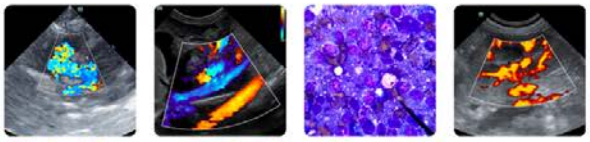

PATIENT

Addison Hawkes

SPECIES

Canine

BREED

Bluetick Coonhound

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

88.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

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PRESENTING CLINICAL SIGNS

Ultrasound to reassess findings from last ultrasound in October 2025 (see below) prior to surgery to remove a mass on the paw (see below cytology results, melanocyte neoplasia). Doing well at home. No current clinical signs. hx of CKD IRIS 2, PLN, urinary incontinence, atopy, hypothyroidism

Current medications: Incurin 1 mg PO q24h, Levothyroxine: 0.4 mg PO q12h, Telmisartan 40 mg tab: 1.25 tabs PO q24h

Abnormal PE/Chem/CBC/UA Results:Physical exam: BCS 8/9, abdomen comfortable on palpation, multiple dermal masses, peripheral LNs normal in size, dermal/lobulated/pigment/soft mass between digits 2 and 3 on the right hind limb (melanocyte neoplasia on cytology), mild dental tartar, well hydrated Lab work: 3/17/26 senior labs ALT high 195 ALP high 205 BUN high 3690 Creat high 1.4 K high 5.6 WBC high 16.6 Neut high 10,790 Eos high 1328 Pelger-Huët anomaly, new finding USG 1.031 Prot 3+ fecal negative 10/8/25 Abdominal ultrasound w/ IM: Hyperechoic hepatomegaly Collection of biliary sludge, few static strands of non-dependent sludge Age related/degenerative kidney changes Hyperechoic pancreatic mottling 9/15/25 FNA pigmented, pedunculated dermal mass b/w dig 2/3 of RH paw INTERPRETATION: Suspected melanocyte neoplasia

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 left kidney has a normal shape and size (7.22 cm) with occasional small cortical cyst. 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 (7.55 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.

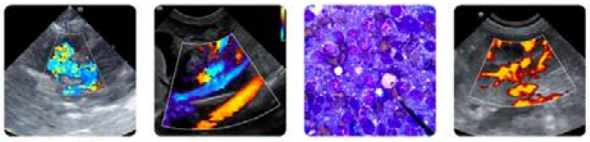
Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 cm at the cranial pole and 0.48 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 0.66 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 normal in size and shape, measuring 2.43 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional small hyperechoic lesions/nodules visualized in the parenchyma. These have the appearance most consistent with benign



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myelolipomas. An example measures 0.52 cm x 0.64 cm in the cranial aspect of the spleen, 0.68 cm x 0.58 cm, and 0.57 cm.

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. There is a large amount of hyperechoic focal debris. In some views the debris has an appearance of a "sludge ball" with some shadowing concerning for some mineralized debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.33 cm 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 to mild 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 0.61 cm. Jejunum wall measures 0.41 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 pancreas is visible and mildly mottled in both limbs, particularly the left limb. 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.
- Hyperechoic lesions in the spleen – Findings are suggestive of benign myelolipomas. Recommend continued monitoring. A neoplastic process cannot be definitively ruled out.
- Pancreatic changes most consistent with chronic pancreatic remodeling.

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- 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.

- Large, hyperechoic shadowing gallbladder debris forming a "sludge ball" – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

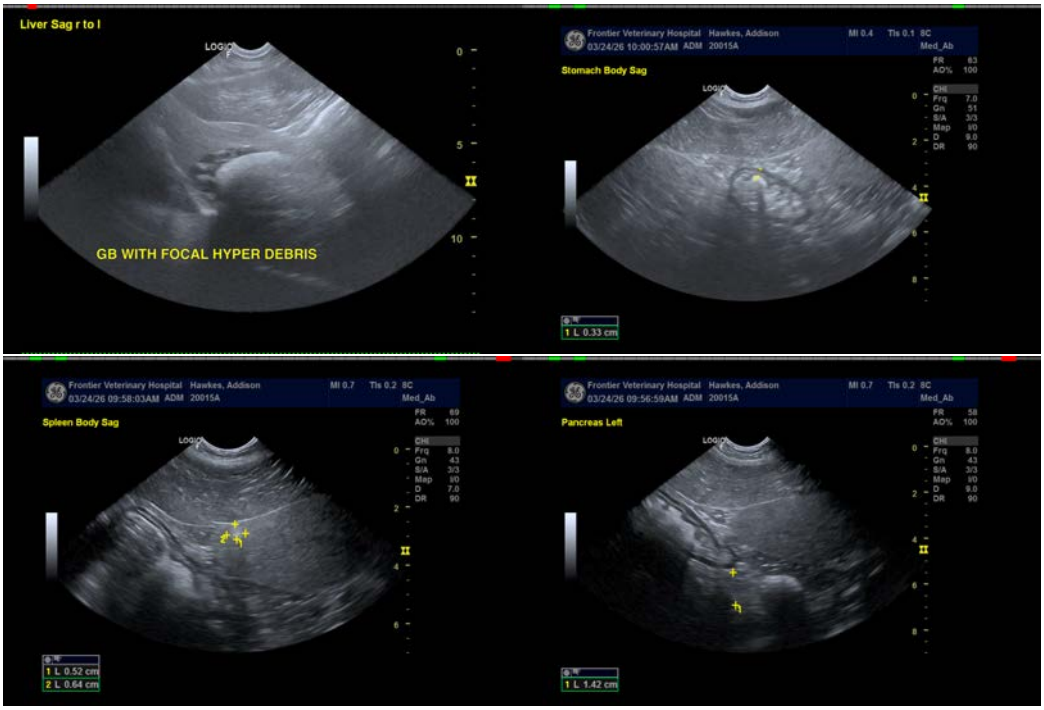
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's exam are similar to those previously described in 10/2025. There is no evidence of overt metastatic disease.

