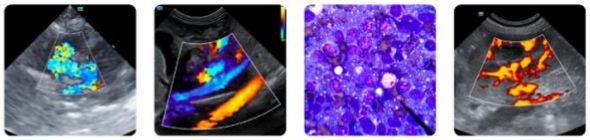


PATIENT

Rosie Leamy

SPECIES

Canine

BREED

Chihuahua

SEX

Female

AGE

15.5 Years

WEIGHT

13.5 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Lantz

HOSPITAL NAME

Eastgate Veterinary Clinic

REFERRING VET

Dr. Lantz

INVOICE

12256

DATE

11/13/25

PRESENTING CLINICAL SIGNS

10/21/25: The patient presented for inappetence, excessive panting, and a voice change that began last night. Last night, the dog only consumed the wet food portion of her meal and began panting. The owner administered honey. This morning, she refused all food and began panting again. She has also exhibited a behavioral change, growling at a housemate dog. Her howl sounds hoarse, but no coughing has been observed. She has been drinking water, but her breathing seemed shallower than normal during the night. There has been no vomiting, and no abnormal stools have been noted. The owner noted the dog's collar fits loosely, suggesting possible weight loss. The patient has a history of elevated liver enzymes in the previous year which resolved with medication; she is not currently on any liver supplements. Exam: Weight stable, abdominal discomfort, cardiac murmur, dental disease, LS OU, dehydration

Abnormal PE/Chem/CBC/UA Results: Thoracic/abdominal radiographs to AIS: -tracheal collapse or incidental, otherwise, normal thorax -possible mid-abdominal mass on the lateral projections could represent normal left kidney (ventral displacement from obliquity of the lateral projection). A mass of spleen (hematoma, hemangiosarcoma) or left kidney (cyst, neoplasia) origin is possible. -Cystolithiasis ALK PHOS 315IU/L SDMA 18.3 UG/dL Precision PSL 330 U/L WBC 18.0 10^3/uL Platelet Count 648 10^3/uL Neutrophils 12,780 /uL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild dependent lumen accumulated mineral to solitary calculus measuring 0.92 cm in diameter was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The uterus and bilateral ovaries were not definitively visualized.

The area of the aortic trifurcation was free of pathology.

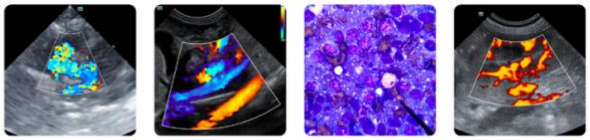
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was visualized within the left kidney. A moderately sized, thinly walled left kidney cyst was visualized containing anechoic fluid measuring 4.4 cm in diameter. The left kidney measured 4.3 cm in length. The right kidney measured 3.7 cm in length. A small thinly walled caudal right kidney cyst was visualized measuring 1.1 cm in diameter containing anechoic fluid.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized with normal size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.41 cm width in the caudal pole. The right adrenal gland subjectively measured 0.52 cm width in 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.



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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 mild to moderately 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 apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and indistinct pancreatic capsule exhibiting isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild accumulated urinary bladder lumen mineral versus solitary calculus.
- Chronic renal changes exhibiting renal cysts and mild left kidney pyelectasia.
- Sonographically unremarkable gastrointestinal tract.
- Mild pancreatic remodeling.
- Benign hepatopathy pattern- suggestive of vacuolar hepatopathy criteria.
- Nonorganized gallbladder debris (non-mucocele).
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation in conjunction with elevated PSL. Overall, largely geriatric abdomen without evidence of significant visceral pathology such as neoplasia. Gastrointestinal support is indicated. Urinary work up if not recently done including screening culture/sensitivity and UPC level for renal staging is recommended. A GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for occult disease if evidence of weight loss.

