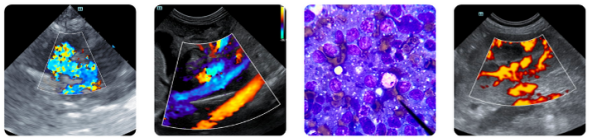


PATIENT

Junior Straub

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neutered

AGE

13y 5m

WEIGHT

5.26 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Triofetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn McFarlane, DVM DACVIM (Internal Med)

INVOICE

13028

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate chronically elevated ALP and recheck Gallbladder. ALP has been elevated for multiple years without clinical signs. 9/2025, Junior's appetite decreased and recheck blood work showed static ALP (2747), newly elevated ALT (165), normal GGT and TBil, elevated cholesterol (399), mild-moderately elevated triglycerides 513 (previously 3377), and progressively elevated PSL (363, previously 200). 10/2025 AUS showed hyperechoic hepatomegaly with scattered hyperechoic foci, and the GB had non-organized sludge and polypoid growths, the cystic and CBD were distended but non-obstructive. Adrenal glands were bilaterally prominent. Appetite has returned to normal, and no evidence of PU/PD/PP, hair changes, or pot belly appearance reported. 12/3/25 Chem (Fasted): ALT 153, ALP 2540, GGT 8, Chol 416, Tbil 0.1, Tri 310, PSL 252

Meds: Ursodiol (100mg/mL) 0.5mL PO q24hr - Started 11/4 Denamarin (90mg/capsule) 1 tab PO q24h

Abnormal PE/Chem/CBC/UA Results: 10/15/25 AUS (PETS) Pertinent findings Liver Lg, hyperechoic to spleen (remains hypoechoic to rt renal cortex), rounded margins, & mottled parenchyma w/scattered hyperechoic foci of <1cm diameter. GB: Normal walls, lumen very filled w/dependent sludge, polypoid growths up to 1.2cm in diameter, calculi up to 8mm in diameter, and non-mineralized sludge aggregates, cystic duct and prox CBD are distended, up to 6.2mm w/a distal CBD of 2.4mm. Spleen: Normal, w/scattered, benign myelolipomas of <1cm diameter LK: Normal sized, 4.6cm sag. length, w/a hyperechoic & thick cortex, medullary rim sign, & a 5mm pelvic calculus, no pyelectasia. RK: Similar to the lft, 4.4cm sag. length but w/o pelvic calculus Adrenals: Plump (L 7.5mm - 8.0 mm). Panc: Normal size, 1.6cm thick, mottled w/hyperechoic areas

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.

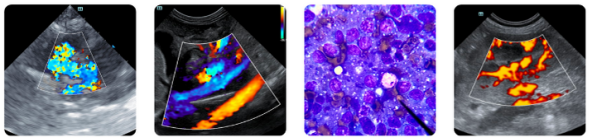
The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild medullary mineral to small renoliths and intermittent cortical cysts were present. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width in the caudal pole. The right adrenal gland measured 0.66 cm width in the caudal pole.



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Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, potentially coalescing, non-capsule deforming, well-defined, symmetrical, hyperechoic nodules were present throughout the perihilar. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver exhibited hepatomegaly with rounded hepatic capsule contour and variable non-homogeneous to non-uniform parenchyma. The liver exhibited areas of mild, indistinctly marginated, hyperechoic lobar parenchyma and normal vascular volume. The gallbladder was mildly distended in size with normal wall and without evidence of edema. Moderate, primarily gravity-dependent, variably, non-homogeneous, non-organized debris exhibiting areas of mineralization to small, non-obstructive choleliths. 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 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 semi-formed feces in lumen.

Pancreas

The pancreas was prominent in size and mild asymmetrical capsule contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Large non-homogeneous liver
- Non-organized gallbladder debris with non-obstructive lumen mineral/choleliths
- Chronic renal changes exhibiting medullary mineral/mild renal lithiasis and cortical cysts
- Bilateral mildly enlarged non-homogeneous adrenal glands
- Prominent non-homogeneous remodeled pancreas
- Static splenic myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic benign hepatopathy and parenchyma remodeling which may suggest chronic vacuolar changes, inflammation, fibrosis, hyperplasia and cholestasis possible. Hepatic neoplastic criteria considered less likely. Adrenal workup indicated as clinical signs are consistent with Cushing's

