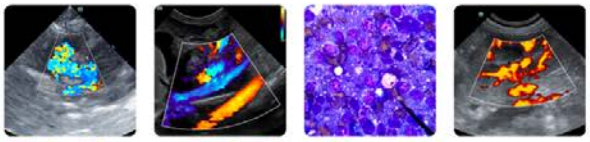


PATIENT

Zeus Gardiner

SPECIES

Canine

BREED

Rottweiler x

SEX

Neutered Male

AGE

9 Years

WEIGHT

86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Grace Kennedy

INVOICE

73118

DATE

2/19/26

PRESENTING CLINICAL SIGNS

P has been anorexic , V+ water, soft stools. Grade 2 heart murmur. PU/PD. X-rays Performed; findings: heart normal in size, abnormal area in chest concerning for possible heart-based tumor or consolidated lung lobe, no evidence of cardiac failure, abdominal abnormalities including possible enlarged liver and indistinct splenic margins, spondylosis L6-L7

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry panel - Performed; results: high liver enzymes (ALP in the 1400s, ALT 356 U/L), elevated bilirubin (4.8 mg/dL), elevated pancreatic values (amylase and lipase), not anemic, platelets slightly decreased but likely due to dehydration, dehydrated, kidney values normal.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (8.66 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 (8.68 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 “plump” measuring 0.62 cm at the cranial pole and 0.87 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.

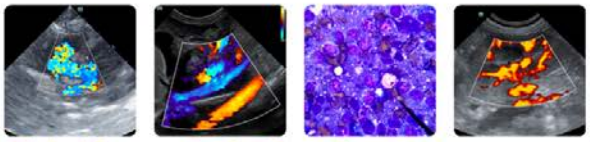
The right adrenal gland is not clearly visualized.

Spleen

The spleen is subjectively normal in size/borderline “plump” (3.66 cm in width at the level of the hilus), 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

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No



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distinct mass lesions are observed. Some lobes of the liver are somewhat rounded, creating a poorly defined "mass effect".

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 0.44 cm. Jejunum wall measures 0.37 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

- Borderline "plump" left adrenal gland – Findings could be consistent with mild hyperplasia, anatomic variation, etc.
- Subjectively large spleen – This could be normal for such a large dog. Other differentials could include congestion, splenitis, lymphoid hyperplasia, or less likely neoplastic infiltration.
- Large, heterogeneous, rounded 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, rounded and heterogeneous. This is a non-specific finding, but given the relatively normal appearing gallbladder, a primary hepatopathy would be the primary differential for the elevation in liver enzymes reported. Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal), looking for underlying round cell neoplasia or other disease process that can be diagnosed cytologically. While awaiting cytology results, recommend treatment for acute liver injury

