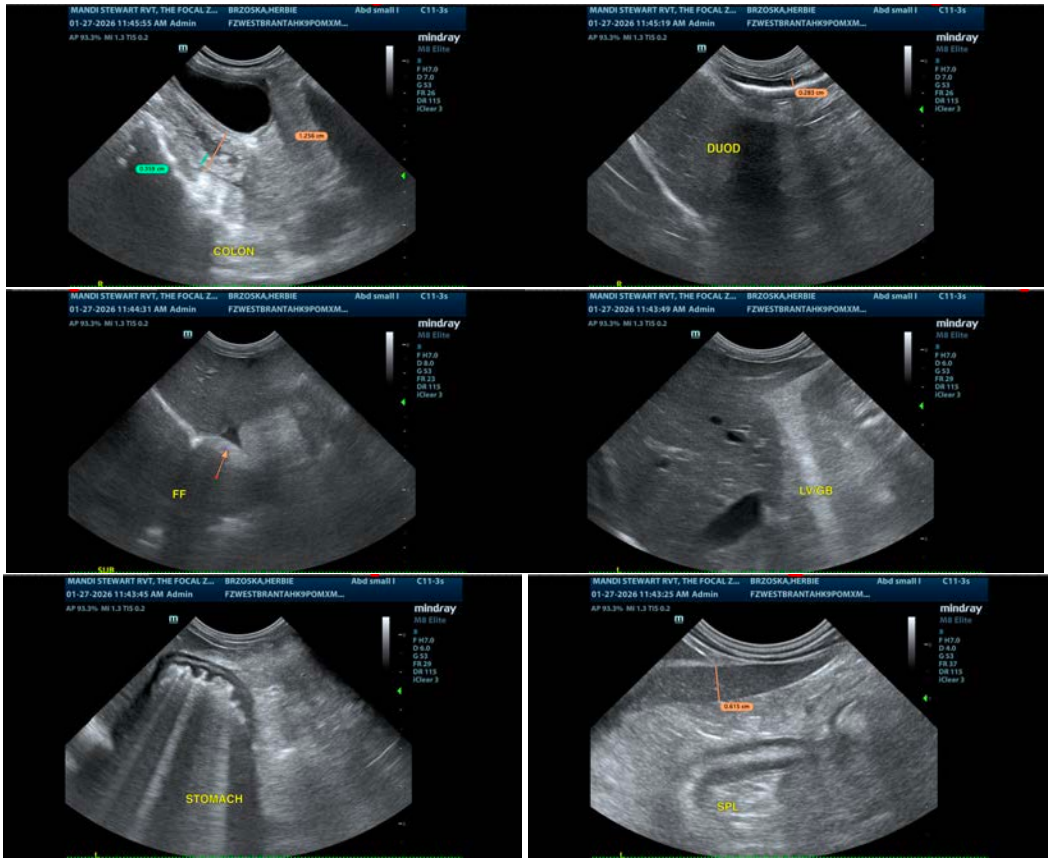
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver or the gallbladder to explain the elevation in liver enzymes. The liver appears large and subjectively mildly heterogeneous. This could be consistent with a vacuolar hepatopathy or other hepatopathy. Additionally, in some views the vena cava appears somewhat prominent.

Correlate with cardiac evaluation (has this dog had an echo recently?). If right-sided heart disease is suspected, this may be the source of the hepatic enlargement and free fluid. Otherwise, a source of inflammation could be present such as unseen pancreatitis or similar. If this is the case, consider evaluation of a PLI level to further evaluate.

If further evaluation of the live is desired pre and post prandial bile acids could be considered and a fine needle aspirate (provided coagulation parameters are normal) If symptoms are persistent and thought to be of abdominal origin, consider repeat imaging in the future, looking for the development of a more definitive lesion and to reassess the colonic wall thickening described.

The distal colon is somewhat prominent with a mildly thickened wall, intact wall layering, and non-formed fecal material. Correlate with current symptoms. Findings could be consistent with mild colitis.



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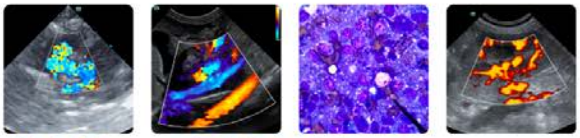

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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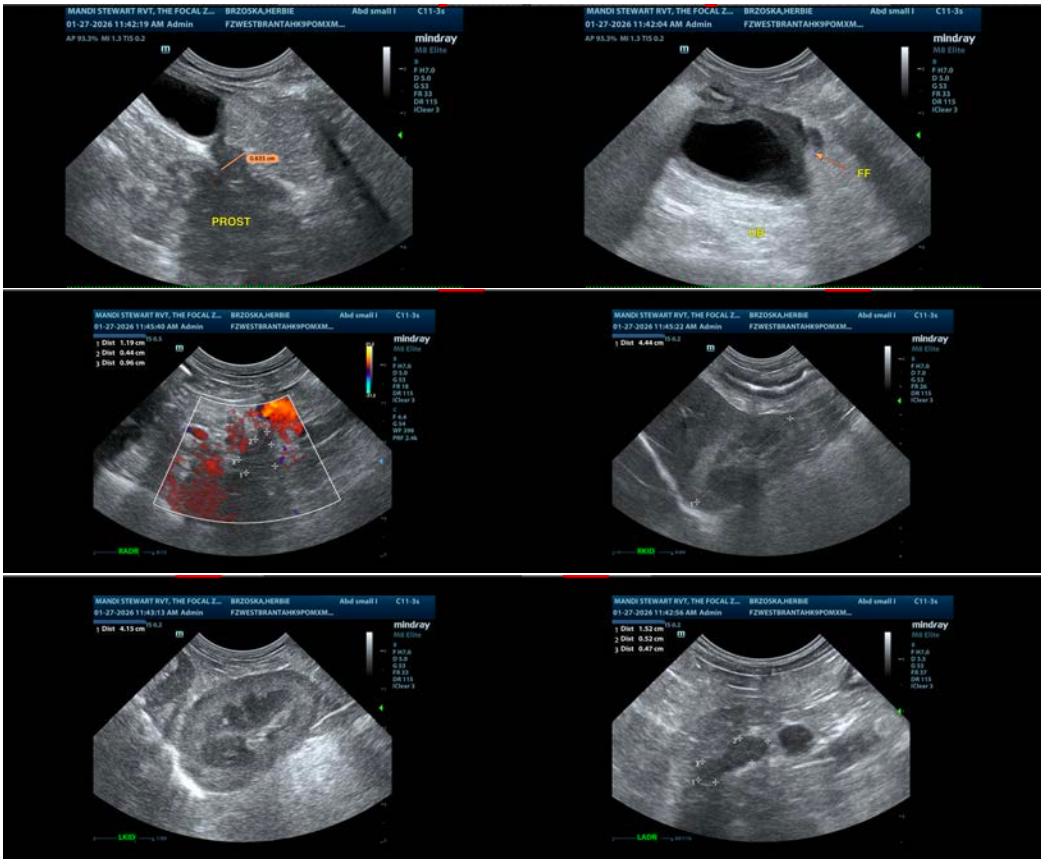

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com