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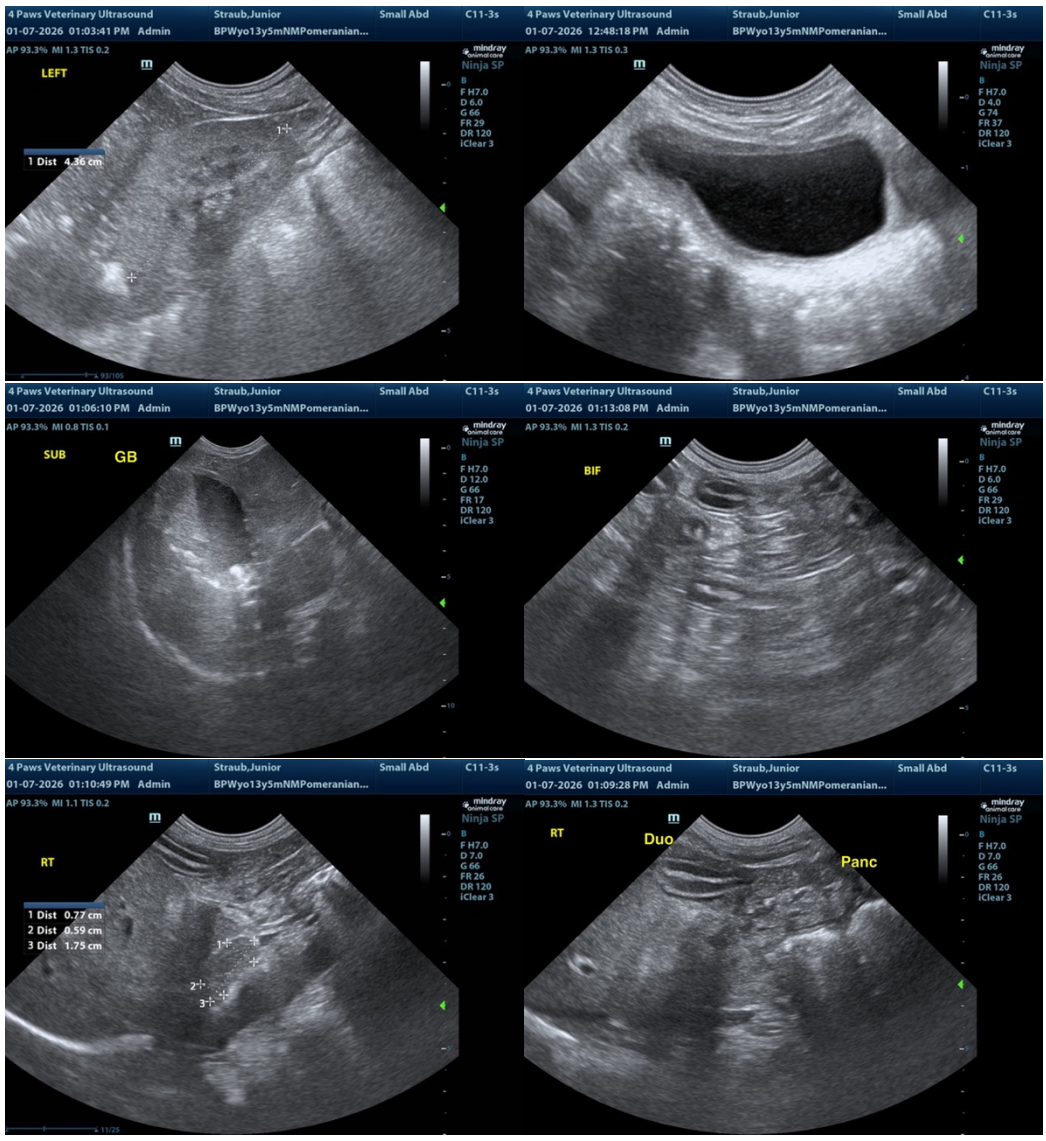
Syndrome. Continued hepatic support with as needed sonographic monitoring of the gallbladder if evidence of progressive cholestasis or cranial abdomen/subxiphoid discomfort on palpation would be reasonable. Spec cPL could be considered as clinical signs are consistent with chronic pancreatitis. Urinalysis suggested, if not recently done.



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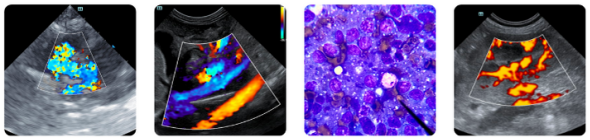

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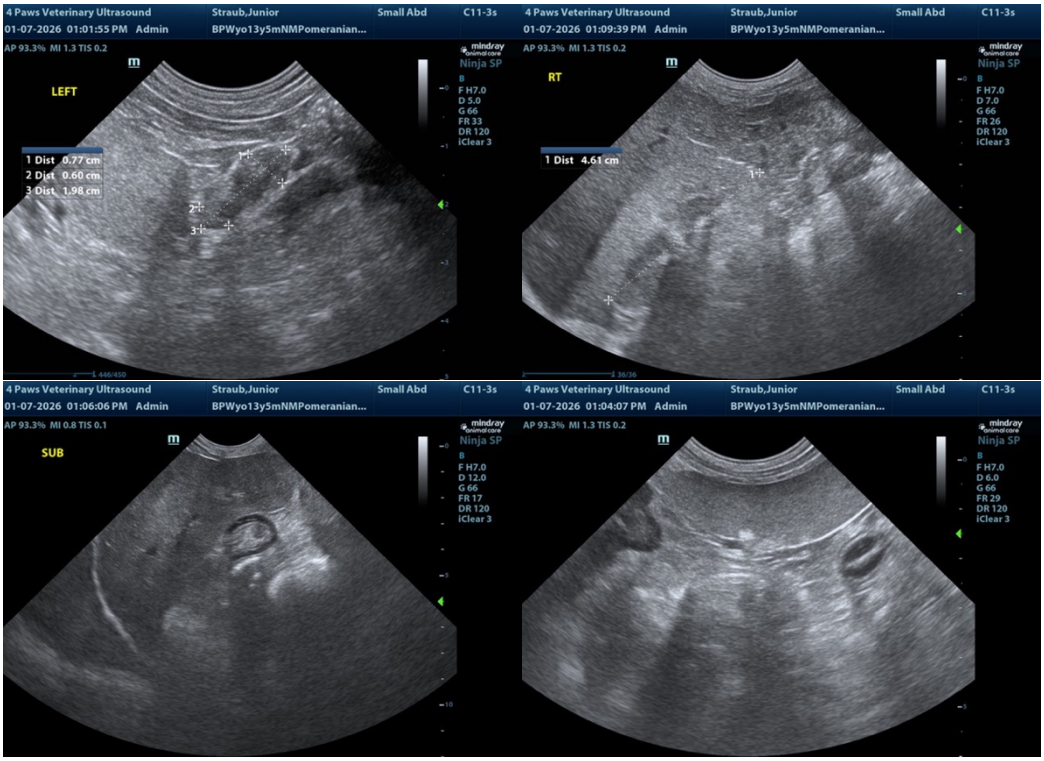

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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