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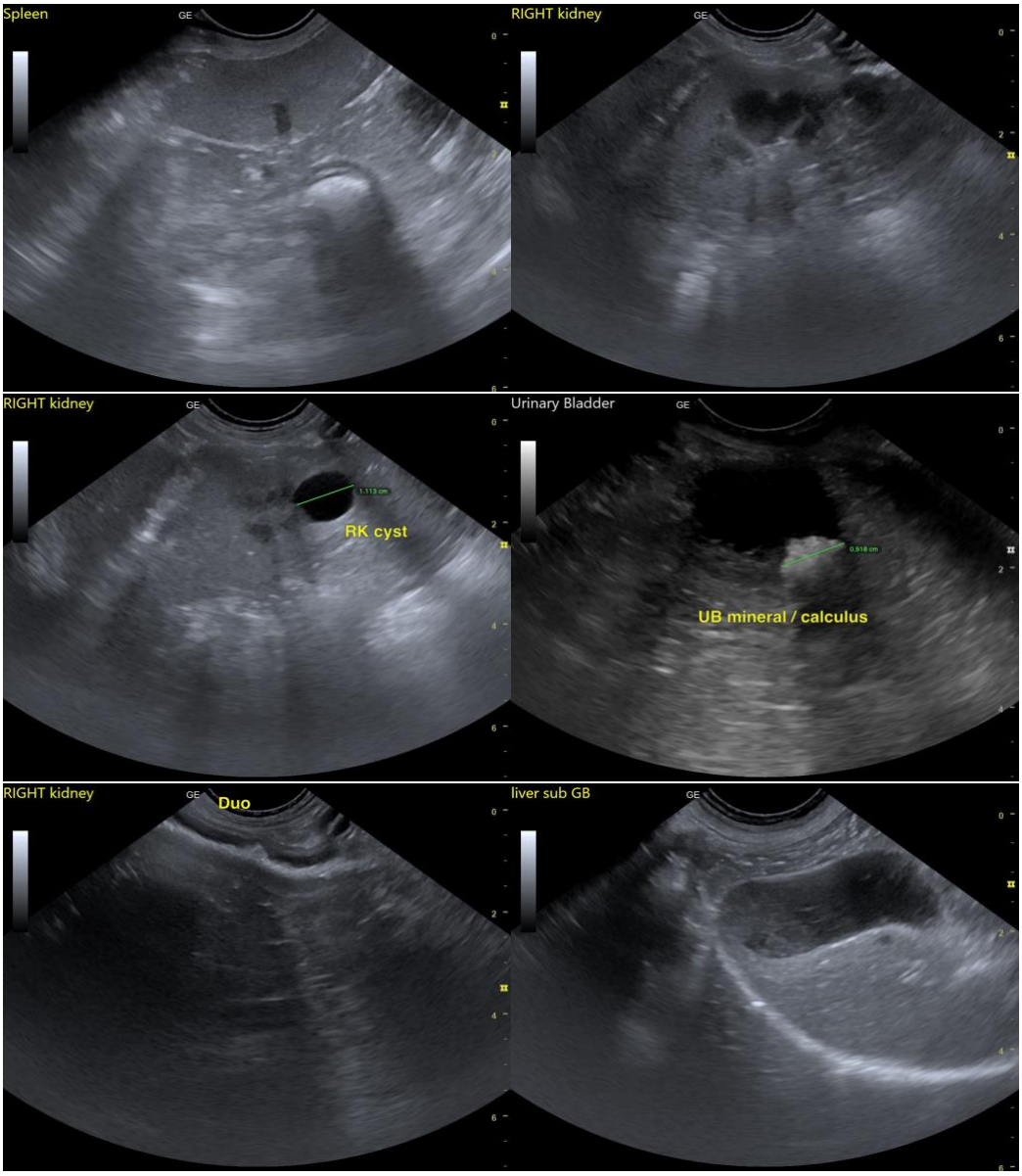

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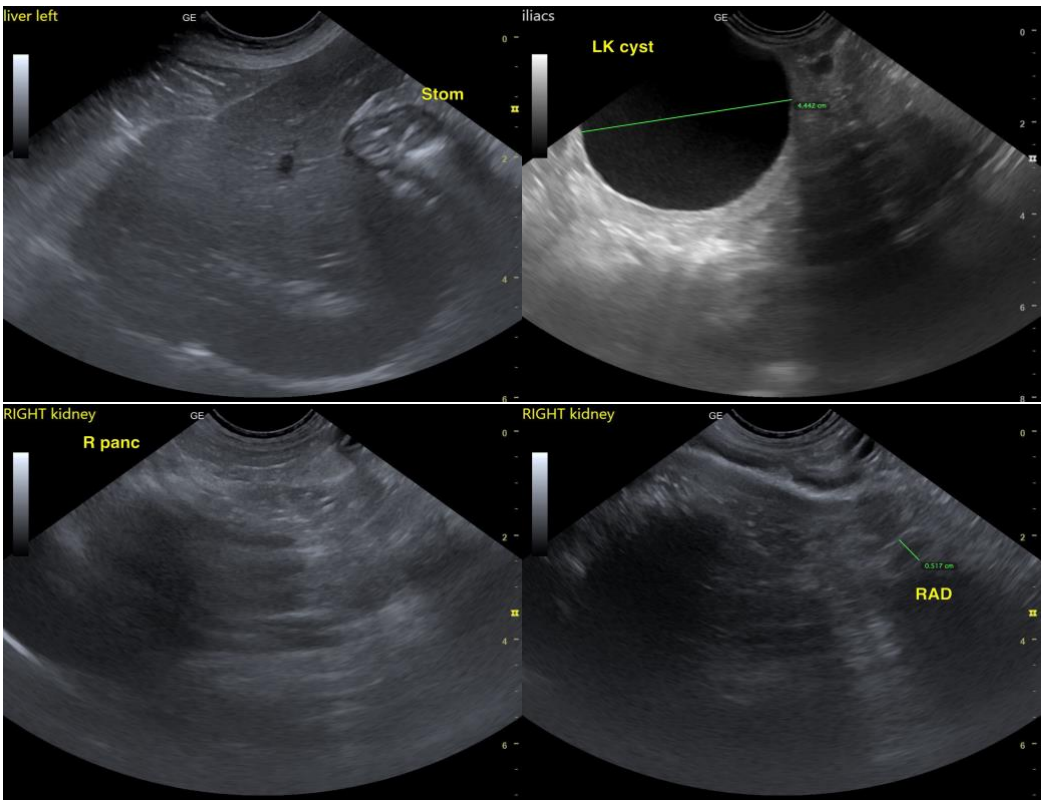

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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