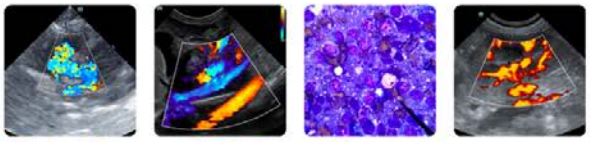


PATIENT

Charlie Donovan

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

39.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mark Schlimgen

HOSPITAL NAME

Sherwood Family Pet Clinic

REFERRING VET

Dr. Mark Schlimgen

INVOICE

73022

DATE

2/17/26

PRESENTING CLINICAL SIGNS

Hx of fully excised cutaneous malignant melanoma. Hx of fully excised cutaneous MCT. Currently under anesthesia for small mass excision from left nicitans membrane (w/histopath). Clinically doing well. Investigating mild/gradual renal and hepatic value trend upwards

Abnormal PE/Chem/CBC/UA Results: CBC, kidney values, and thyroid evaluation within normal limits. • Kidney values trending upward but remain at the high end of normal; creatinine currently 1.4 mg/dL (previously 0.9 mg/dL). • ALP moderately elevated at 443 U/L (previously 213 U/L); other liver values within normal limits.

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 (0.89 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 (4.9 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.03 cm). Overall echogenicity is slightly hyperechoic with poor 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.

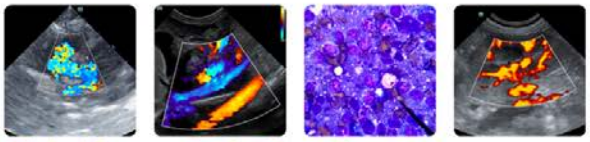
Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.49 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 0.41 cm at the cranial pole and 0.53 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 (1.98 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 borderline large in size with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In some views there is a poorly defined isoechoic mass effect ventral to the gallbladder measuring 4.71 cm x 3.78 cm, most consistent with a poorly defined isoechoic mass effect or a rounded liver lobe.

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 mild/moderate fluid/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 0.55 cm. Jejunum wall measures 0.48 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 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

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

- Age related changes visualized associated with both kidneys.
- Ill-defined isoechoic mass effect visualized associated with the liver – Findings could be consistent with a poorly defined mass effect (adenoma, etc.) or a rounded area of liver lobe.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are bilateral renal changes associated with age related renal disease. Correlate with urinalysis to assess urine concentrating ability in the face of the high-normal creatinine reported.

No focal lesions are visualized consistent with prominent metastatic lesions. On some views there is a poorly defined rounded area of liver that creates the impression of a poorly defined mass effect. If this is a mass, a benign lesion such as an adenoma would be suspected, although this could also represent a swollen/rounded liver lobe. The general appearance of the liver is most consistent with a vacuolar