There is a large amount of consolidated hyperechoic shadowing debris visualized within the gallbladder but no evidence of surrounding inflammation or definitive wall thickening. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder. Mild cholecystitis is possible.

The liver is mildly heterogeneous. This is a non-specific finding. You could consider a fine needle aspirate of the liver if concerned (provided coagulation parameters are normal).

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



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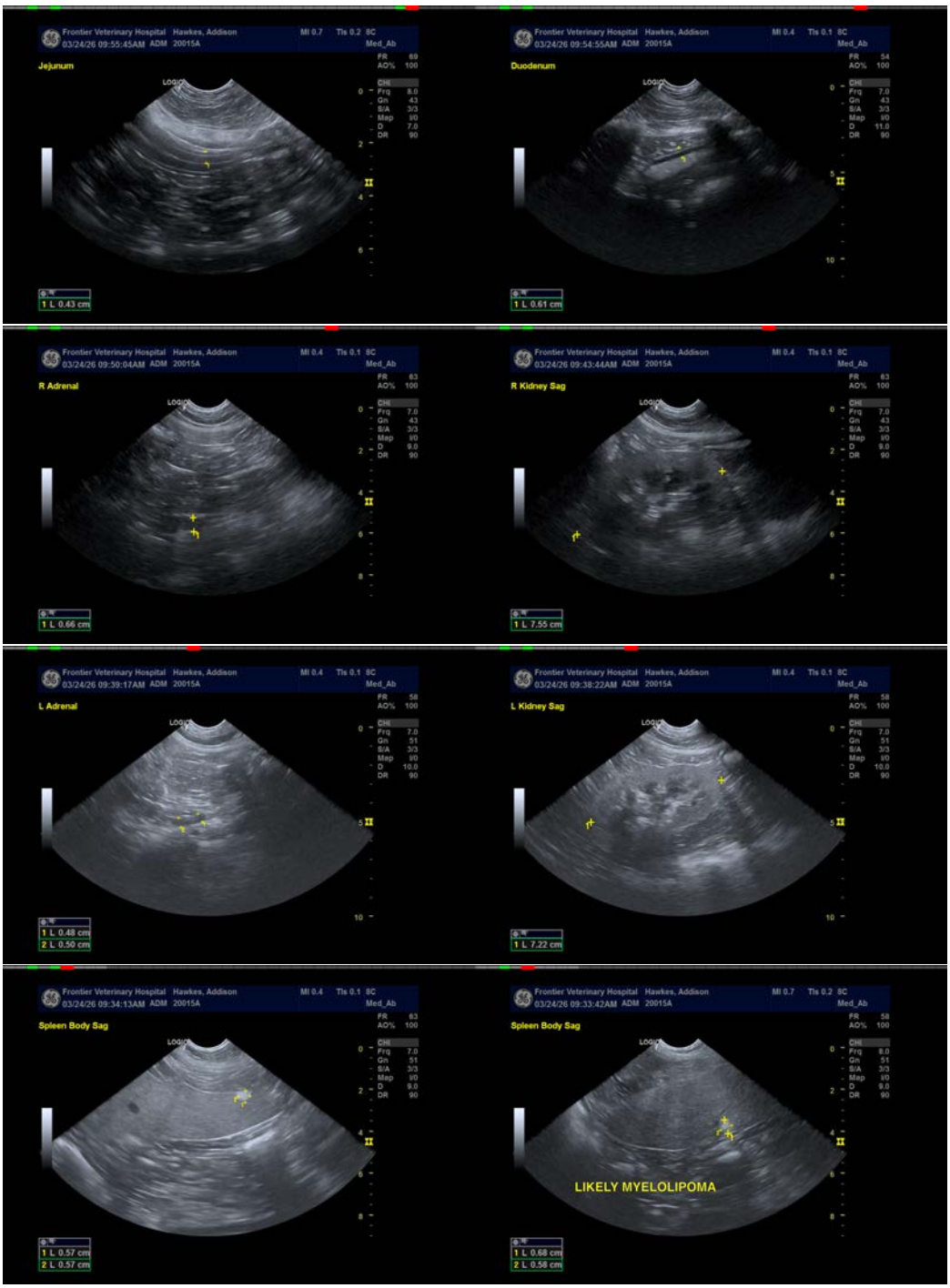

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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