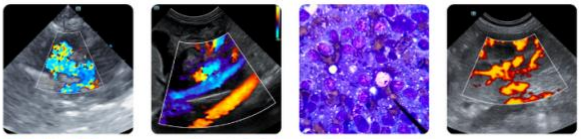

PATIENT

Sydney Goodwin

SPECIES

Canine

BREED

Leonberger

SEX

Spayed Female

AGE

9 Years

WEIGHT

107 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

13436

DATE

01/28/26

PRESENTING CLINICAL SIGNS

- seen by a colleague for weight loss and decreased appetite
- exam is unremarkable

Abnormal PE/Chem/CBC/UA Results: ALP 2097 AST 564 AST 87 low albumin 2.6

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 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. The left kidney measured 8.1 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented subjectively enlarged in size with areas of mild to medial capsule asymmetrical contour and mild to variable heterogeneous splenic parenchyma. Normal splenic vascularity with no evident splenic masses.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild gravity dependent nonorganized biliary sludge. 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 echogenic, mild nonshadowing ingesta/chyme without signs of obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio. Empty intestinal segments with concurrent segmental mild nonshadowing ingesta/chyme. No obstructive pattern to the level of the colon.

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

Pancreas

The pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

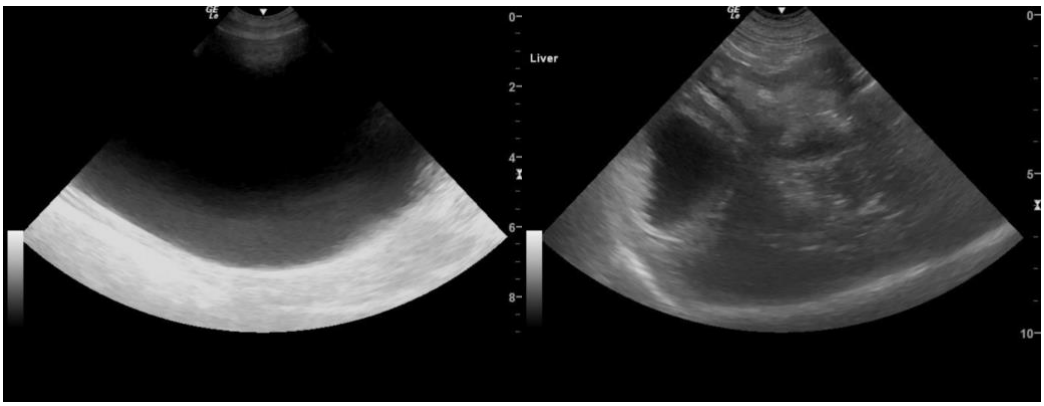
- Hepatopathy.
- Mildly enlarged nonhomogenous spleen.
- Overtly normal visualized gastrointestinal tract with mild nonshadowing gastric and segmental intestinal ingesta/chyme.
- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver sonographically suggests benign criteria with considerations including vacuolar or cholestatic hepatopathy, nonspecific hepatitis, hepatotoxicosis or other with hepatic neoplasia thought less likely.

Splenic hyperplasia, hematopoiesis, differentiation between red/white pulp, associated with age, or splenic neoplasia are possible. Correlation with pending hepatic FNA cytology and consideration for concurrent splenic FNA cytology using a 25-gauge needle is recommended. Pending cytology, bile acid profile to assess hepatic function given albumin level, may be considered. Biopsies may be required for definitive diagnosis.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.



