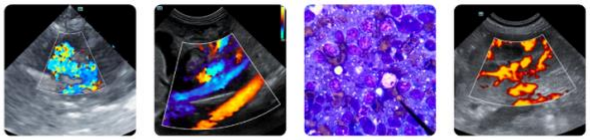


PATIENT

Bear Girard

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered Male

AGE

8 Years

WEIGHT

52 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Chaley Hunt LVT

HOSPITAL NAME

SVS Imaging- Western Michigan

REFERRING VET

Dr. Jennifer McDaniel

INVOICE

14808

DATE

04/03/26

PRESENTING CLINICAL SIGNS

2/11/26: Presented to rDVM for decreased appetite for 2-3 weeks and weight loss (down 6.5lb since rDVM saw him last), however, owner has also been working on weight loss. Cough/hack once daily like he needs to bring phlegm up. Soft stools -- (better the last two stools) two weeks cow pie consistency 1-2x/day, no urgency. Vomited few days ago - food - better with small meals often. 3/30/26: Owners noted he had a fever with red eyes and hot feet in the evening. 3/31/26: His fever went down and he was less restless, but he wouldn't eat for them.-Today they did get him to get some kibble. 3/26/26: 2 masses in chest found on x-ray

Current meds: Meloxicam SID got this am. Denamarin SID- hasn't had in week. Tylan powder at home- hasn't given

Abnormal PE/Chem/CBC/UA Results: 2/12/26: Chem: ALT 144 18.00 121.00 ALP 760 5.00 160.00 5/21/25: Chem: ALP 535 5.00 160.00

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 2.0 cm) 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 (7.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

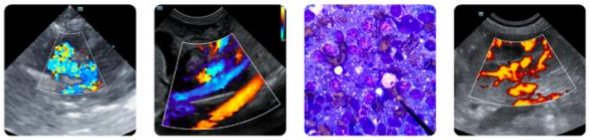
The right kidney has a normal shape and size (7.07 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 cm at the cranial pole and 0.71 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 0.84 cm at the cranial pole and 0.63 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



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The spleen is subjectively large in size. The spleen echotexture is heterogenous and mildly mottled, 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. The spleen measures 1.77 cm in width at the level of the hilus.

Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is 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. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid and a small amount of shadowing ingesta. It measures at a normal thickness of <0.7 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 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. The duodenum measured as normal (0.57 cm in wall thickness) and the jejunum measured as normal (0.44 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 prominent and mottled in both limbs compared to the surrounding isoechoic 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.

Other

A subcutaneous mass effect is visualized measuring 2.8 cm.

ULTRASONOGRAPHIC FINDINGS

- Subjectively large mildly mottled spleen- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative

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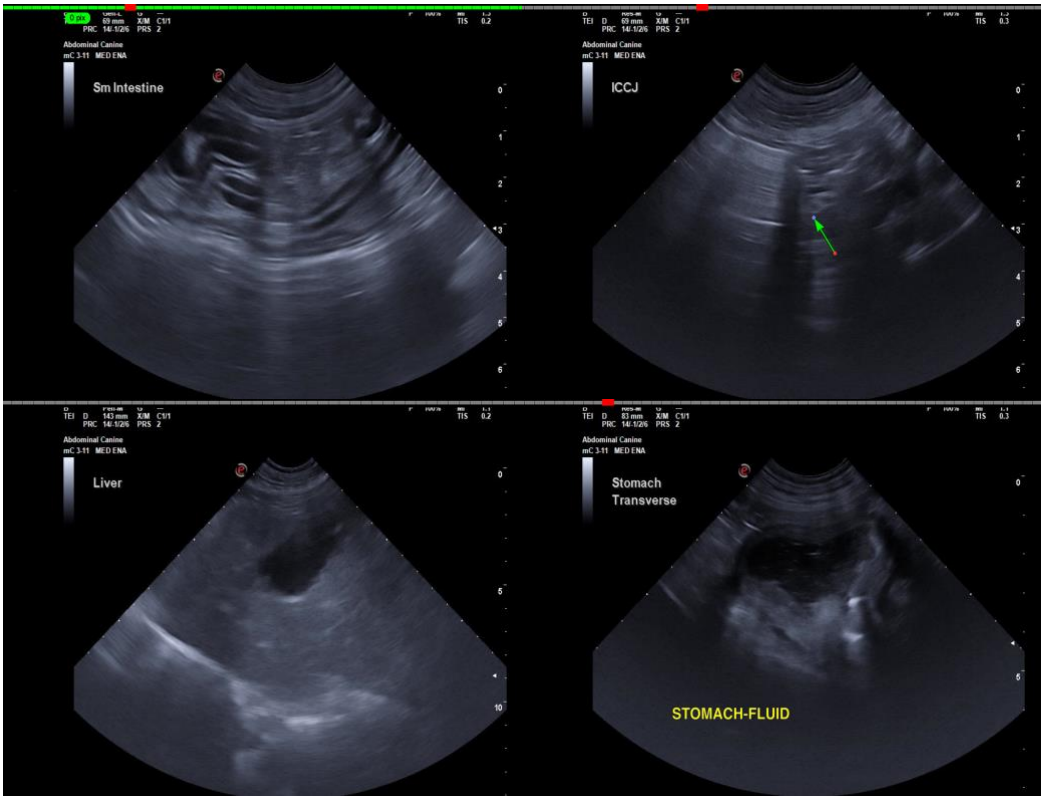
neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Pancreatic changes most consistent with pancreatic remodeling- mild chronic pancreatitis is possible.
- Large heterogenous liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Isoechoic homogenous subcutaneous mass- has the appearance most consistent a lipoma. Recommend a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No discrete mass effects are visualized on today's exam. The spleen subjectively appears large and somewhat mottled. Consider a fine needle aspirate for further evaluation.

