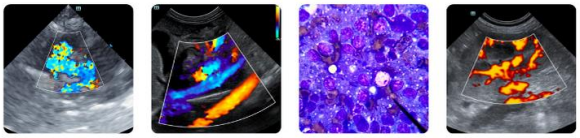

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Bolt Gjerde

SPECIES

Canine

BREED

Cardigan Welsh Corgi

SEX

MN

AGE

13 yrs

WEIGHT

26 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Srch-Thaden

INVOICE

10548

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pigmented mass right lower palpebra. Hair coat intact without evidence of ectoparasites, wounds, or masses ABNORMAL Labwork Values Mild Eosinophilia 0.9 Elevated ALT 192 U/L Mildly Elevated ALP 168 U/L Renal azotemia BUN 34 mg/dL, CRE 1.8 mg/dL Mild hyperglycemia 115 mg/dL stress T4 2.7 ug/dL WNL Na:K 31 Current Medications N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of mild asymmetrical renal margination were noted. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size, given patient body weight. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the caudal pole. The right adrenal gland measured 0.86 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was mildly enlarged in size. Normal hepatic vascular volume was present. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in

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appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Normal gallbladder
- Bilateral chronic renal changes
- Mild nonspecific bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is nonspecific and most consistent with benign criteria. Mild vacuolar or inflammatory hepatopathy, mildly nonobstructive cholestasis, hyperplasia, or other, with hepatic neoplasia thought less likely, are all potentials.

Given no reported clinical signs in this patient, i.e., PU/PD, polyphagia, etc., the mild bilateral adrenomegaly may be incidental. Adrenal workup is warranted if clinical signs consistent with Cushing's Syndrome are non-reported or arise. Hepatosupportive with clinical and as-needed sonographic monitoring, if evidence of progressive hepatopathy, would be reasonable. If not done, baseline renal staging to include C/S or UPC level may be considered. Concurrent renal support with monitoring of renal parameters and urinalysis is recommended.

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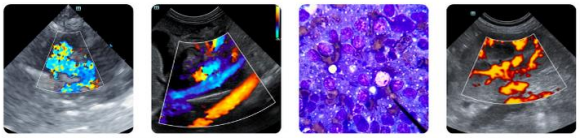

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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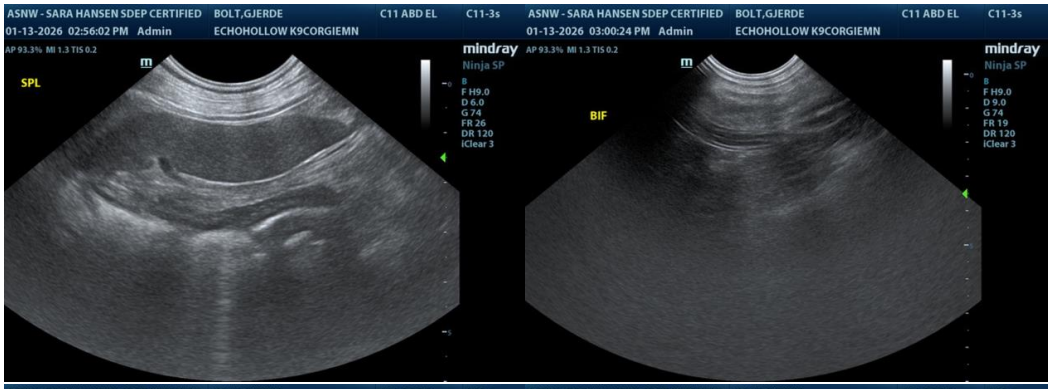

