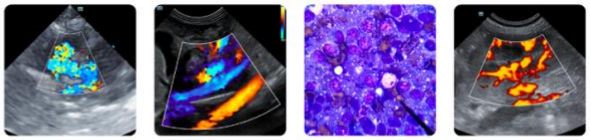


PATIENT

Sig Hartley

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

11 Years

WEIGHT

91.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Tanya Miller

INVOICE

36860

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Presenting Symptoms: 11YO MN Dog, general decrease in energy last year, more difficulty getting into car/furniture. O describing occasional gag noted w/ excitement. On exam lick granulomas, moderate HL and epaxial muscle atrophy, typical OA of HL noted. Various cutaneous masses. Specifically one on elbow ulcerated and bleeding. Wanted to proceed with anesthesia to remove a bleeding tumor but due to changes on BW, have concern. Showing general decline and weight loss. Pre-anesthesia screen.

Abnormal PE/Chem/CBC/UA Results: Neg fecal 3/25. 12/9/25 ReticHgb 23.1pg, Mono 1.1k/uL, TP 8.1g/dL, Alb 3.6g/kL, Glob 4.5g/dL, ALT 677u/L, AST 137u/L, alp 404u/L, T bil 0.6mg/kL, Chol 346 mg/Kl. Previous BW done 2022, elevated lipase and amylase only abnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.6 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 (7.15 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.71 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

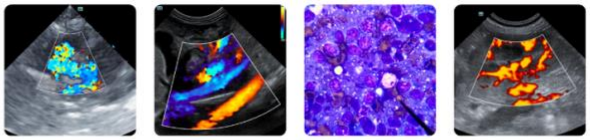
The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.61 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 (3.2cm), 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.

Liver



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The liver is subjectively normal in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules throughout the parenchyma; a hyperechoic nodule in the right side measures 2.06 cm in diameter, and a hypoechoic nodule in the mid caudal region of the liver measures 2.23 cm in diameter.

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.57 cm with some variability due to the presence of rugal folds. There is a focal section of the gastric wall which appears somewhat prominent, measuring thicker at 1.53 cm over a distance of approximately 3.0 cm. The mucosal layer appears most prominent. 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. The duodenum measured as normal (0.4 cm in wall thickness) and the jejunum measured as normal (0.32 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The region 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Heterogenous nodular liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

- Focal area of thickened irregular gastric wall- Possible differentials include imaging artifact, focal gastritis, or early infiltrative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is diffusely heterogenous with some ill-defined hypoechoic nodules. These nodules generally

