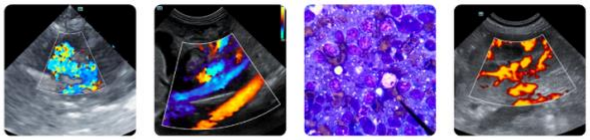


PATIENT

Phoebe Clayton

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

70 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Ryan Leal

HOSPITAL NAME

Wellesley Animal Hospital

REFERRING VET

Dr. Cecelia Dean

INVOICE

12217

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Pt presents for a weeklong history of decreased appetite. Otherwise doing well at home - good energy, normal bathroom habits. Labwork demonstrated elevated liver values and non-regenerative anemia. Ultrasound was recommended as next step in workup. Pt has a history of mast cell tumors last excised in 2020. Medications: Galliprant, Dasuqin, Adequan Pt sedated for ultrasound due to exuberant personality. Aspirates performed of liver and submitted for cytology. Problem List: Pyrexia Decreased appetite Elevated liver enzymes Anemia - non regenerative Hyperglobulinemia Hypoalbuminemia

Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9, Temp 103.3, several small SQ masses, cranial organomegaly CBC: HCT 34% (MCV/MCH - WNL), Retic 73k; Neut 10k (H) Chem: Glu 91, BUN 15, Alb 2.1 (L), Glob 4.1 (H), ALT 217 (H), AST 63 (H) UA: pending Fecal: pending T4: WNL 4DX: negative

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, mineral, calculi 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 6.5 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

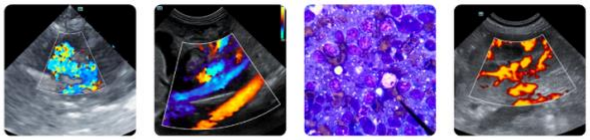
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.

Spleen

The spleen presented overall normal in size with primarily symmetrical contour and homogenous parenchyma. A solitary mild expansive nonhomogenous focally hyperechoic medial splenic nodule was visualized measuring 1.7 cm in diameter. Mild associated primarily symmetrical medial splenic capsule distortion without evidence of capsular escape.

Liver

The liver revealed marked nonhomogenous diffusely nodular parenchyma with indistinct portal vascular borders and asymmetrical hepatic margination. Potential overall borderline to mild generalized hepatomegaly.



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The gallbladder was non-distended in size with mildly prominent hyperechoic gallbladder wall and primarily anechoic bile with mild nonorganized bile sediment. The common bile duct was not visualized.

Gastrointestinal

The stomach presented with intact regional mild thickened wall. Overall nondistended stomach with mild retained fluid and lumen gas. No evidence of obstruction to pyloric outflow. Gastric body wall measured 0.86 cm wall width.

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

Scant perisplenic effusion was present. No visualized significant omental lymphadenopathy with overall generalized normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sever nonuniform/nodular liver.
- Nondistended gallbladder with mild bile sediment (non-mucocele).
- Mildly expansive nonhomogenous hyperechoic splenic nodule.
- Scant perisplenic free fluid.
- Mildly thickened hypomotile stomach, sonographically unremarkable empty small intestine.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse primary or metastatic hepatic neoplasia, severe to chronic hepatitis, fibrosis, sorosis or combined chronic hepatopathy is possible. Hepatocutaneous syndrome is thought less likely unless concurrent dermal lesions or signs. The splenic nodule may indicate incidental hyperplasia, hematopoiesis or granuloma although, primary or associated splenic tumor or metastatic nodule are all possible.

Correlation with pending hepatic cytology and consideration for concurrent splenic nodule cytology using a 25-gauge needle and if normal clotting status, is recommended. Hepatic biopsy may be required for a definitive diagnosis. Three view chest radiographs are suggested if not done. Pending sampling, gastrointestinal support is indicated. Guarded prognosis.