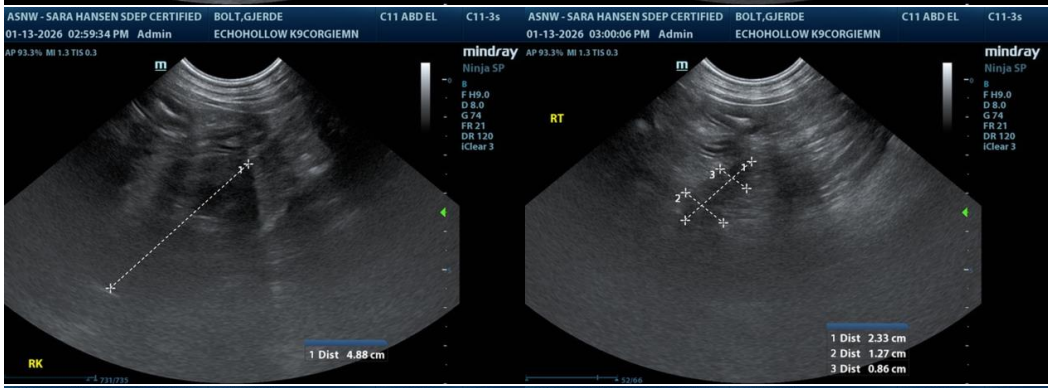

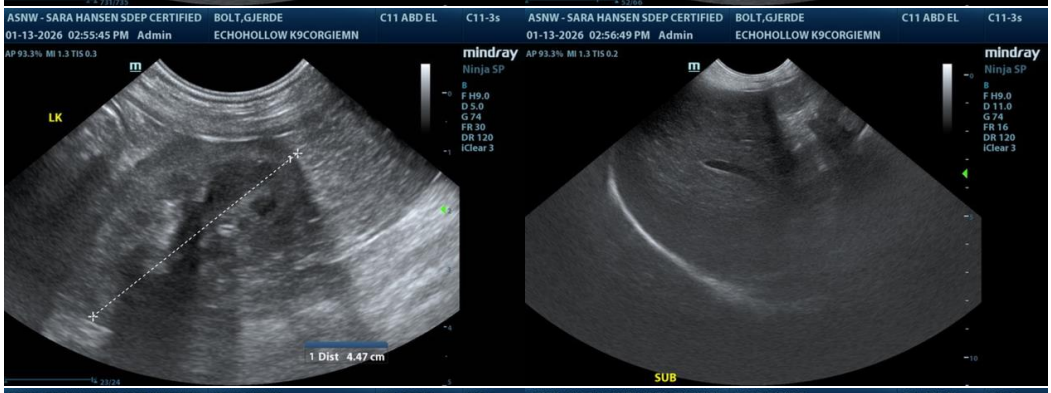

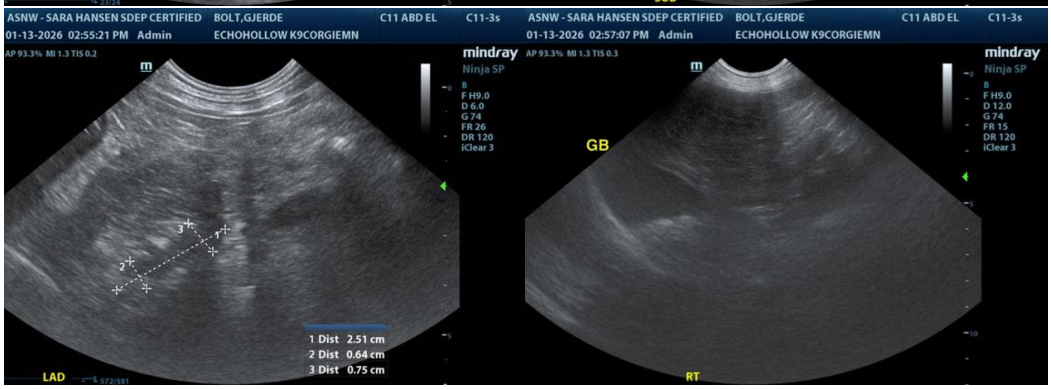

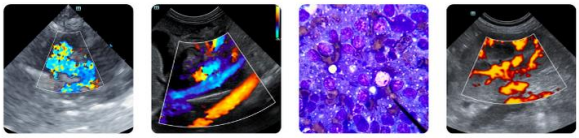

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com