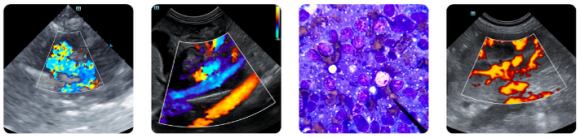

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PATIENT

Max Pisarek

SPECIES

Canine

BREED

Beagle X

SEX

Male Neutered

AGE

12 yrs

WEIGHT

40.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

12801

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Presented for wellness exam on 11/12/25. Slight weight loss despite increased appetite since June, otherwise behaving normally per owner with no vomiting or diarrhea. Very tense and painful upon abdominal palpation; unable to palpate deeply. Rectal exam WNL. On chronic medications for seizures, arthritis, and allergies. Currently treating otitis externa. ABNORMAL Lab work Values CBC/chem/PT/PTT pending

Current Medications Keppra XR, zonisamide, Rimadyl, gabapentin, Claro, Cytopoint, Frontline, Triheart

Radiographic Findings: n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 changes were noted.

The residual prostate was free of pathology.

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 6.2 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

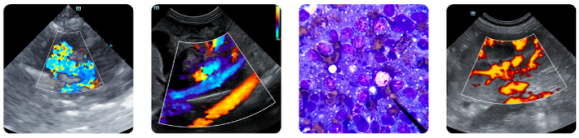
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.7 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in the caudal pole.

Spleen

Mild non-homogeneous go subtle micro nodular splenic parenchyma. Mildly expansive, non-homogeneous, possible mild fluid filled cranial lateral splenic lesion was present with mild associated capsule distortion measuring ~3.0 cm in diameter.

Liver

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was distended in size with normal wall and without evidence of wall edema. Gravity dependent, hyperechoic mildly shadowing debris along with moderate, non-dependent



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to mobile, non-organized gallbladder debris. The common bile duct was not definitively visualized without post hepatic obstruction.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate, variably echogenic shadowing ingesta measuring ~ 3.0 cm in diameter in the area of the pylorus. No obvious mechanical obstructive pyloric mural pathology.

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

Solitary, mildly enlarged, non-homogeneous, hypoechoic cranial mesenteric lymph node media to the spleen was present measuring 1.6 cm in diameter. Mild surrounding perilymphatic hyperechoic omentum. No additional visualized omental lymphadenopathy. No evidence of peritoneal effusion present.

Heart

Rapid view of the heart revealed no overt pericardial effusion or tumors.

ULTRASONOGRAPHIC FINDINGS

- Subtle micronodular spleen with mildly expansive, possible mild fluid filled to cavitated cranial lateral splenic lesion
- Hepatomegaly – subjective benign
- Distended gallbladder with gravity dependent to non-dependent emerging mineralized debris – possible early immature mucocele
- Sonographically normal gastrointestinal tract with variably echogenic to shadowing ingesta – variably dense retained food echogenicity, potential for non-obstructive pyloric foreign body not excluded
- Solitary, mildly, non-homogeneous, swollen cranial mesenteric lymph node medial to the spleen – lymphoid hyperplasia, hematopoiesis, cyst, hematoma, necrosis or abscess, neoplasia, all potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, splenic parenchyma and lesion with concurrent screening hepatic FNA cytology warranted for further clarification. Correlation with full lab work and urinalysis recommended. If non-post prandial presentation, documented 12-hour fast and sonographic reassessment of the stomach is indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs to assess for occult disease as a contributing factor to the weight loss is recommended.

