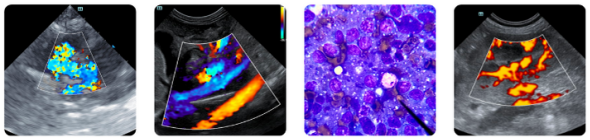

PATIENT

Jack Conrad

SPECIES

Canine

BREED

Mini Poodle Mix

SEX

Male Neutered

AGE

9y

WEIGHT

6.6 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harmon

HOSPITAL NAME

Wilvet South

REFERRING VET

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INVOICE

13112

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History:

- Presented for acute onset lethargy, heavy breathing and hyporexia
- PE revealed severe pyrexia (temp of 106.4), no pain on abdominal palpation, intermittent split S2 sound, no crackles or wheezes, thoracic rads normal/unremarkable

Abnormal PE/Chem/CBC/UA Results: Abnormal PE/Chem/CBC/UA Results: CBC- HCT 45.7%, WBC 0.81, Neut 0.02, Lymph 0.46, Eos 0 CHEM 17- Phos 2.2, ALT 824, ALP 504, GGT 23, Chol 446 UA- USG 1.035, pH 9.0, WBC 8/hpf, RBC 13/hpf, possible bacteria confirmation pending AFAST- visible hyperechoic material in gallbladder, not fully organized but concerning with elevated liver values.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate presented sonographically normal.

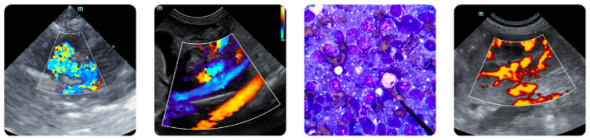
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland exhibited indistinct, non-homogeneous, non-mineralized cranial pole nodule measuring 0.87 cm in diameter. The left adrenal gland measured 0.47 cm width in the caudal pole. The right adrenal gland exhibited a mildly enlarged caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland exhibited indistinct, non-homogeneous, non-mineralized cranial pole nodule measuring 1.1 cm in diameter. The right adrenal gland measured 0.66 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.



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Liver

The liver presented mildly enlarged in size. 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 appearance without signs of congestion. The gallbladder was non-distended in size with normal wall and without evidence of edema. Moderate, non-organized, hyperechoic debris. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, non-shadowing ingesta consistent with food echogenicity.

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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, visualized significant omental lymphadenopathy or evidence of peritonitis.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjective benign
- Non-inflamed immature gallbladder mucocele
- Normal gastrointestinal tract with mild, non-shadowing gastric ingesta – consistent with food echogenicity
- Normal pancreas
- Bilateral nodular adrenal glands – hyperplasia, functional vs non-functional adenoma, emerging unilateral/bilateral adrenal tumors less likely yet not excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver may indicate inflammatory, cholestatic, infectious or vacuolar hepatopathy with occult hepatic neoplasia thought less likely. The gallbladder did not meet classic mucocele criteria and without evidence of gallbladder or peripheral gallbladder inflammation, it is of unclear clinical significance at this stage. However, the gallbladder does not appear to be immediately surgical. Further assessment of the liver may include, assuming normal clotting status, FNA cytology and +/- leptospirosis titer/PCR. Adrenal workup warranted if clinical signs suggestive of Cushing's Syndrome area non-reported or arise. Monitoring of systemic BP as well as sonographic monitoring of the bilateral adrenal nodules and gallbladder for evidence of progression is recommended. Initial therapy for nonspecific hepatitis with coverage for possible sepsis given severe neutropenia and clinical monitoring is recommended.

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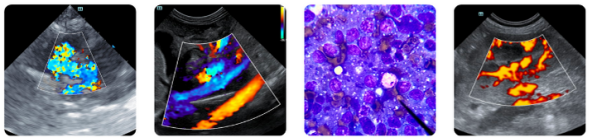