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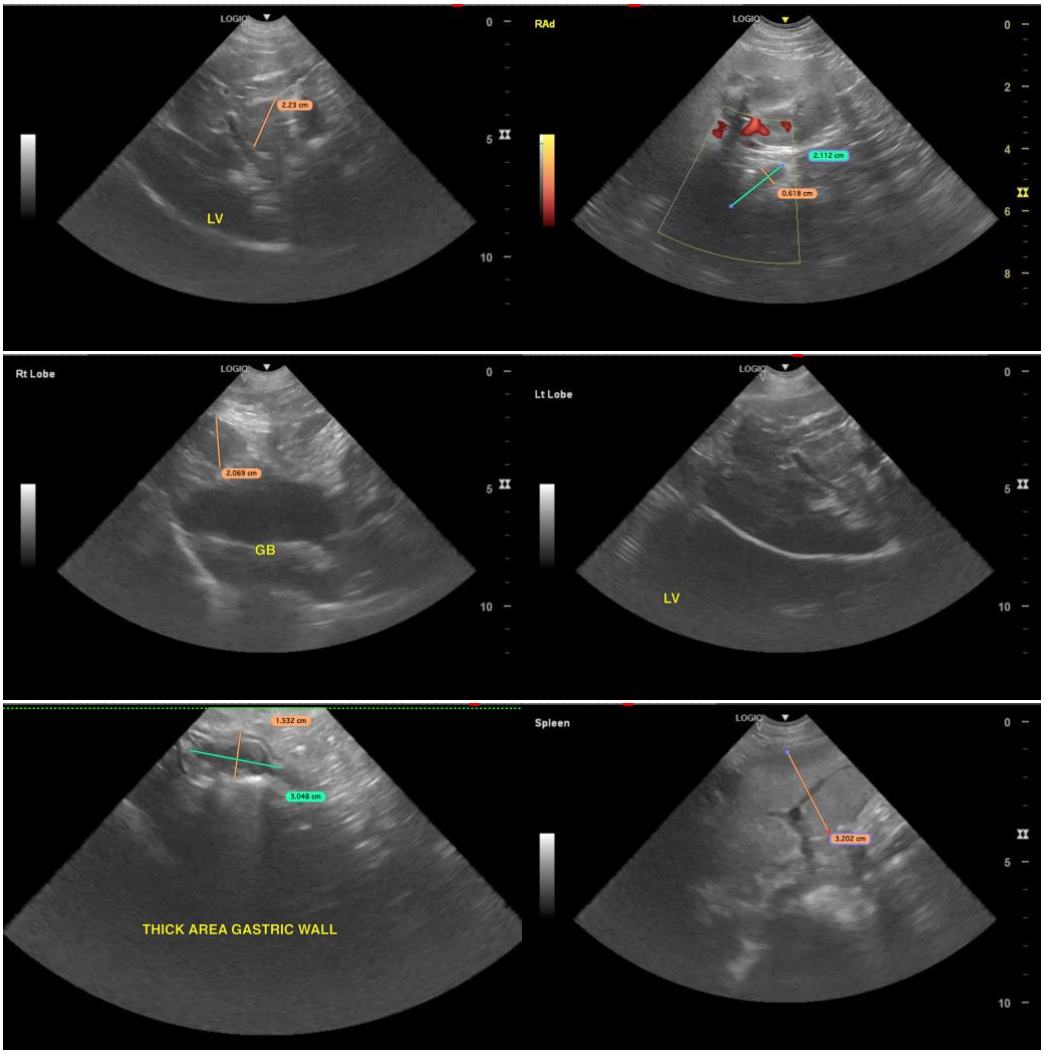
have the appearance most consistent with benign lesions, although early neoplastic lesions cannot be ruled out. Based on the appearance of today's scan, a primary hepatopathy would be a significant concern. Recommend pre-and postprandial bile acids to assess liver function, and likely a biopsy of the liver with samples for histopathology, culture and copper levels. Prior to this, you could consider treatment for acute liver injury with a course of ursodiol, denamarin, and antibiotics to see if values significantly improve, but given the breed, a chronic hepatopathy is suspected.

There is a focal section of gastric wall, which is prominent and somewhat thickened in appearance. This is not evident on all images, so the significance is not certain. Consider treatment for gastritis (ulcer therapy, etc.) and consider repeat imaging in 4-6 weeks (sooner if not doing well). If desired, further evaluation could include a CT scan of the region, surgical evaluation, or possible endoscopic evaluation (these types of lesions are not always evident on endoscopy).



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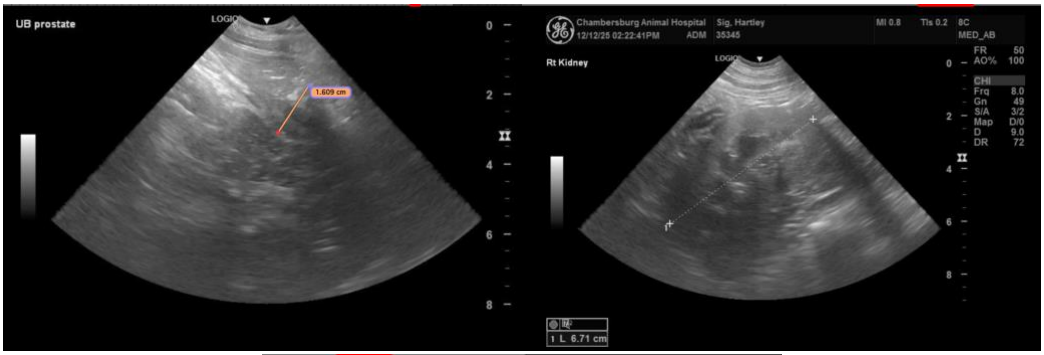

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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