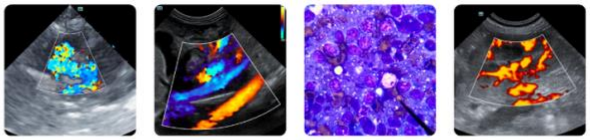


PATIENT

Penny Kuo

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

11.5 Years

WEIGHT

17.2 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Lantz

HOSPITAL NAME

Eastgate Veterinary Clinic

REFERRING VET

Dr. Lantz

INVOICE

12250

DATE

11/13/25

PRESENTING CLINICAL SIGNS

10/25/25: OD closed for three days. She has also been lethargic, inappetent and has lost about one pound in the last few days. Construction dust at home, maybe fell down the stairs, sensitive around her mouth and has been staggering occasionally when getting up. T: 103.2F Right submandibular lymph node mildly enlarged, abdominal discomfort Put on carprofen, Clavamox, proviable, topical eye meds. Blood work. 11/8/25 progress exam: inappetence, lethargy, and weight loss, reluctant to go for walks, Stool has been soft and partially watery, wheezing sound in lungs, Grade II/VI systolic heart murmur today, Gums are slightly tacky, Increased tracheal sounds (wheezing) on auscultation. LNs normal today. Started on gabapentin, x-rays and blood work. Owner has not been giving gabapentin or Clavamox because pet is not eating. T: 102F today 11/8/25 x-rays: - Mild left atrial enlargement is most consistent with mitral valve insufficiency/endocardiosis, with no evidence of heart failure or cardiogenic pulmonary edema. Additional evaluation, including echocardiography, is recommended. - age-related bronchial pattern - 4.6 cm soft tissue mass ventral to the thorax. - No specific abnormalities are identified in the regions of the spleen, visible portions of the kidneys, or urinary bladder. The liver is mildly enlarged but still has sharp borders.

Abnormal PE/Chem/CBC/UA Results: 10/25/25: ALP 252 U/L Amylase 1206 U/L NA+ 137 mmol/L TP 7.8 g/dL (normal) WBC 28.1 10^3/uL Neutrophils 23,885 /uL 85% HGB 11.4 g/dL HCT 34 % Path review: Neutrophilia consistent with stress response. An inflammatory component could be influencing this change. The anemia is mild and scattered polychromatophilic cells are identified. Specific Gravity 1.059 pH 7.5 Protein 3+ 11/8/25: TP 7.7 g/dL ALP 327 IU/L T. BILI 0.4 mg/dL NA+ 146 mEq/L WBC 33.1 10^3/uL Neutrophils 29,459 /uL 89% HGB 10.5 g/dL HCT 32 % NRBC 4 /100 WBC Platelet Count 434 10^3/uL UPC ratio 1.6 Occult Urine Blood 3+ Specific Gravity 1.052

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 aortic trifurcation was free of pathology.

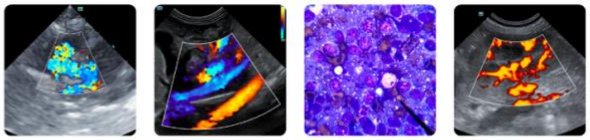
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild areas of medullary mineral were visualized. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was indistinctly visualized yet overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.47 cm width at the caudal pole.

Spleen



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The spleen presented asymmetrically enlarged with concurrent rounded asymmetrical capsule contour and variable heterogeneous parenchyma exhibiting indistinctly marginated variably sized to mildly expansive nonhomogenous intraparenchymal nodules with an example measuring approximately 2.0 cm in diameter.

Liver

The liver presented 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 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 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 soft fecal matter 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 visualized significant omental lymphadenopathy or peritoneal effusion was present. Generalized normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Irregular enlarged nonhomogenous spleen exhibiting indistinct nonhomogenous nodules-hyperplasia, hematopoiesis, nonhomogenous to cystic granulomas, neoplasia i.e. sarcoma or other possible.
- Sonographically unremarkable gastrointestinal tract/colon with soft fecal matter.
- Subjective benign vacuolar hepatopathy pattern.
- Mild nonorganized gallbladder debris (non-mucocele).
- Chronic renal changes exhibiting mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending splenic cytology +/- culture/sensitivity is recommended. Assuming no pathology on three view chest radiographs and ideally, brief sonographic assessment of the heart in conjunction with normal clotting status, diagnostic and prophylactic splenectomy despite splenic cytology findings and consideration for hepatic +/- intestinal biopsies, may be considered. A GI panel to include PLI, TLI, cobalamin and folate and correlation with musculoskeletal/neurological

