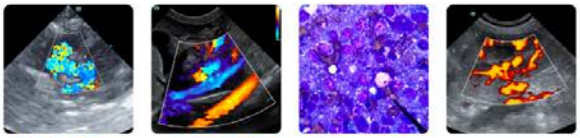


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Lucy Weeks

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

16 Years

WEIGHT

15.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

The Maples Animal Hospital

REFERRING VET

Dr. Kazienko

INVOICE

74029

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Reduced appetite couple weeks-not wanting favourite foods. Vomited(food) a week ago for 2-3 days. Not eaten much since but seems interested. Normal H20 intake. Weight loss. Urinary incontinence over night at times. Losing balance. Coughs/gags sometimes. Normal to quiet GI sounds. Extensive periodontal disease. Lenticular Sclerosis. Mild grade 1/6, left sided heart murmur. Lungs clear. Owner gives Slippery Elm. GI upset? Treated with a Cerenia injection Mar 19.

Current Medications: Clinacin--50mg BID(breath odor), Hepato Support--1 capsule SID

Abnormal PE/Chem/CBC/UA Results: BW attached

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 (3.9 cm) with pyelectasia at 0.26 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.44 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 0.53 cm at the cranial pole and 0.47 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.

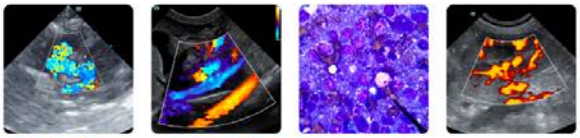
The right adrenal gland is normal in size measuring 1.1 cm at the cranial pole and 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.28 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.

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. There is a poorly defined hyperechoic irregular lesion visualized in the mid caudal region of the liver measuring



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1.99 cm x 2.07 cm. In this same region there is a poorly defined smaller similar lesion measuring 0.95 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. There is a moderate amount of non-organized echogenic 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 <0.7cm 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 0.57 cm. Jejunum wall measures 0.32cm. 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 renal changes and left-sided pyelectasia – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Large, heterogeneous, rounded liver with two irregular hyperechoic lesions/nodules – 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 hyperechoic lesions could represent benign or neoplastic lesions (fibrosis, atypical regenerative nodule, adenoma, carcinoma, etc.).

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

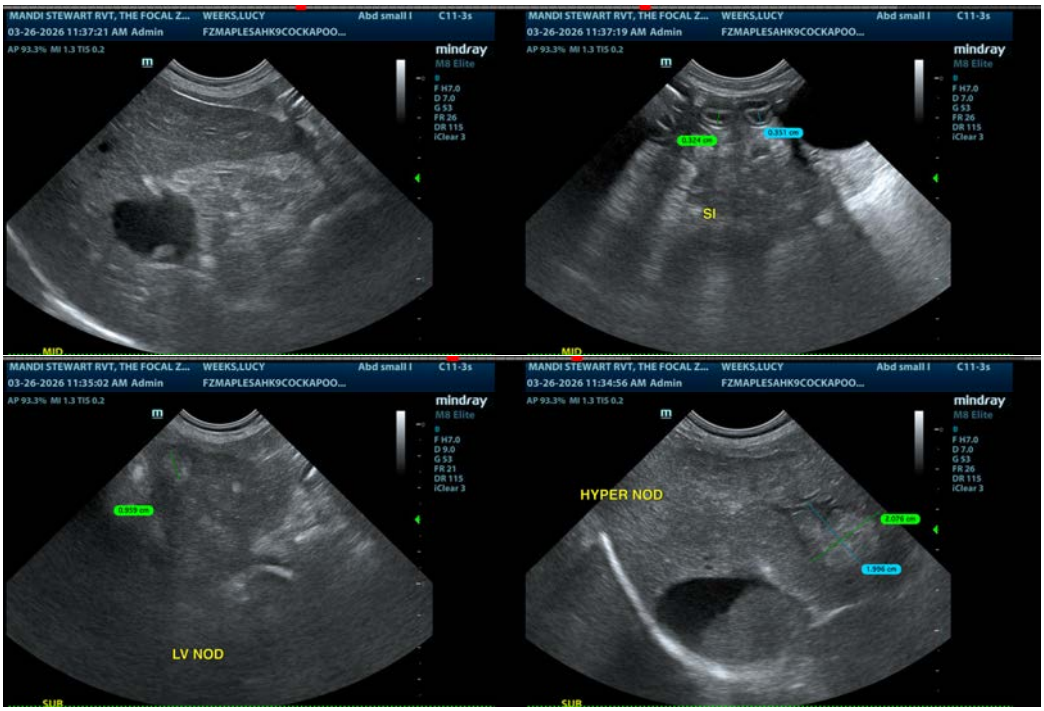
There is a moderate amount of debris in the gallbladder, but no evidence of significant wall thickening or surrounding inflammation. Significant cholecystitis seems unlikely. The liver is large and heterogeneous with some ill-defined hyperechoic parenchymal lesions. The appearance is most supportive of a primary hepatopathy. Consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- Recommend a fine needle aspirate of the hepatic parenchyma as well as of the hyperechoic lesions visualized.