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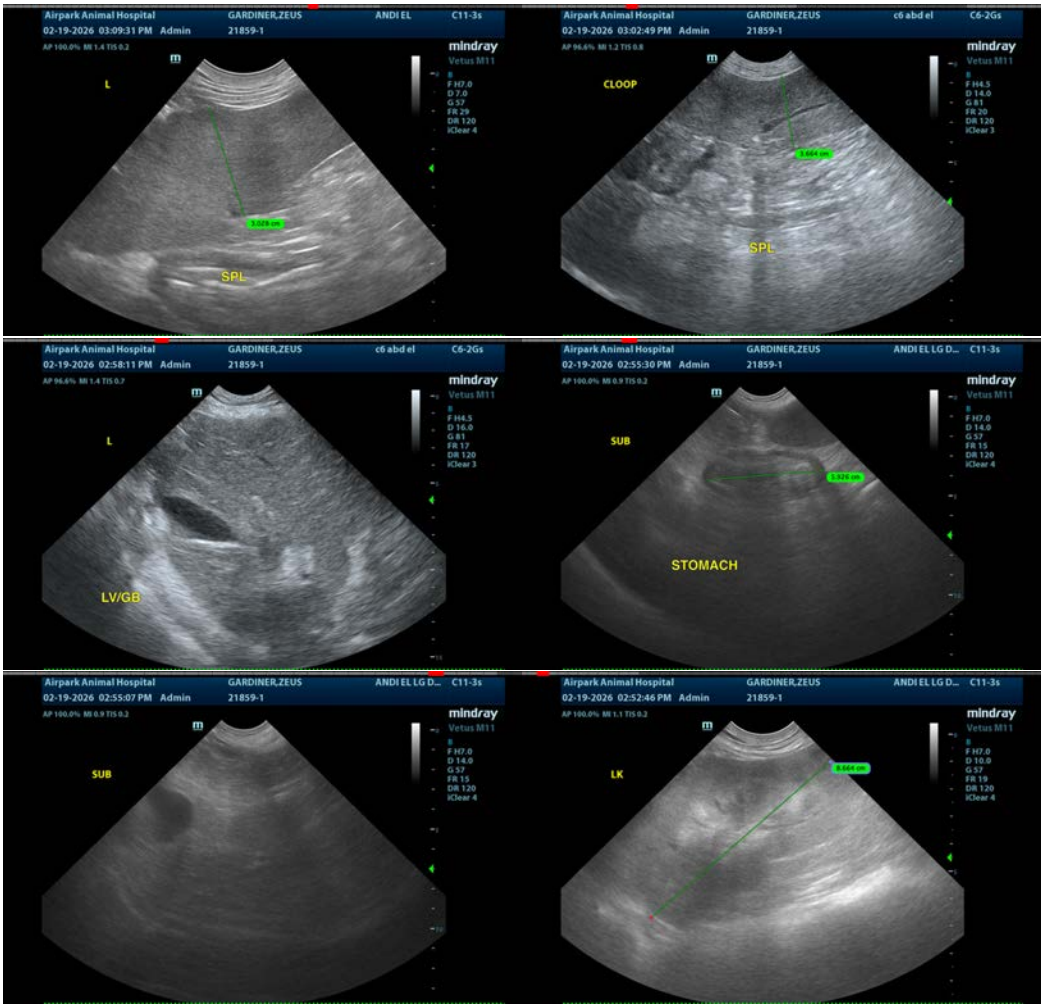
with Ursodiol, Denamarin, antibiotics, and supportive care. If cytology is not definitive and there is no response to supportive care, then biopsies of the liver may be warranted with samples for histopathology, culture and copper levels.

The spleen appears subjectively large but otherwise normal. The significance of this is uncertain in such a large dog. A fine needle aspirate of the spleen could be considered as well.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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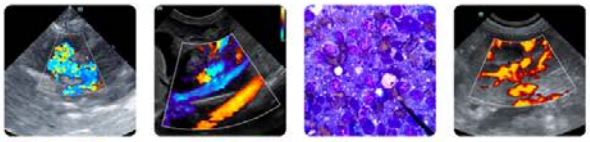

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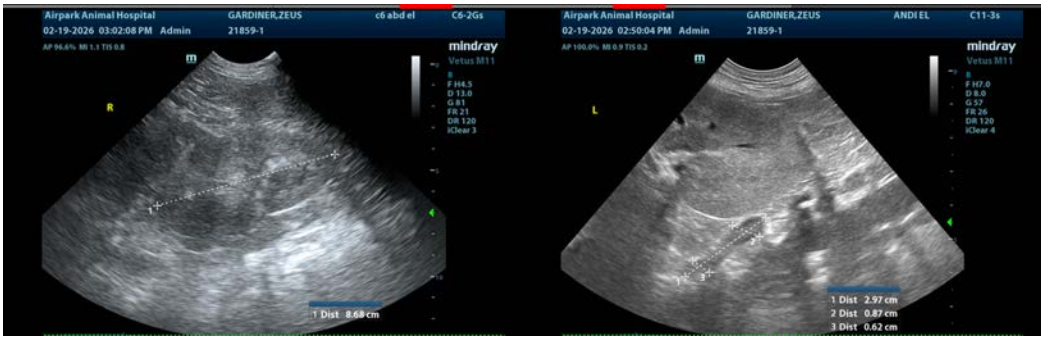

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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