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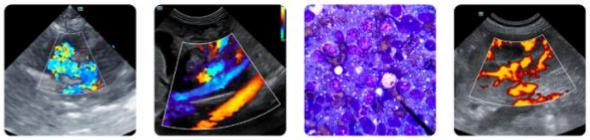

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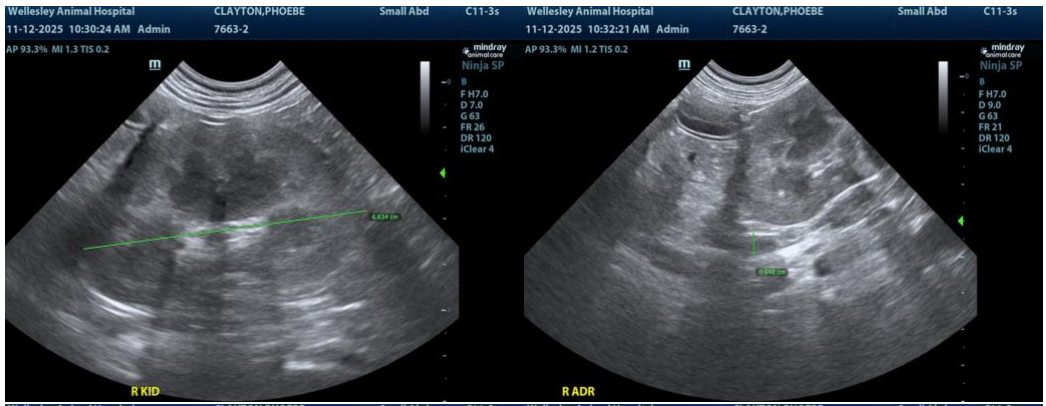