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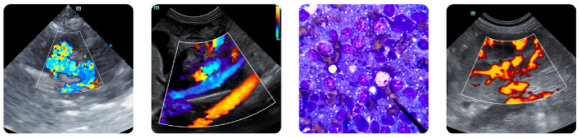

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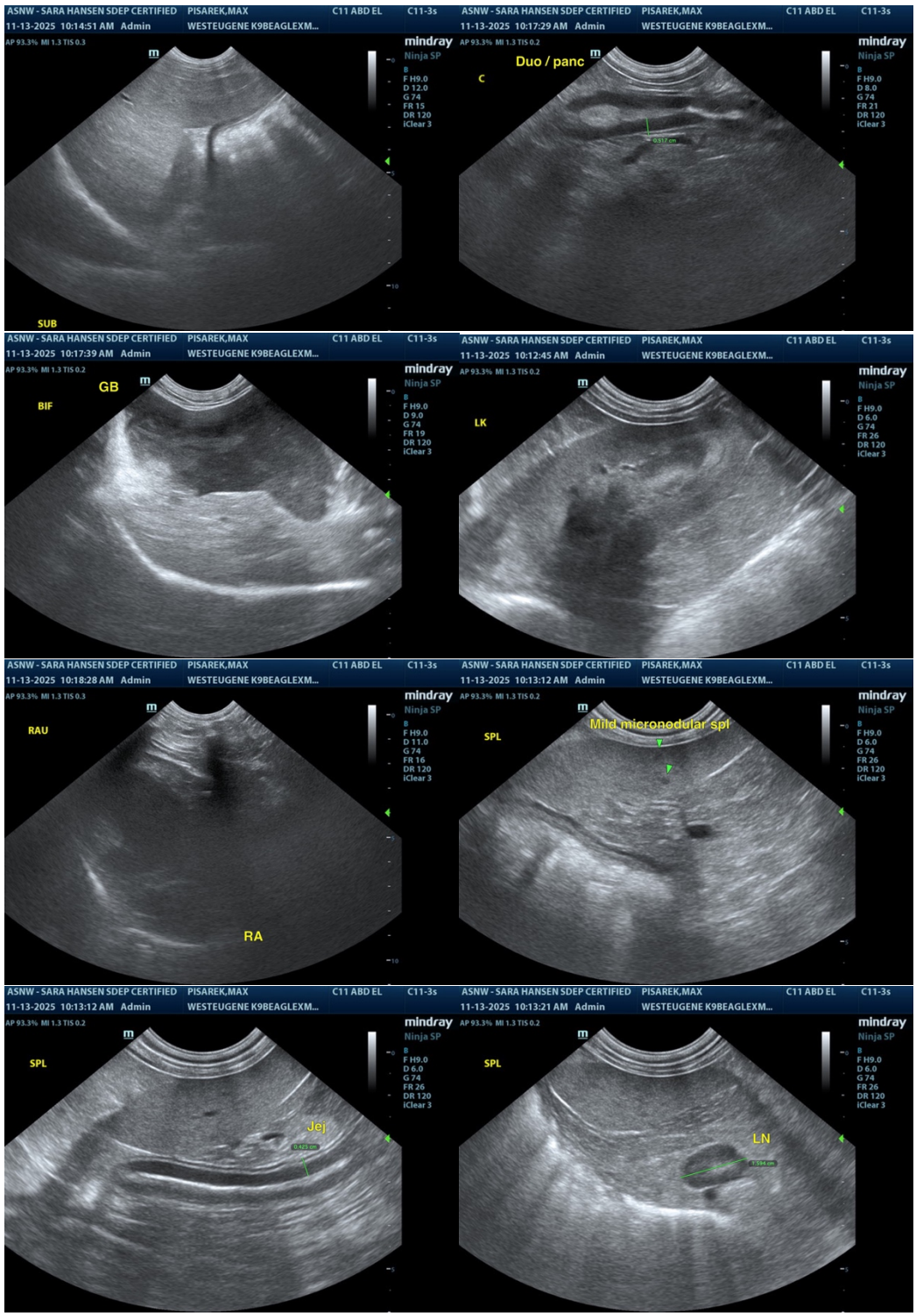

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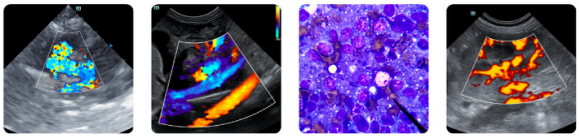

