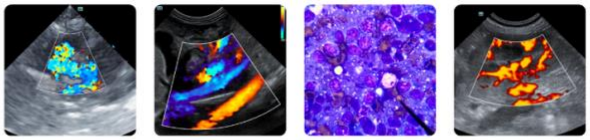


PATIENT

Abby Hobt

SPECIES

Canine

BREED

MBD

SEX

Spayed Female

AGE

15

WEIGHT

34.6

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Michael Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Tuckett

INVOICE

13241

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Rapid weight loss over 2 months. Rooting behavior but not eating normal food at home. Vomiting and diarrhea for 4 months. Emaciated 2/9, cysts on caudal hind skin, periodontal disease

Abnormal PE/Chem/CBC/UA Results: 9/2025 last chemistry revealed elevated liver enzymes. values not provided by referring veterinarian

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the uterine remnant 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. Mild medullary mineral was visualized. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The adrenal glands were enlarged in size exhibiting nonhomogenous nonmineralized parenchyma with indistinct noncapsule distorting nonmineralized right adrenal nodule measuring 2.1 cm x 1.2 cm. The right adrenal gland measured 0.76 cm width at the caudal pole. The left adrenal gland measured 0.93 cm width at the caudal pole.

Spleen

The spleen revealed regional splenomegaly most notable in the cranial spleen with symmetrical to rounded splenic capsule contour and maintained homogenous parenchyma.

Liver & Gallbladder

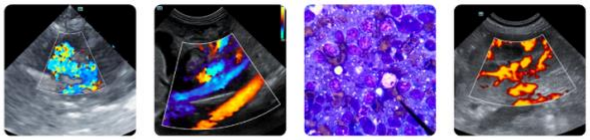
The liver was mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall exhibiting indistinct gastric mural detail. The stomach contained mild to moderate variably echogenic nonshadowing ingesta.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to



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diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

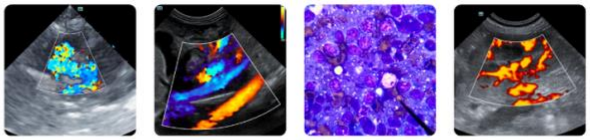
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Regional splenomegaly- hyperplasia, hematopoiesis, inflammation, occult neoplasia are all potentials.
- Mildly enlarged nonhomogenous liver- inflammation, vacuolar changes, hyperplasia, noncardiogenic congestion or other hepatopathy versus occult neoplasia.
- Nonspecific gastroenteropathy exhibiting mildly thickened stomach, retained gastric ingesta and mild segmental nonobstructive intestinal ileus.
- Prominent hypoechoic pancreas- inflammation, edema possible.
- Bilateral mildly enlarged nodular adrenal glands0 hyperplasia, adenomatous change, left or right neoplastic criteria not obviously met yet not excluded.
- Bilateral mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic FNA cytology is recommended for further clarification. Adrenal workup is warranted if clinical signs are consistent with Cushing's syndrome as well as monitoring of systemic BP for evidence of hypertension given bilateral adrenomegaly and right adrenal nodule. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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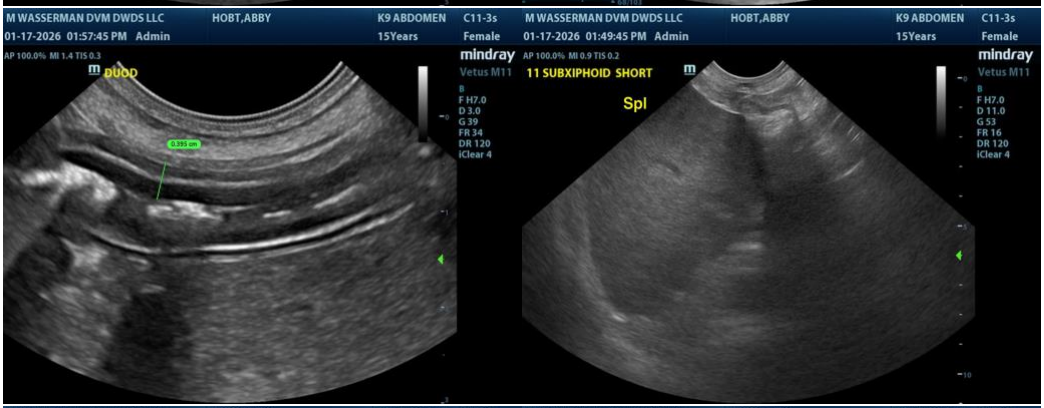