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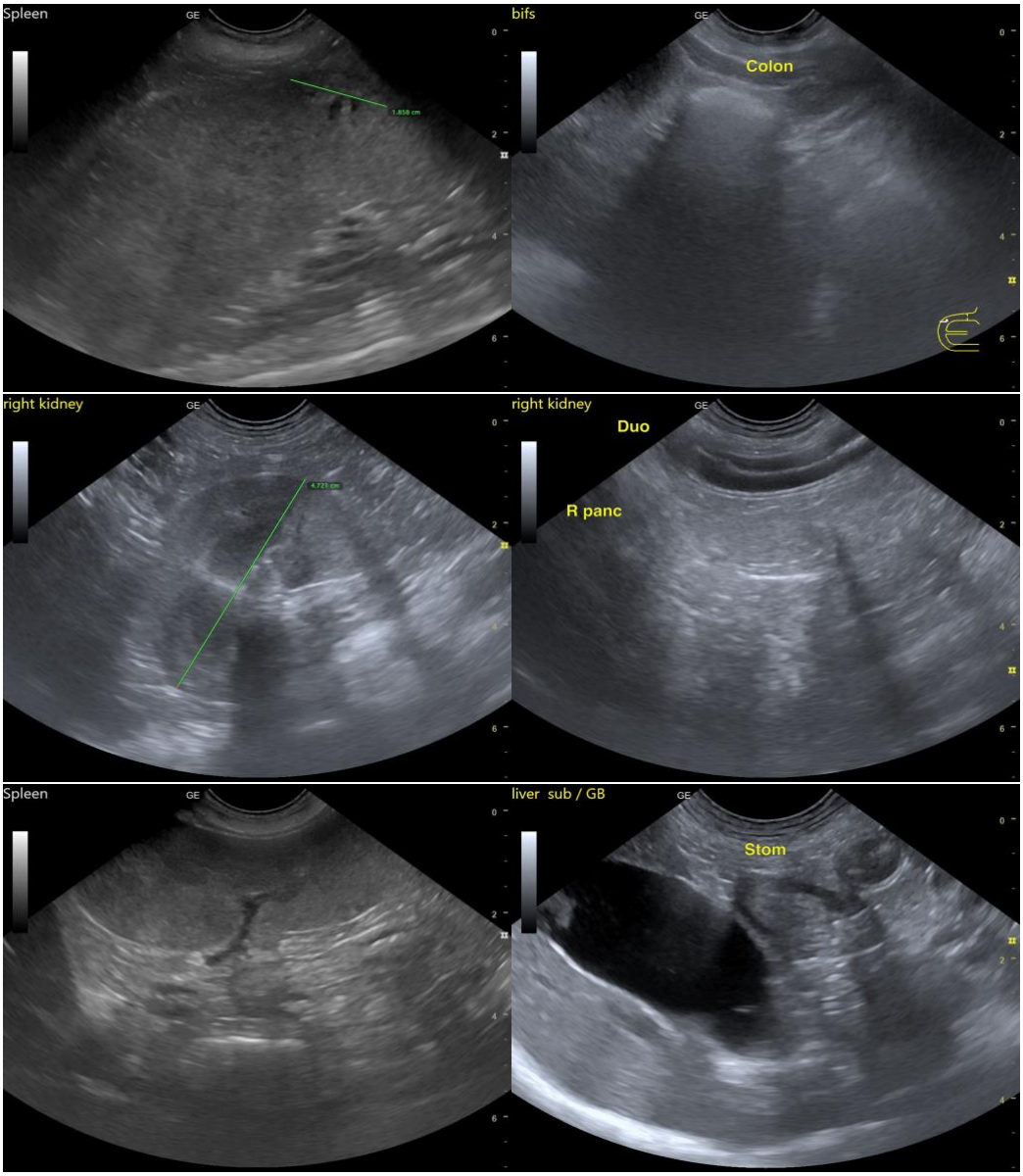
examination to assess for non-splenic or occult pathology as a contributing factor to the weight loss, is recommended.



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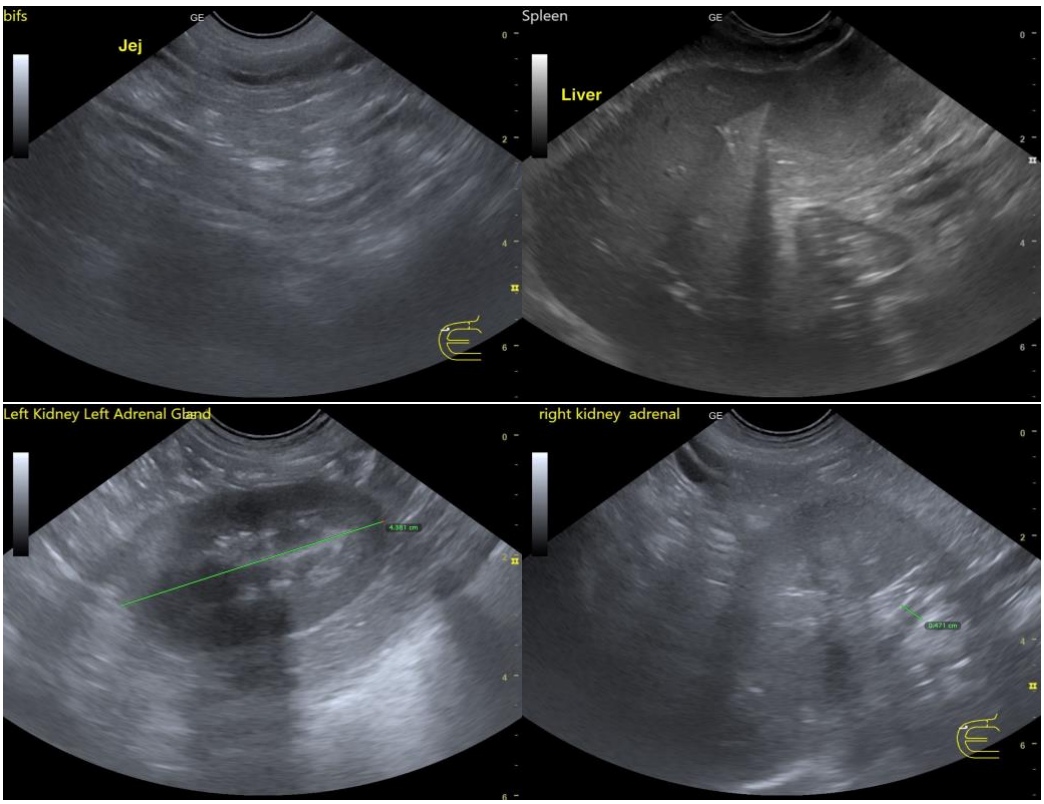

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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