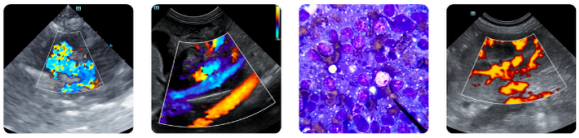

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PATIENT

Stella Rose Asher

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

9y

WEIGHT

13.69 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Animal Care Center

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Dr. Harbord

INVOICE

13074

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: geriatric shih tzu with minimal prior HX from early years. belongs to rescue sanctuary. Planning for repeat COHAT pending work-up of progressive liver enzyme abnormalities. -2024: inguinal hernia repair -- followed by SSI -2025/2026: cataracts -- severe dental disease ABNORMAL Lab work Values 1/8/26: ALP 429 7/10/25: ALP 333

Current Medications Trazodone 50mg 12/2 hr prior to visit. Gabapentin 100mg 12/2 hr prior to visit

Radiographic Findings: none recently. Emailed abdominal radiographs from 2024 (prior to inguinal hernia repair)

Notes to Specialist (if any): planning for anesthesia / COHAT pending work-up (COHAT with extractions)

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 uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild areas of medullary mineral was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

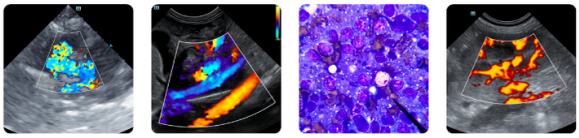
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at 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

The liver presented subjective borderline to possible mild hepatomegaly. 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



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rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction 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
- Non-organized gallbladder debris (non-mucocele)
- Mild age-related renal changes with pinpoint medullary mineral
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is most consistent with benign hepatopathy criteria and suggestive of nonspecific or possible idiopathic vacuolar or non-obstructive cholestatic hepatopathy in conjunction with elevated ALP. Potential for hepatic inflammation in conjunction with the mild gallbladder debris thought less likely without evidence of neoplastic criteria or concurrent adrenal pathology. Adrenal screening could be considered if clinical signs consistent with adrenal disease are non-reported or arise. Hepato-supportive medications with monitoring would be reasonable assuming patient is non-clinical. No hepatic anesthetic contraindications.

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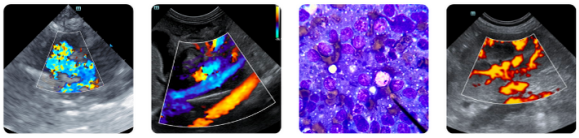

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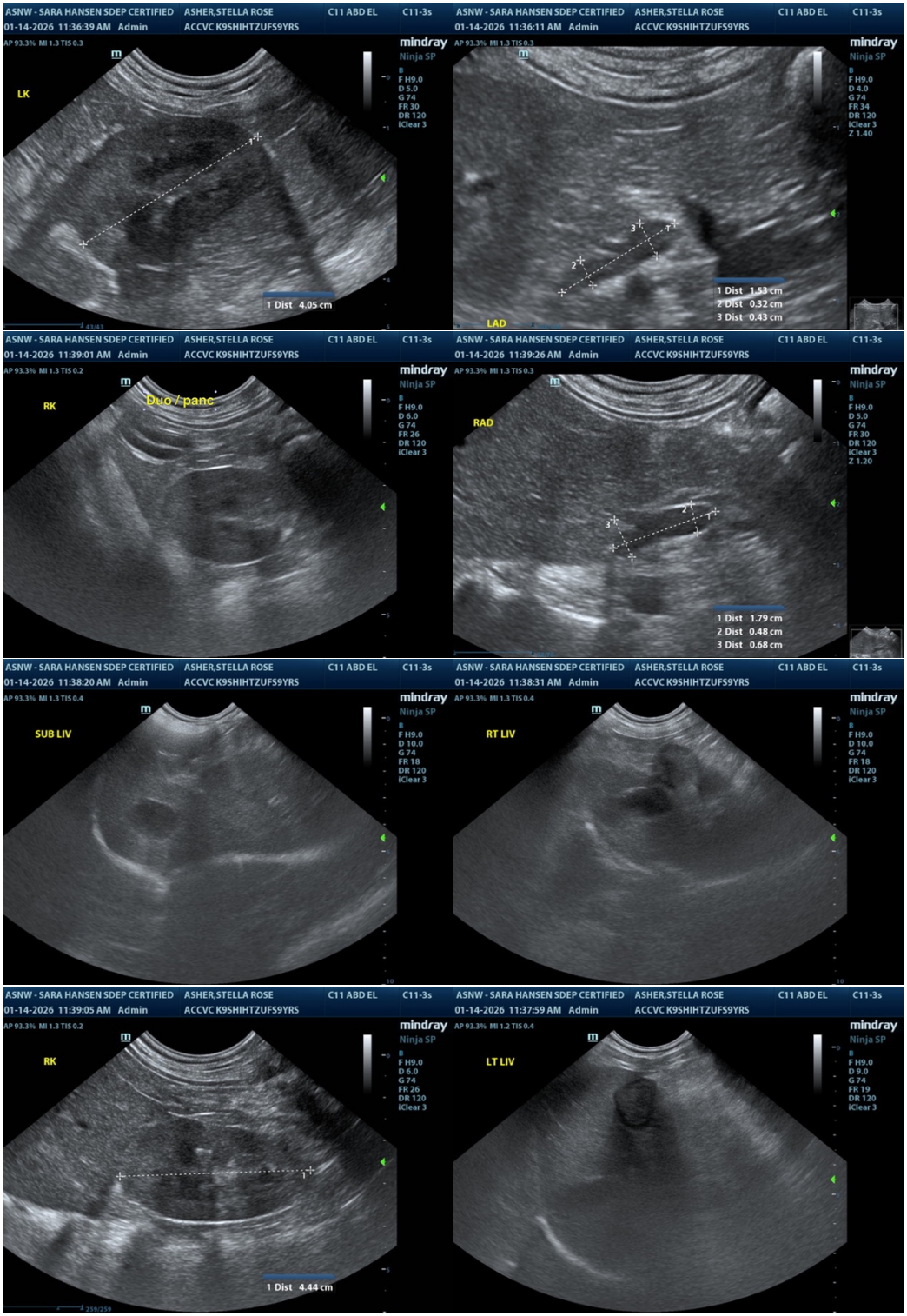

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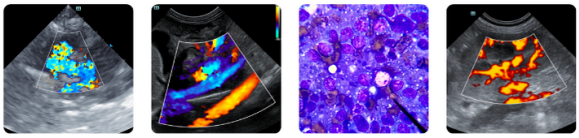

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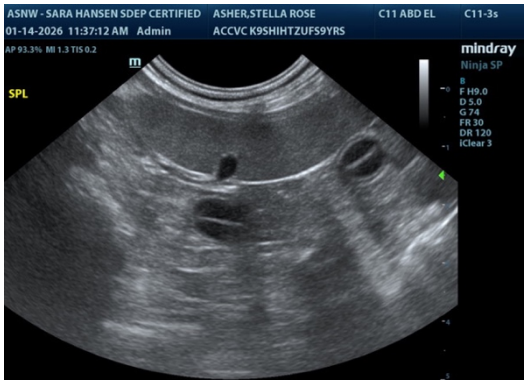

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com