While awaiting cytology results, you could consider empirical treatment for acute liver injury/cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics. If cytology is not helpful and symptoms are persistent, ultimately biopsies of the liver may be warranted to further evaluate.

No focal lesions were visualized associated with the GI tract. Based on the liver enzyme elevations, I suspect the nausea is secondary to liver disease, although a concurrent enteropathy cannot be ruled out.

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



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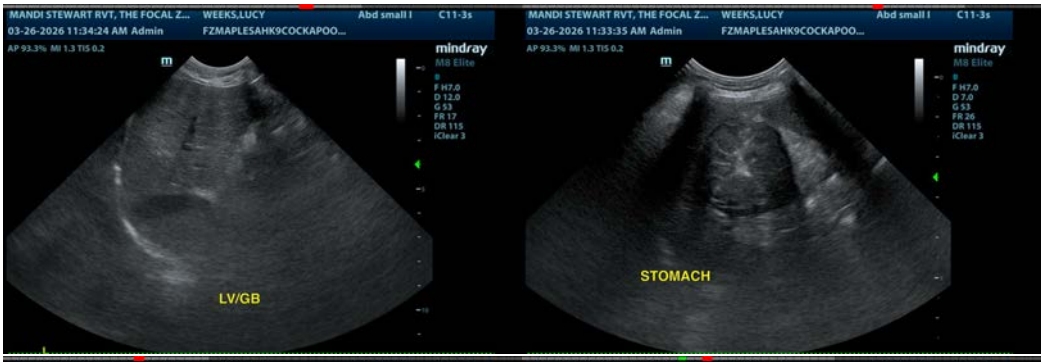

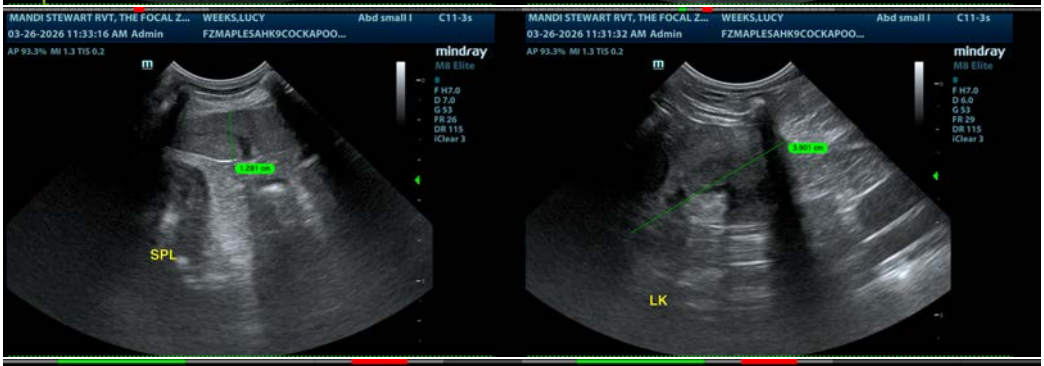

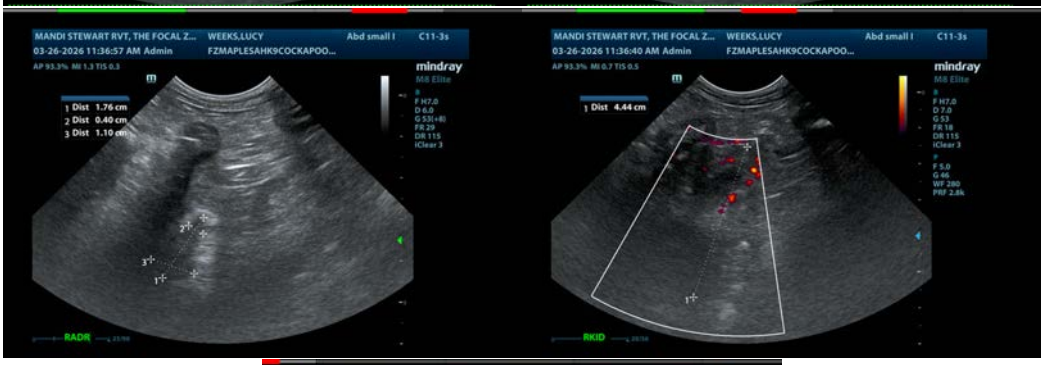

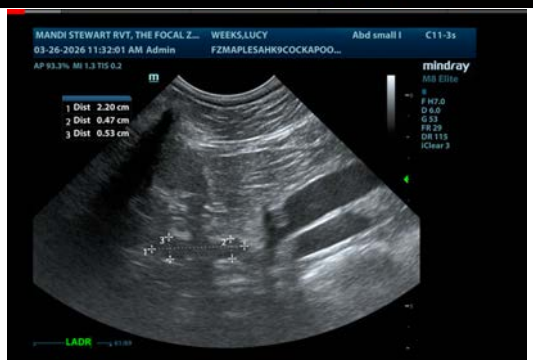

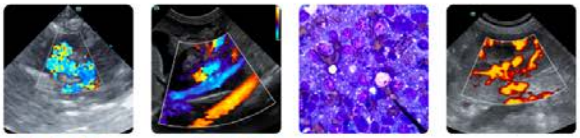

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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