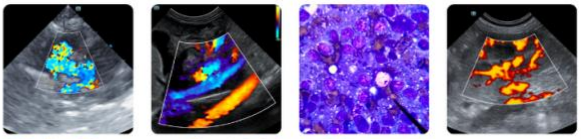


PATIENT

Cadbury Roxas

SPECIES

Canine

BREED

Straffordshire Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Harvest Hills Animal Hospital

REFERRING VET

Dr. Stephanie Hancock

INVOICE

13497

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- New increase in liver enzymes, (ALP) New Heart murmur Grade 4/6 not clinical. Pendulous abdomen

Abnormal PE/Chem/CBC/UA Results: ALP 517 (5- 131) normal AST, ALT and ALB

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.

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 5.8 cm in length. The right kidney measured 6.2 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 0.72 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 0.66 cm width at the caudal pole.

Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary noncapsule deforming isoechoic to nonhomogenous caudal splenic nodule was present measuring 2.4 cm in diameter.

Liver & Gallbladder

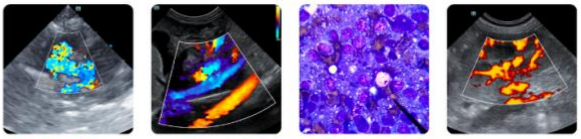
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized 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 overall maintained wall layer ratio with empty intestinal lumen. Subjective mildly thickened ileum wall owing to subjective mildly thickened ileal muscularis layer. The ileum wall measured 0.40 cm wall width.



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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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable normal volume liver- consistent with benign hepatopathy.
- Nonorganized gallbladder debris (non-mucocele).
- Normal bilateral adrenal glands.
- Non-expansive mildly nonhomogenous splenic nodule.

Secondary Findings

- Intact mildly thickened ileum wall- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is suggestive of non-specific or idiopathic vacuolar hepatopathy or possible nonobstructive cholestasis in conjunction with ALP elevation without evidence of hepatic inflammation. Hepatosupportive medications and monitoring (assuming patient is non-clinical) would be reasonable. No evidence of adrenal pathology as a contributing factor.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Potential ileal patient variant, given no reported gastrointestinal signs. Sonographic monitoring or reassessment is indicated if gastrointestinal signs are non-reported or arise with consideration for a GI panel (PLI, TLI, cobalamin and folate).

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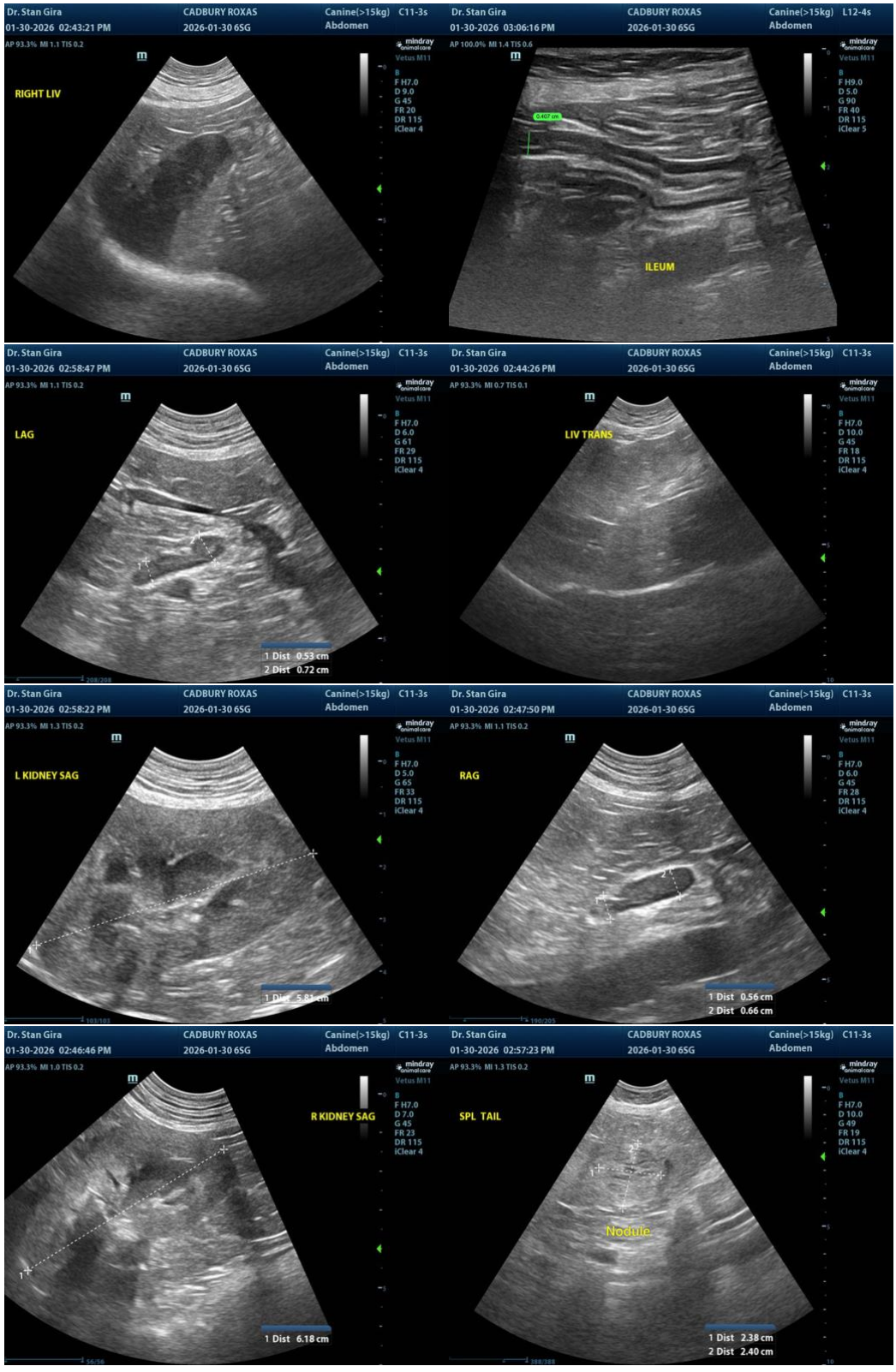

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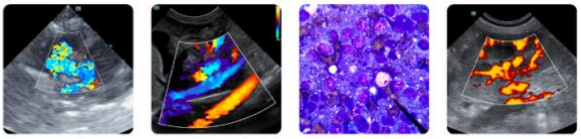

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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