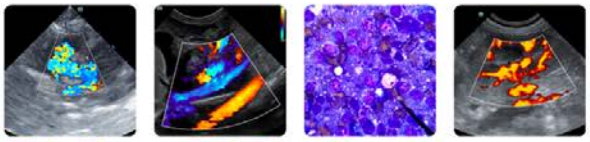


PATIENT

Betty Lou Dahmus

SPECIES

Canine

BREED

Schnauzer x

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

21.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Erika Gallisdorfer, DVM

INVOICE

73389

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Has had persistent elevation in liver values over the last few years - ultrasound in 2023 concern of emerging gallbladder mucocele and Heterogenous Liver - had ben managed on ursodiol and Denamarin, however over last 3 months ALP has started to increase. Exam - mild pot belly, grade 4/6 murmur, thicken stifle due to CCLR, moderate tartar. ALP trends 435 (4/25), 752 (12/25), 1057 (2/26). ALT trends 122 (4/25), 218 (12/25), 207 (2/26). GGT trends 5 (4/25), 6 (12/25), 5 (2/26). UA 2/26 - spgr 1.031, ph 5.5, UPC 0.3

Current Diet - hills c/d (has had cystotomy previously CaOx stones and has since recurred)

Current Medication Gabapentin, Dasuquin, Denamarin advanced, Forti-flora, K-CIT-V Chewable tablets, Interceptor, Ursodiol, Vetmedin, Telmisartan

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, or masses. In the dependent portion of the urinary bladder there is a focal area of dependent shadowing debris most consistent with small stones or mineralized debris.

The left kidney has a normal shape and size (4.38 cm) with numerous non-obstructive nephroliths and mild pyelectasia at 0.20 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.75 cm) with numerous non-obstructive nephroliths and a 0.52 cm cortical cyst in the caudal pole. 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.

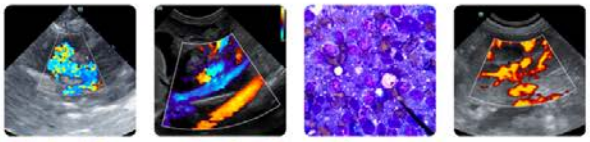
Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.59 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 0.40 cm at the cranial pole and 0.43 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 (2.46 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.



PATIENT

Betty Lou Dahmus

SPECIES

Canine

BREED

Schnauzer x

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

21.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Erika Gallisdorfer, DVM

INVOICE

73389

DATE

3/4/26

Liver

The liver is 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. There are too numerous to count hypoechoic nodules visualized throughout the parenchyma, generally varying in size from 0.25-1.5 cm. Additionally, there is a large, hyperechoic, mixed echogenicity mass effect visualized in the left mid cranial region measuring 4.86 cm x 4.86 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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 0.46 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 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

- Dependent mineralized debris/small stones visualized in the urinary bladder – Recommend urinalysis and culture +/- radiographs.
- Age related changes visualized associated with both kidneys as well as non-obstructive nephroliths and mild pyelectasia of the left kidney.
- Large, heterogeneous, rounded liver with ill-defined hypoechoic nodules and a large, hyperechoic, mixed echogenicity mass effect – 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 nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out. The mass effect has an appearance most consistent with a primary hepatic mass lesion such as

PATIENT

Betty Lou Dahmus

SPECIES

Canine

BREED

Schnauzer x

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

21.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Erika Gallisdorfer, DVM

INVOICE

73389

DATE

3/4/26

an adenoma or carcinoma. Other differentials are possible.

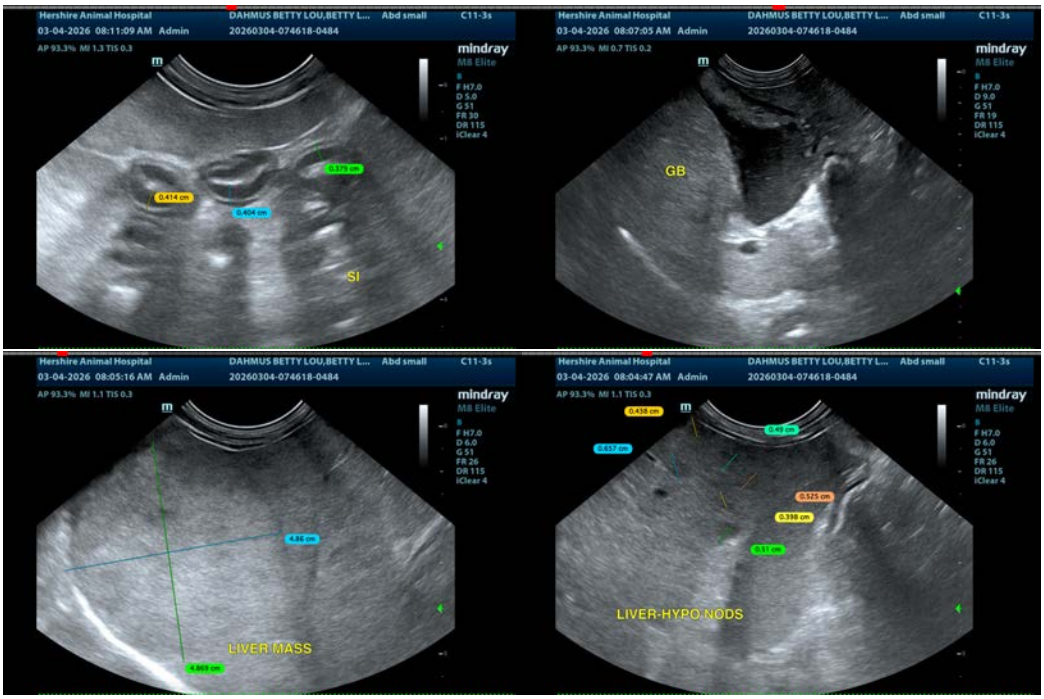
- Distended gallbladder with a large amount of intraluminal debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation 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