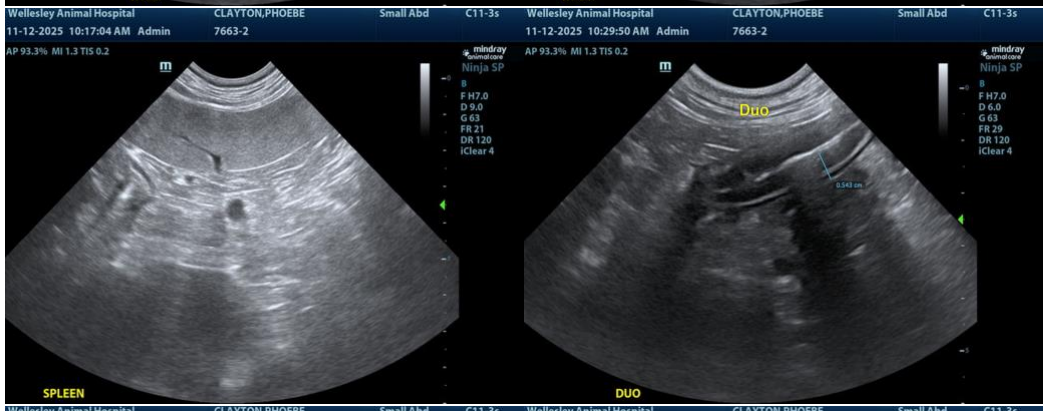

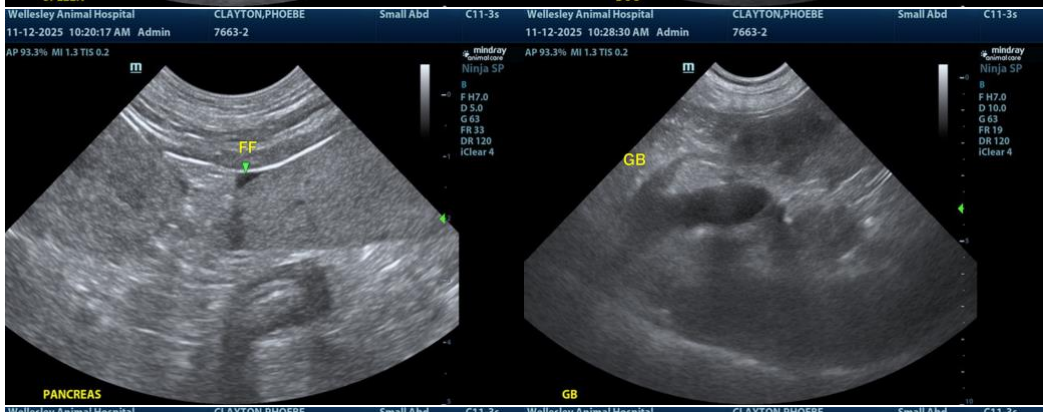

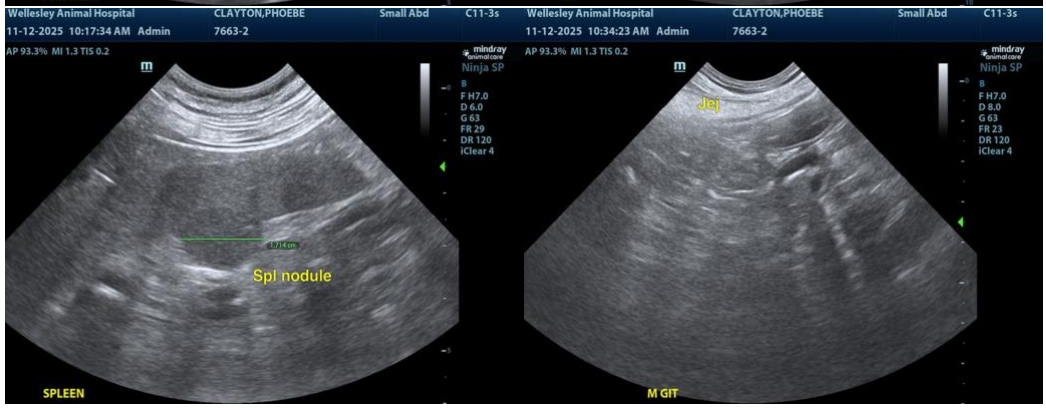

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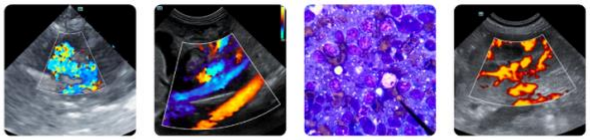

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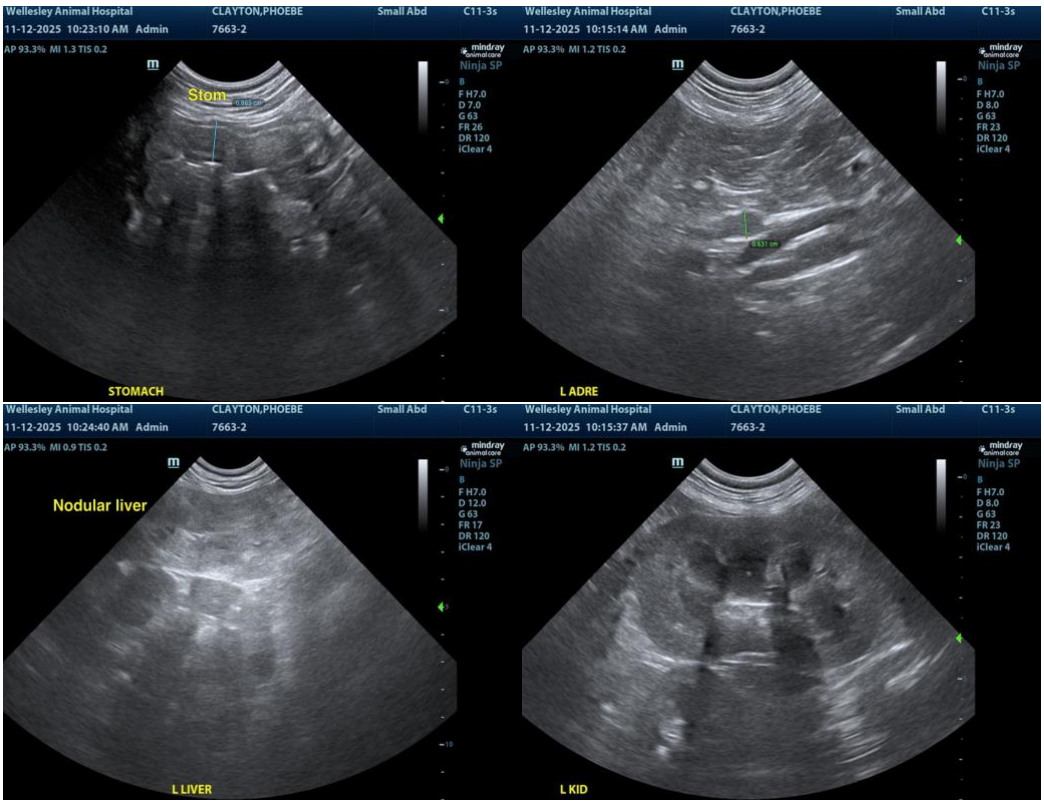

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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