Additionally, the liver is large and heterogeneous. These changes could be consistent with vacuolar hepatopathy but other hepatopathies and even infiltrative neoplasia can have a similar appearance. Recommend a fine needle aspirate and consider pre and post prandial bile acids to assess liver function.



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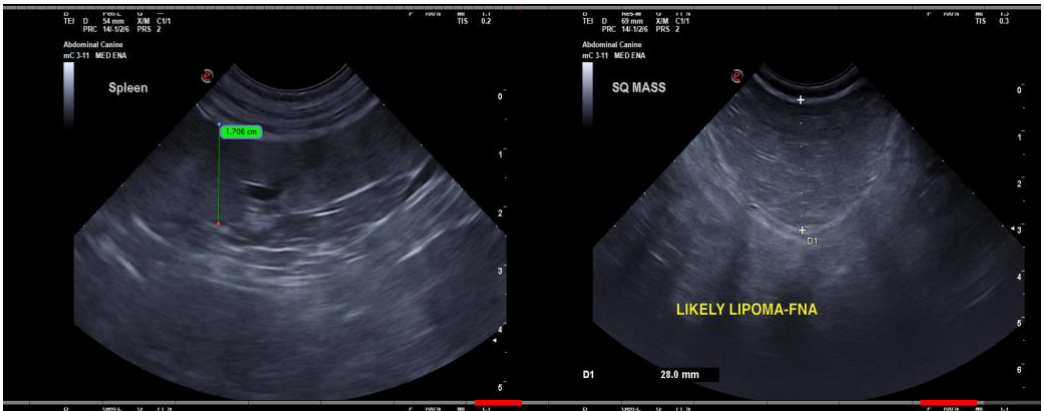

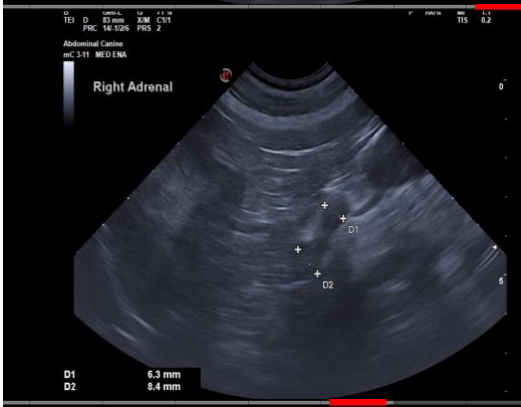

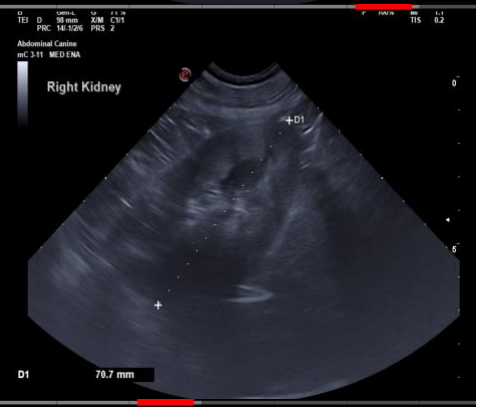

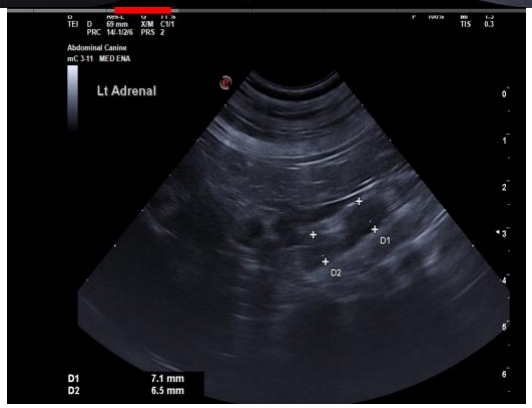

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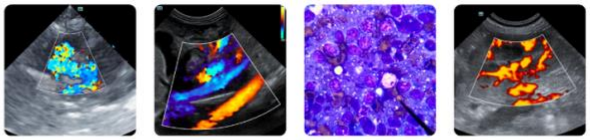

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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