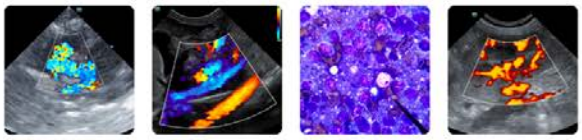


PATIENT

Havi Geddes

SPECIES

Canine

BREED

Shiba Inu

SEX

Neutered Male

AGE

10/8/15

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Dr. Sovik

INVOICE

72275

DATE

12/2/25

PRESENTING CLINICAL SIGNS

Pt presented 11/26 for orthopedic exam, bloodwork showed elevated liver enzyme. Hx elevated liver enzyme. Pt physically slowing down and experiencing hindlimb weakness, otherwise behaving normally. E/D/U/BM normal. Current diet: Science Diet Mobility 7+, one cup BID (Previously on a Hill's j/d diet, pt disliked). Gabapentin 300mg BID (O will be starting pt on Fish oil, Glucosamine and Denamarin soon, products are in the mail)

Abnormal PE/Chem/CBC/UA Results: 11/26/2025: chronic and now markedly increased ALP (1,284 U/L) with no symptoms or related laboratory changes. CBC, chemistry (including normal ALT, glucose, and electrolytes), urinalysis, and thyroid panel are unremarkable.

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.05 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 (5.53 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 (5.13 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.

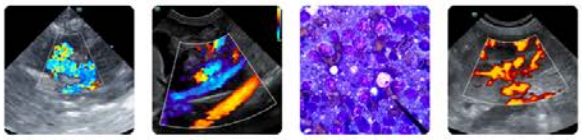
Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.58 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 0.85 cm at the cranial pole and 0.43 cm, but slightly irregular. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is slightly abnormal in that there is a poorly defined hyperechoic, mottled area near the cranial pole measuring 0.35 cm, which does not deviate the adrenal capsule. No evidence of vascular invasion is visualized.

Spleen

The spleen is normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity nodule towards the tail of the spleen measuring 1.11 cm x 1.27 cm, which mildly deviates the splenic capsule.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is 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 minimal luminal contents. 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 0.47 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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. There is no significant lymphadenopathy. A prominent portal lymph node is visualized measuring 0.53 cm. The omentum is of normal echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenicity nodule in the tail of the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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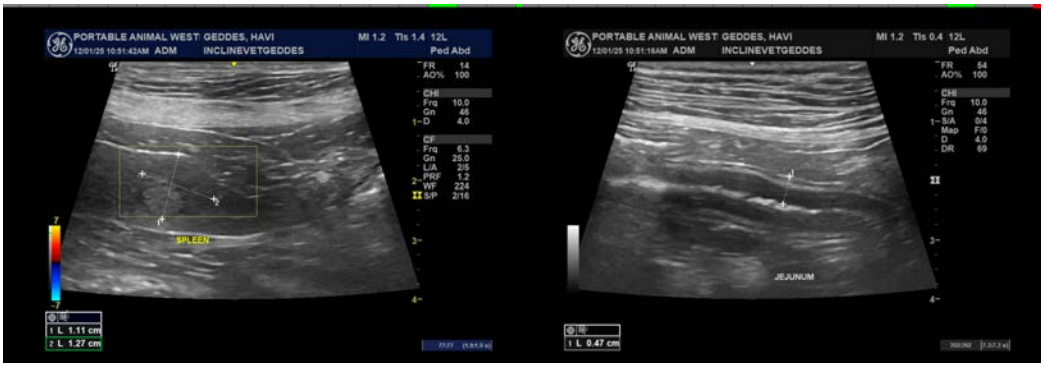
- Pancreatic changes most consistent with pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Poorly defined hyperechoic region in the cranial pole of the right adrenal – Findings are most consistent with a benign lesion at this time (focal hyperplasia, adenoma, etc.). Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions were visualized associated with the liver to explain the elevation in ALP reported. Based on the appearance and the liver enzyme elevations, a primary vacuolar hepatopathy would be most likely, although other hepatopathies are possible. If concerned about a more significant hepatopathy, consider a liver function test and a fine needle aspirate of the liver (provided coagulation parameters are normal). If liver enzyme elevations continue to rise and there is concern for more significant hepatic disease, a biopsy of the liver may eventually be warranted (histopathology, cultures and copper levels).

There is a small irregularity visualized associated with the cranial pole of the right adrenal gland. At this time this has the appearance most consistent with an incidental/benign lesion. Recommend reevaluation in 2-3 months, looking for significant change, which could indicate the need for further evaluation.

There is a mixed echogenicity nodule in the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.