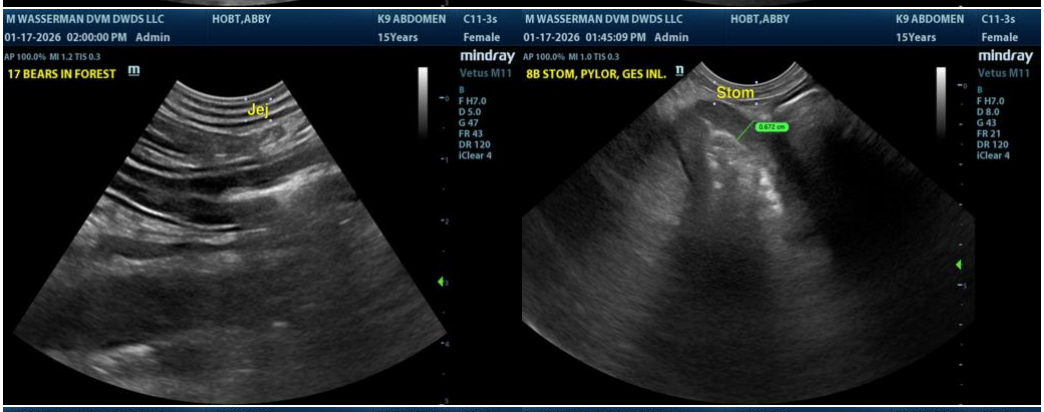

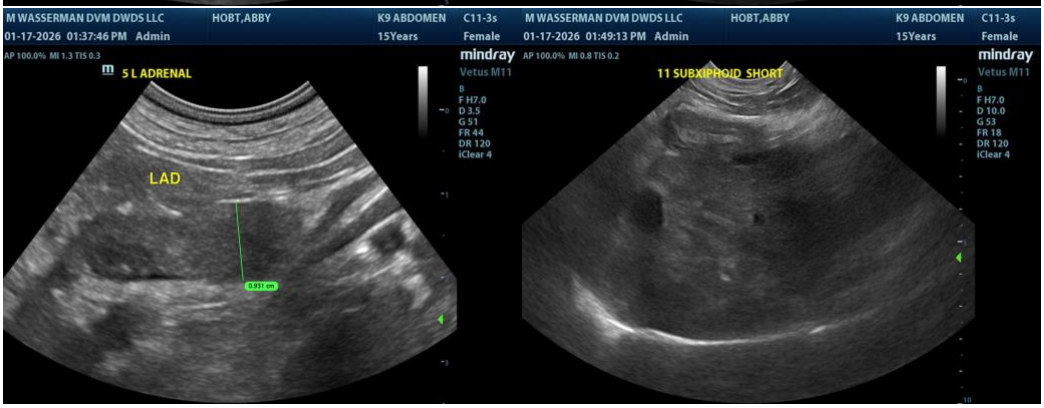

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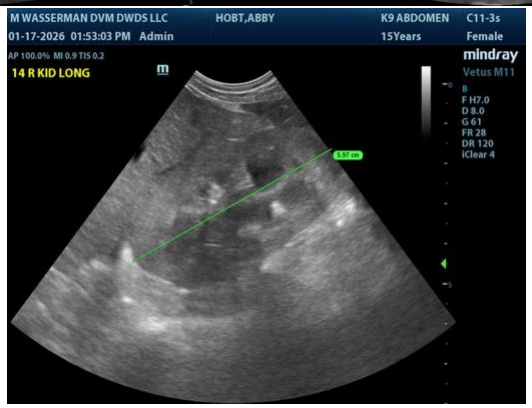

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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