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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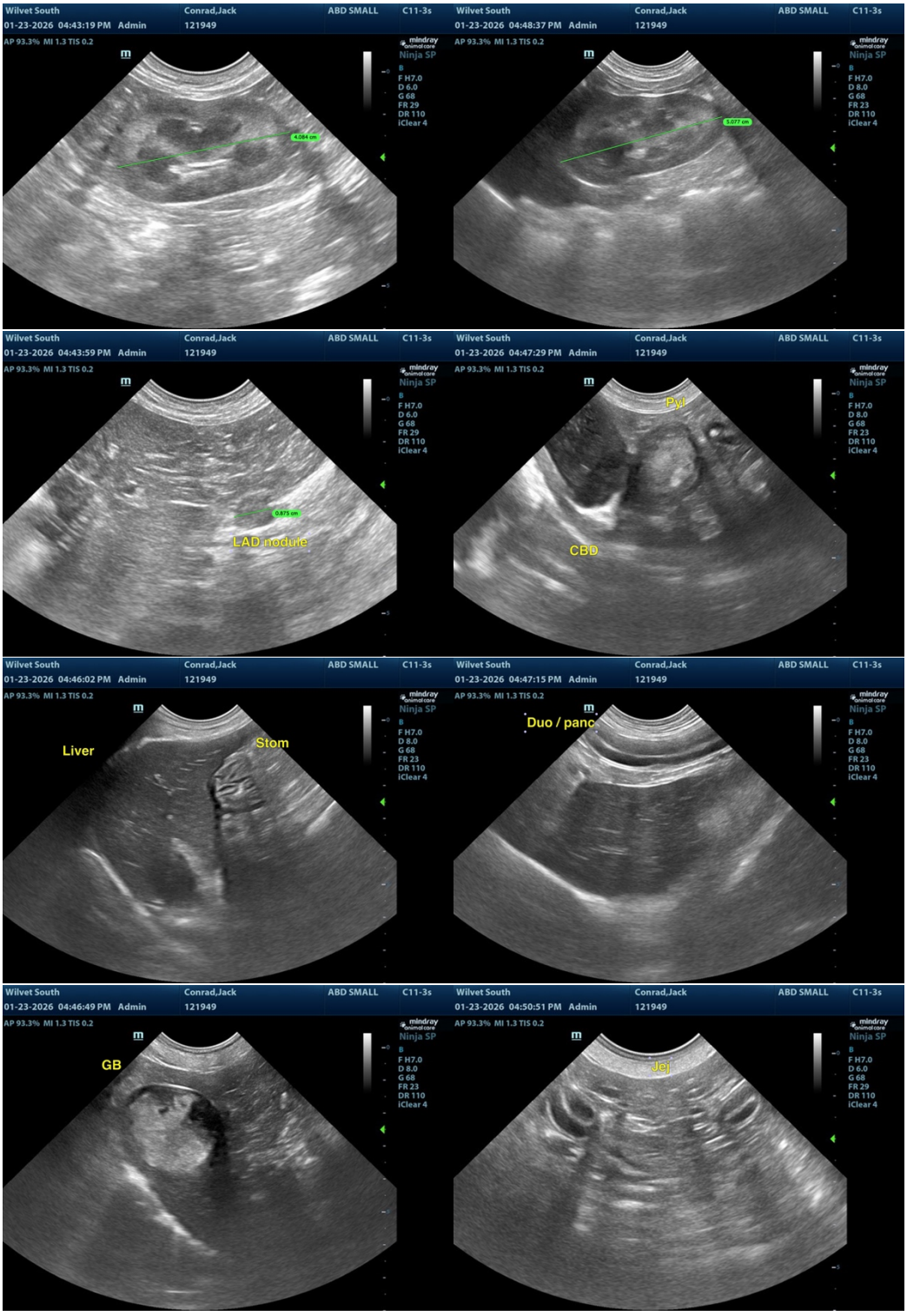

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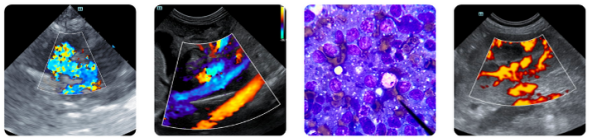

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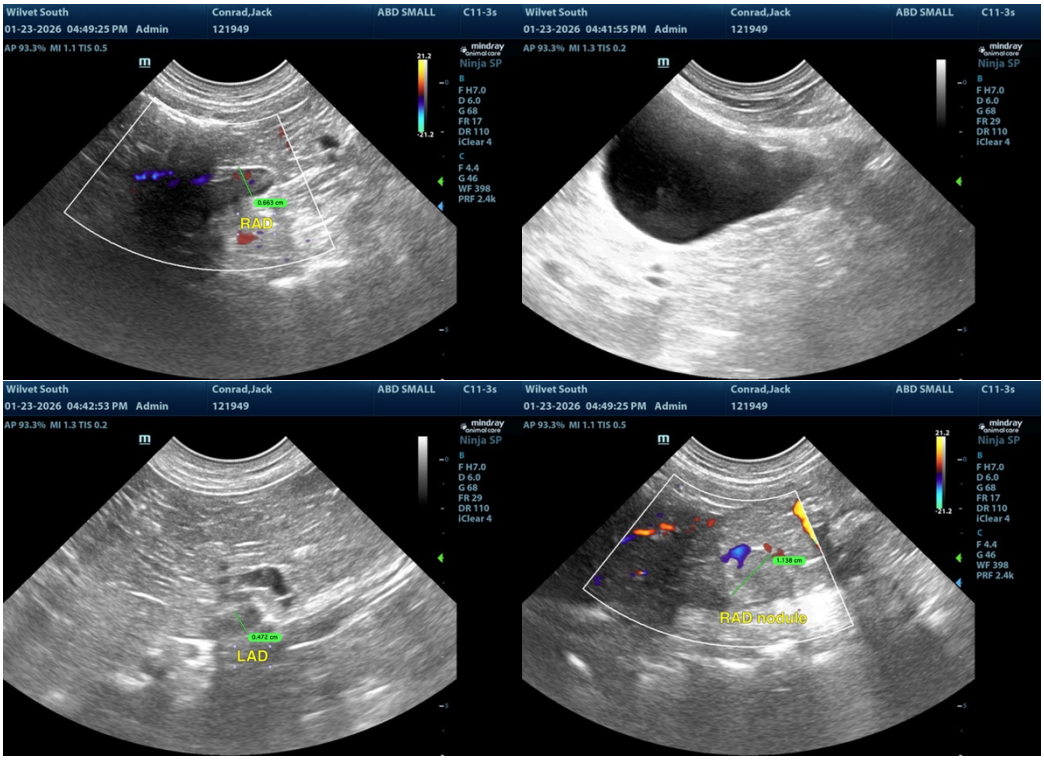

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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