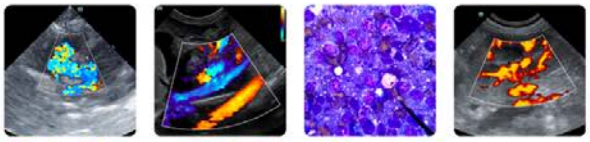
The liver itself has an appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. The smaller hypoechoic nodules have an appearance most consistent with small regenerative nodules. There is a large, mixed echogenicity, hyperechoic mass effect that has an appearance most consistent with a primary hepatic lesion. If surgery would be considered, recommend a contrast CT scan to further evaluate this lesion for possible surgical assessment. If surgery is not pursued, consider continued monitoring with ultrasound. If this is an adenoma or a primary hepatic carcinoma, it can be slow growing and slow to metastasize in some individuals.

There are changes consistent with chronic renal disease. Consider a urinalysis, culture +/- urine protein to creatinine ratio, and a blood pressure as a baseline. Recommend radiographs to assess the size of the stones present in the urinary bladder (it is possible these are small enough to pass).

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



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Betty Lou Dahmus

SPECIES

Canine

BREED

Schnauzer x

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

21.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

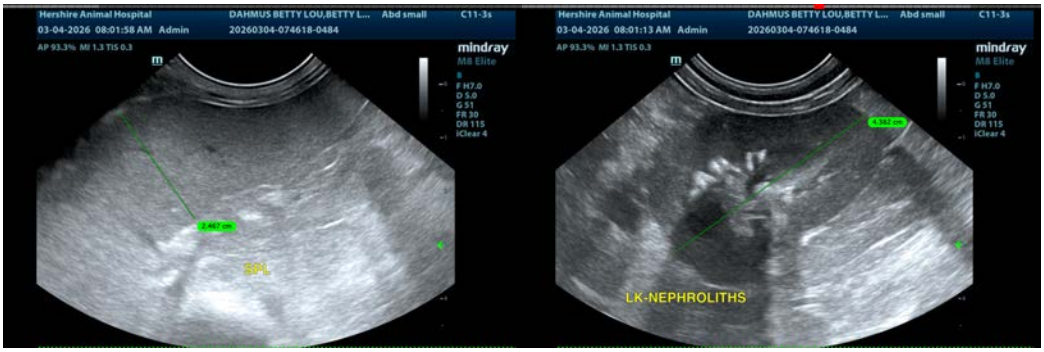
Erika Gallisdorfer, DVM

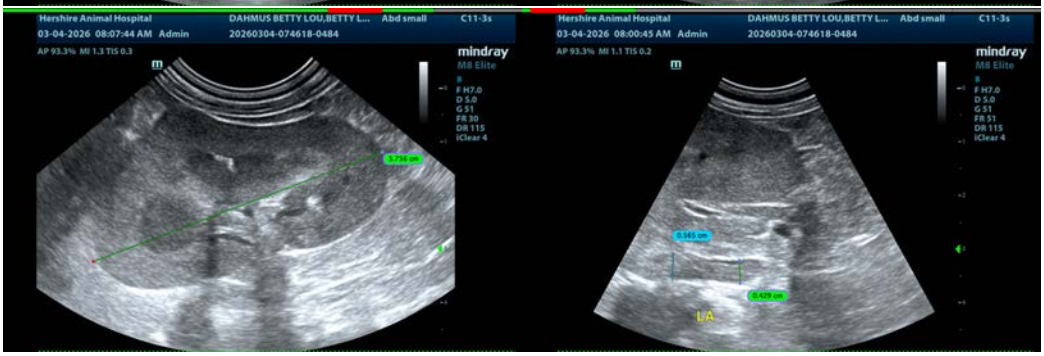
INVOICE

73389

DATE

3/4/26





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