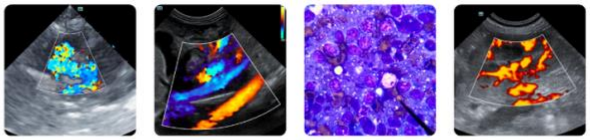

PATIENT

Teddy Marsh

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

8 Years 8 Months

WEIGHT

106 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort & Veterinary Clinic

REFERRING VET

Dr. Sorbo

INVOICE

12202

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Lab abnormalities on pre-surgery labs for skin lesion removals.

Abnormal PE/Chem/CBC/UA Results: TOTAL PROTEIN 10.6 5.0-7.4 g/dL 8.4 ALBUMIN 1.8 2.7-4.4 g/dL 2.5 GLOBULIN 8.8 1.6-3.6 g/dL 5.9 A/G RATIO 0.2 Rest of labs normal. AUS to look for lesions. CXR and protein electrophoresis submitted.

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 residual prostate appeared normal and free of pathology.

The visualized medial iliac lymph node was sonographically normal exhibiting symmetrical contour, homogenous parenchyma and non-enlarged size measuring 2.6 cm x 0.72 cm. No evidence of medial iliac lymphatic, inflammatory or neoplastic criteria.

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 7.8 cm in length. The right kidney measured 8.2 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 0.61 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 0.67 cm width at 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.

Liver

The liver presented with subjective mild hepatomegaly with symmetrical to lobar rounded hepatic capsule contour. The parenchyma of the liver was homogenous. No mass or nodules were evident. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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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 formed feces in lumen.

Pancreas

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy, masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal spleen.
- Subjective mild swollen liver.
- Mild heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant or definitive pathology as an obvious cause of the hyperglobulinemia. Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology could be considered in conjunction with pending thoracic radiographs and protein electrophoresis.

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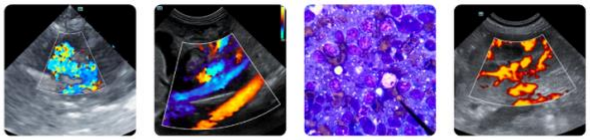

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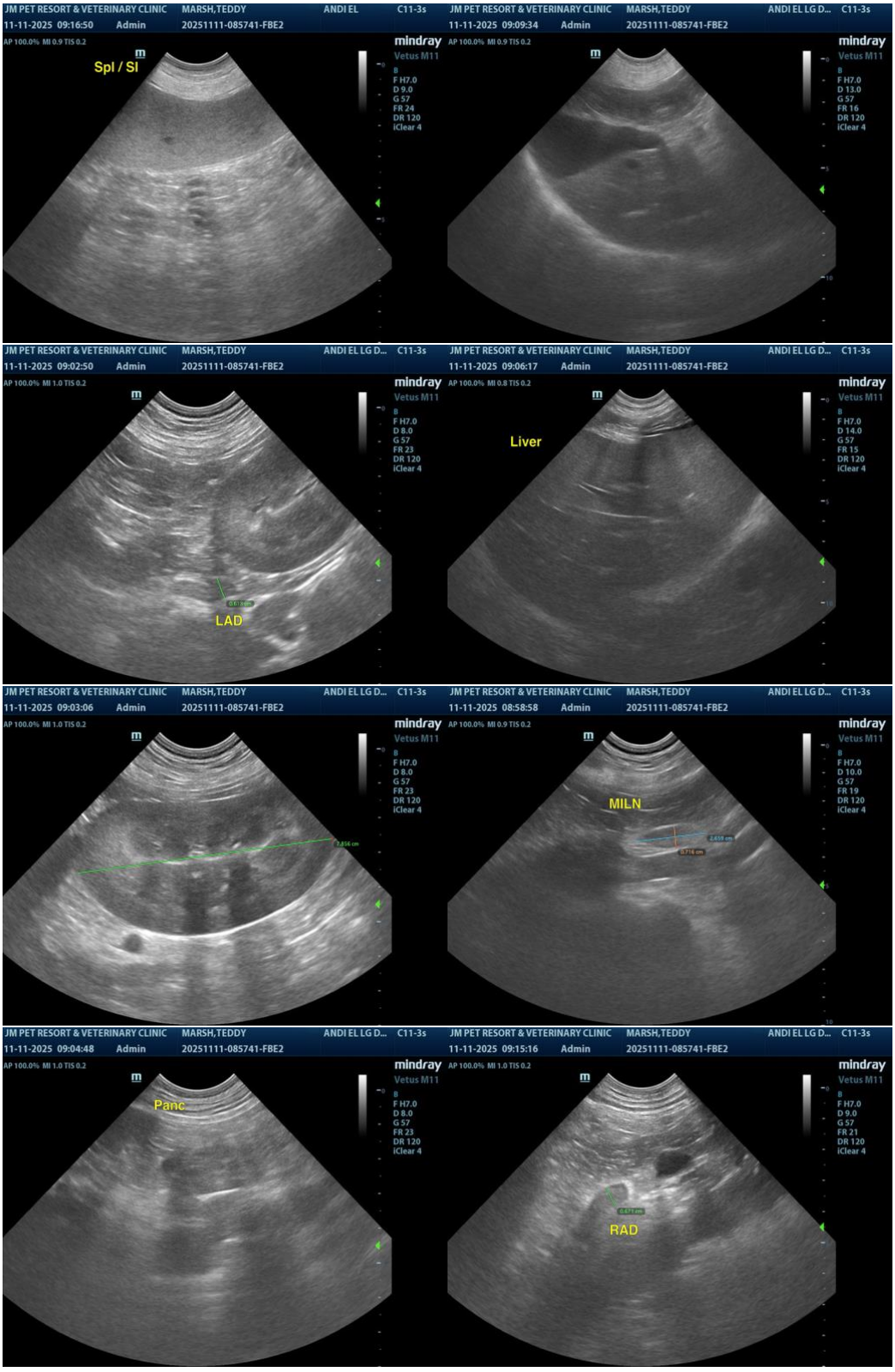

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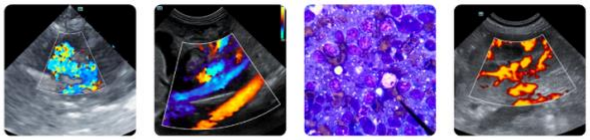

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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