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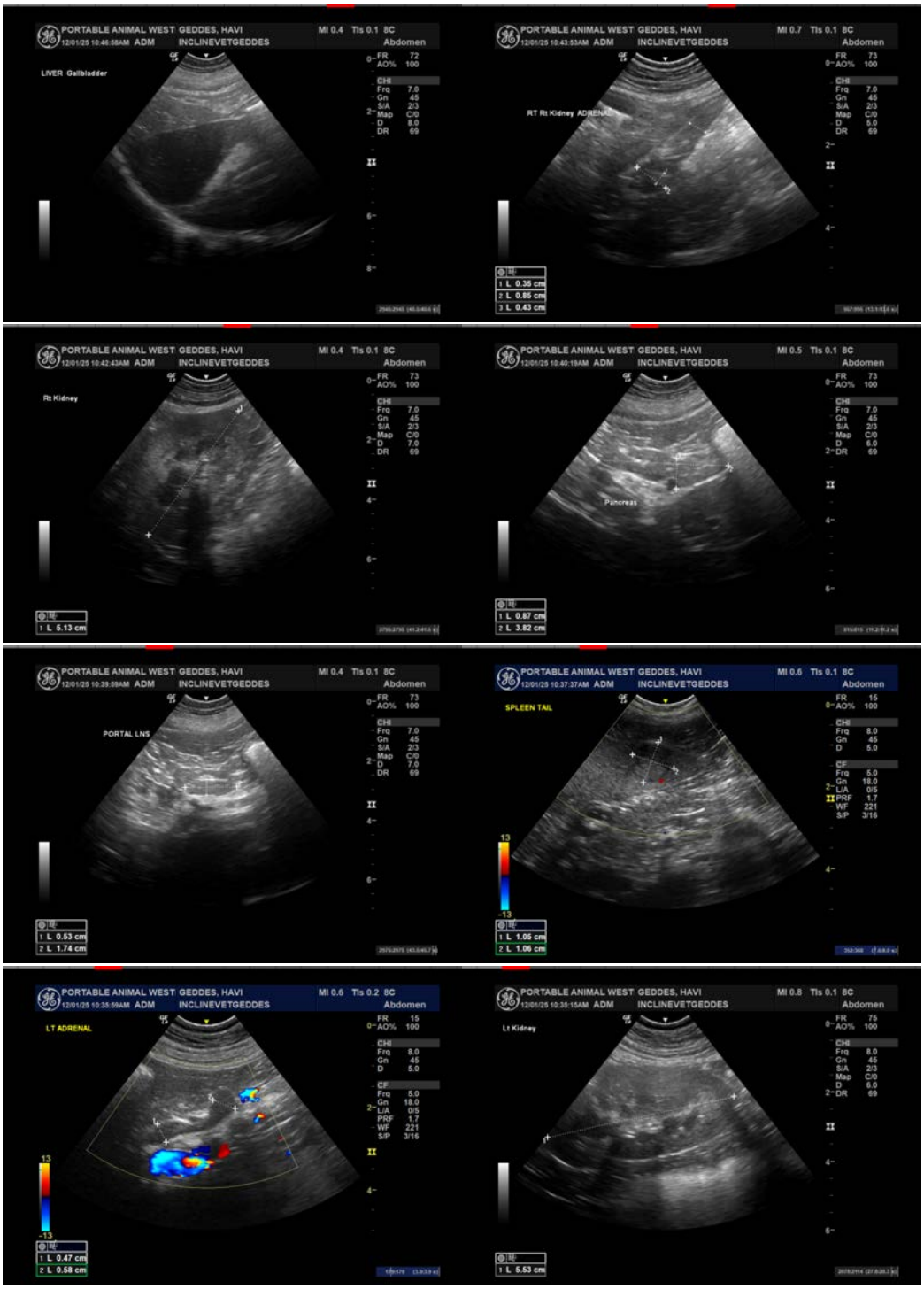

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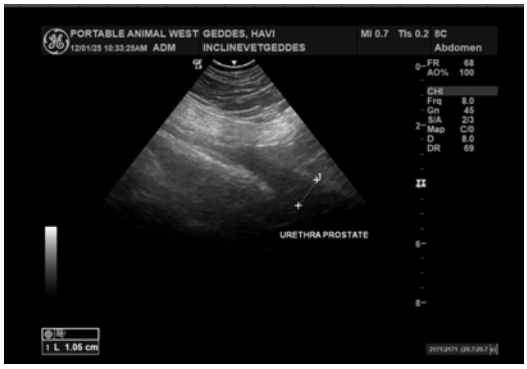

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com