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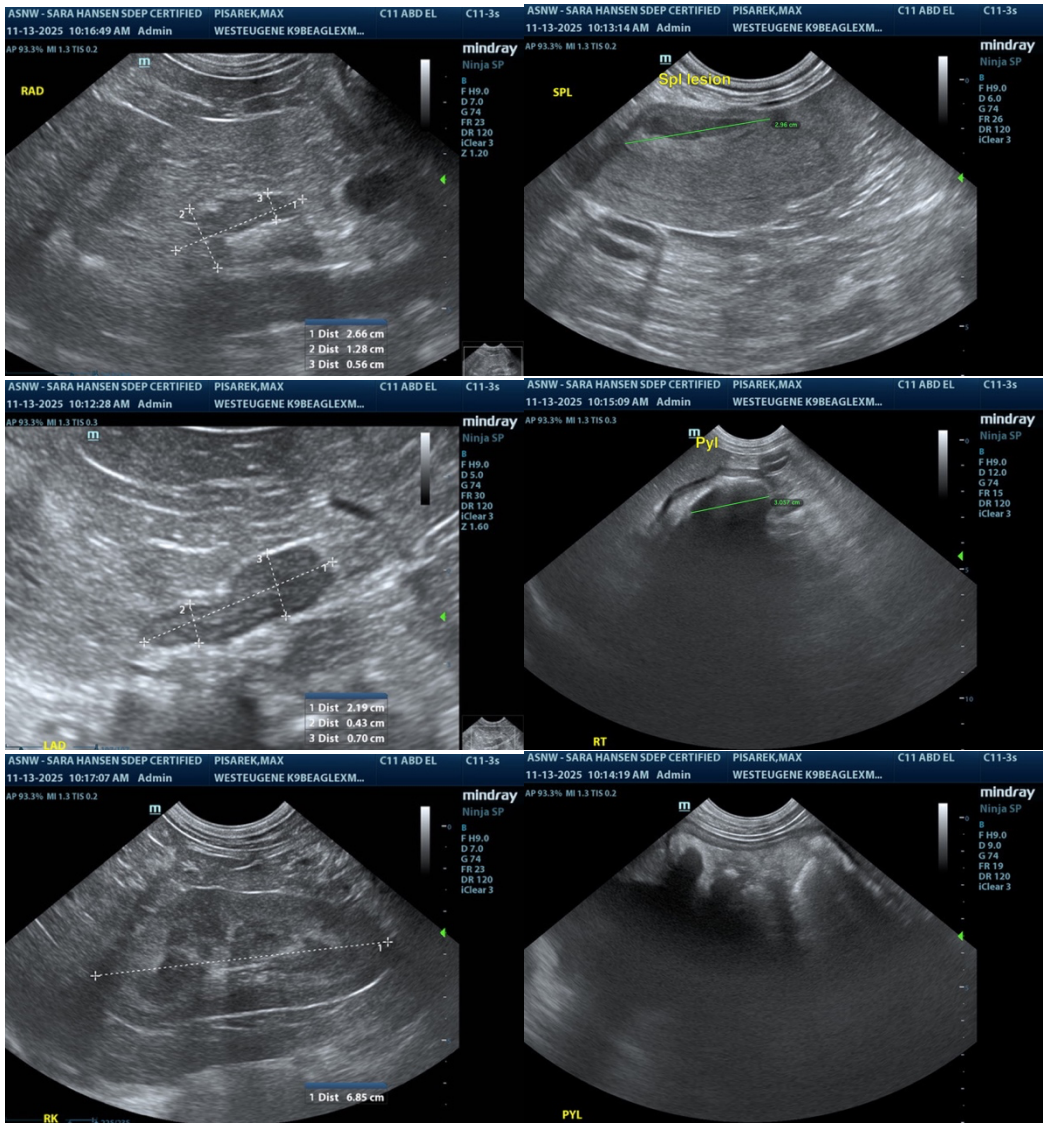

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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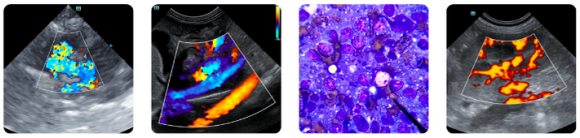

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