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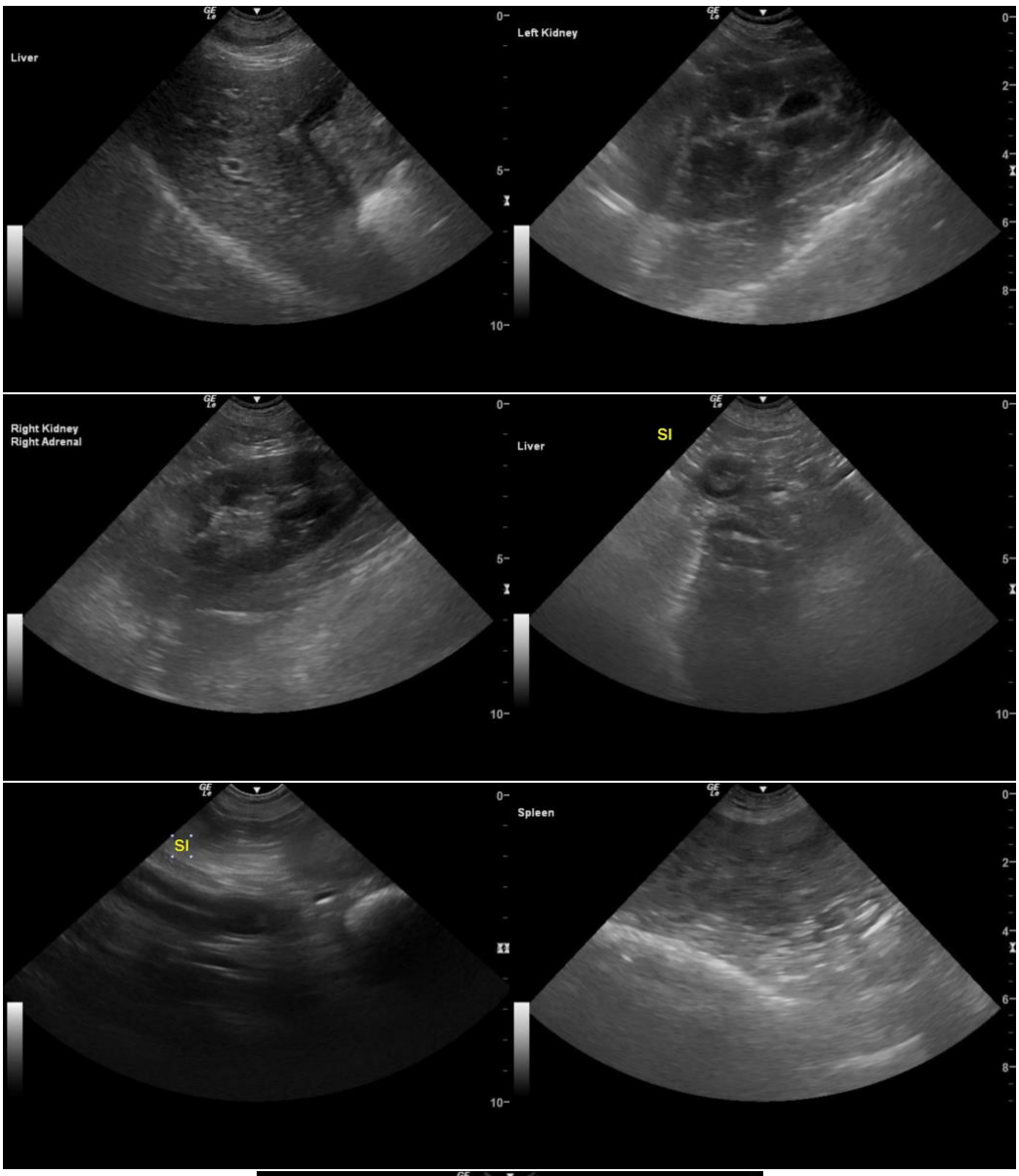

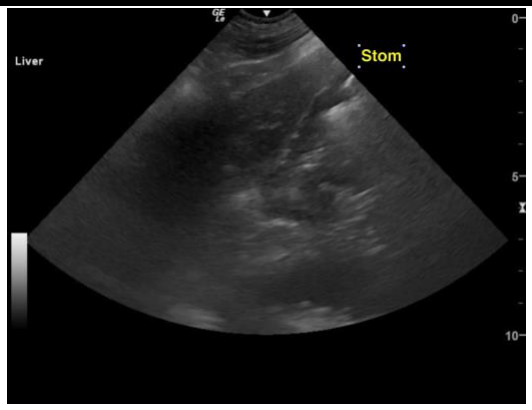

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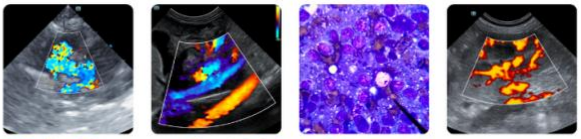

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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