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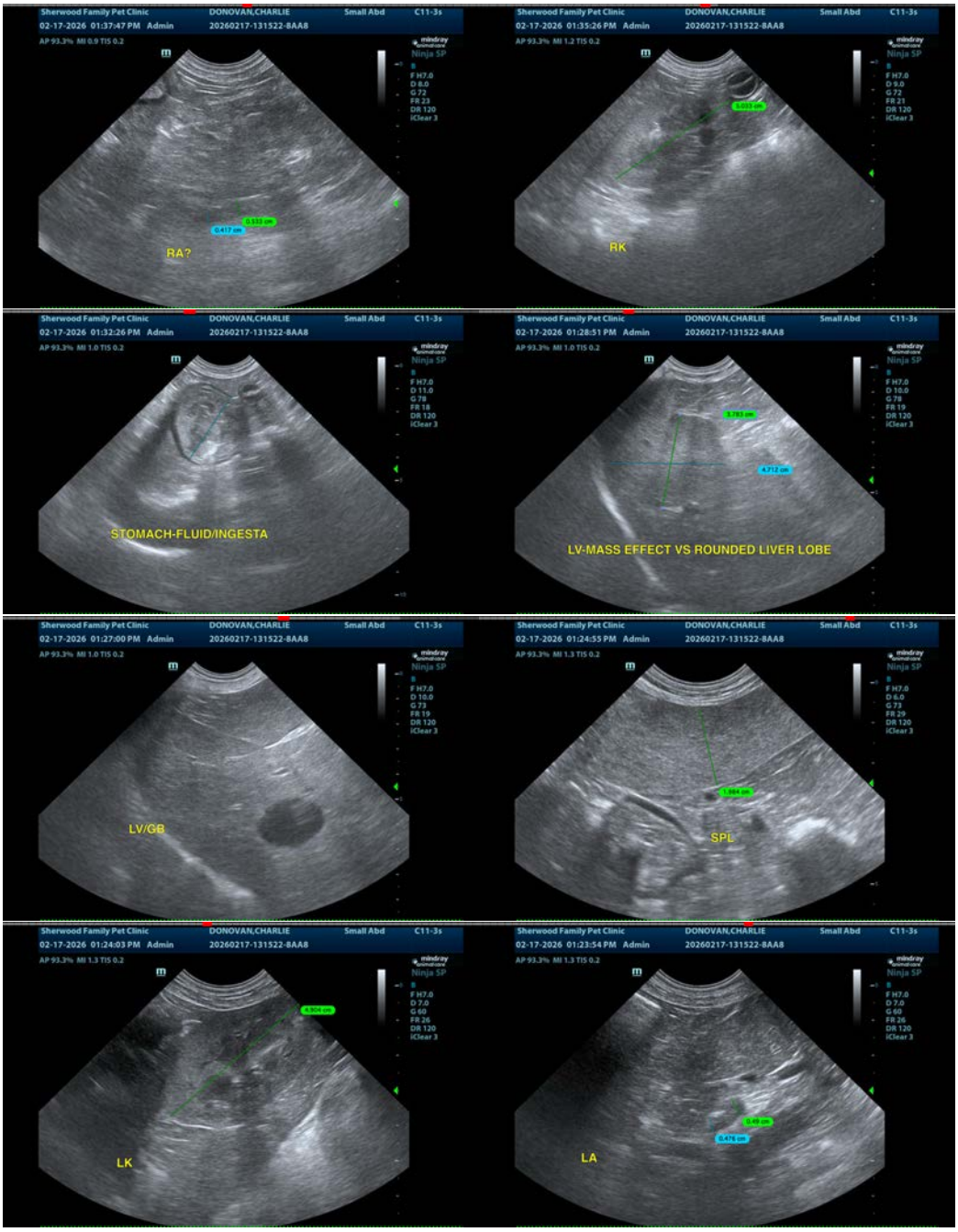
hepatopathy. Options moving forward could include continued monitoring with ultrasound, or if more in depth evaluation is desired, a contrast CT scan could be considered, particularly if surgical intervention would be considered. Additionally, if a safe window for sampling is available, a fine needle aspirate of this region of liver could be performed for cytologic evaluation, although I suspect sampling this region may be challenging.



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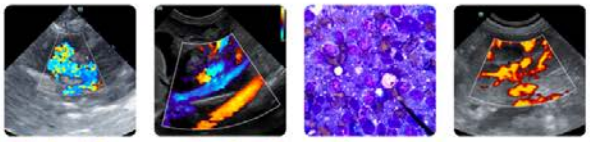

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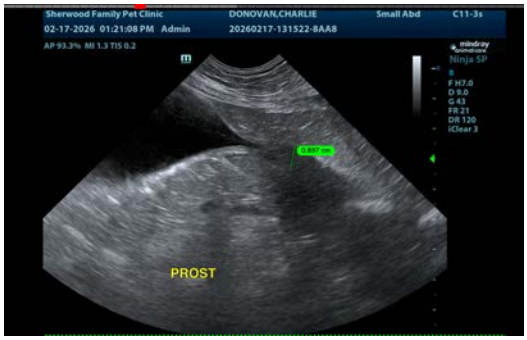

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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