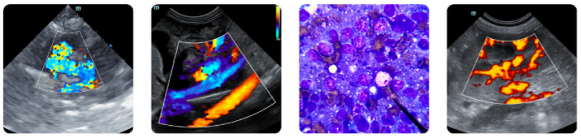


PATIENT

Chops Brockdorf

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

14 years

WEIGHT

10.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Smith

INVOICE

12810

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: V+, wt loss, gastric distension, blind, glaucoma, r/o gb dz vs hepatic dz

Current meds: Cerenia, Clavamox

Abnormal PE/Chem/CBC/UA Results: Increased ALP, ALT, and GGT WBC 20k, increased neuts and monos

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. Minor, dependent lumen mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation and areas of medullary mineral was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

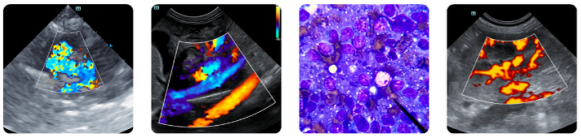
The left adrenal gland was overtly normal in size, position and shape. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.32 cm width in the caudal pole. The right adrenal gland was indistinctly marginated with non-homogeneous mass area of the right adrenal gland and caudal liver lobe measuring 2.9 cm x 2.7 cm.

Spleen

Mildly expansive, irregular, mixed echogenic splenic nodule to nodules with mild associated asymmetrical capsule distortion. No evidence of capsule rupture or escape. An example of nodule measurement was 1.7 cm in diameter.

Liver

The liver was subjectively normal in size, and symmetrical contour. Maintained heterogeneous mildly echogenic remodeled parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, subtle parenchymal nodular changes and normal vascular volume. The gallbladder was non-distended in size with thickened hyperechoic wall and contained non-obstructive cholelithis. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, non-shadowing ingesta without signs of 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 contour with mildly prominent asymmetrical heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Non-homogeneous to indistinct mass area of the right adrenal gland/caudate liver lobe
- Non-homogeneous subtle nodular liver
- Non-obstructive cholelithiasis with probable chronic cholecystitis
- Variably echogenic splenic nodules
- Prominent heterogeneous remodeled pancreas
- Non-shadowing gastric ingesta, empty sonographically normal small intestine

SECONDARY FINDINGS

- Mild urinary bladder lumen mineral
- Chronic renal changes with medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical pyloric or gastrointestinal obstructive patter. Pancreatitis likely if cranial abdomen/subxiphoid discomfort on palpation, correlation with a spec cPL warranted. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and splenic nodule FNA cytology could be considered for further clarification with both benign or neoplastic etiologies possible. No evidence of post hepatic obstruction, although current clinical signs are not overtly consistent with Cushing's Syndrome. Adrenal workup could be considered with serial monitoring of systemic BP for evidence of hypertension which may potentially allude to right pheochromocytoma. Hepato-gastrointetsinal support and empirical therapy for chronic pancreatitis with clinical and sonographic monitoring would be reasonable. Urinary workup recommended if not recently done.

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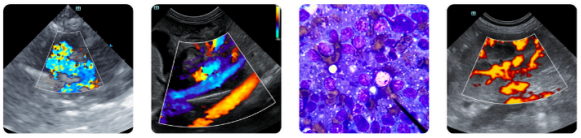

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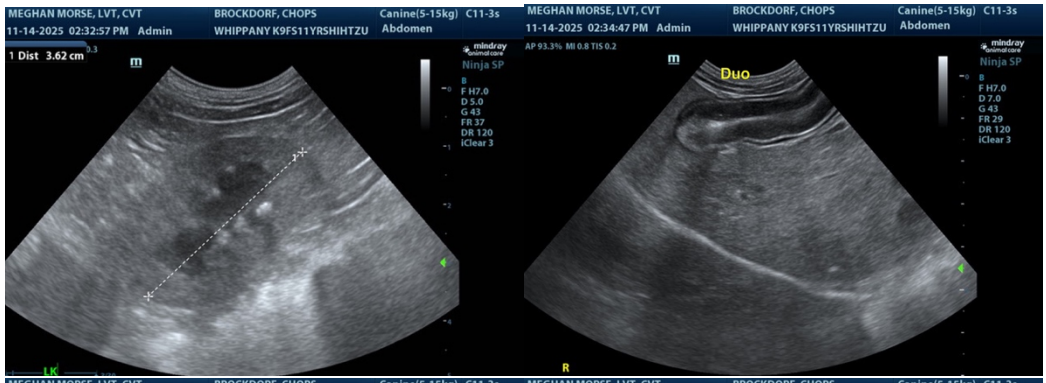

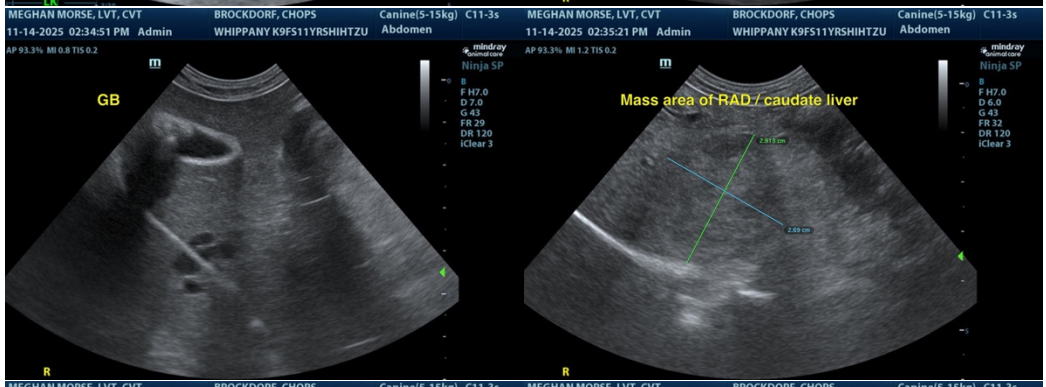

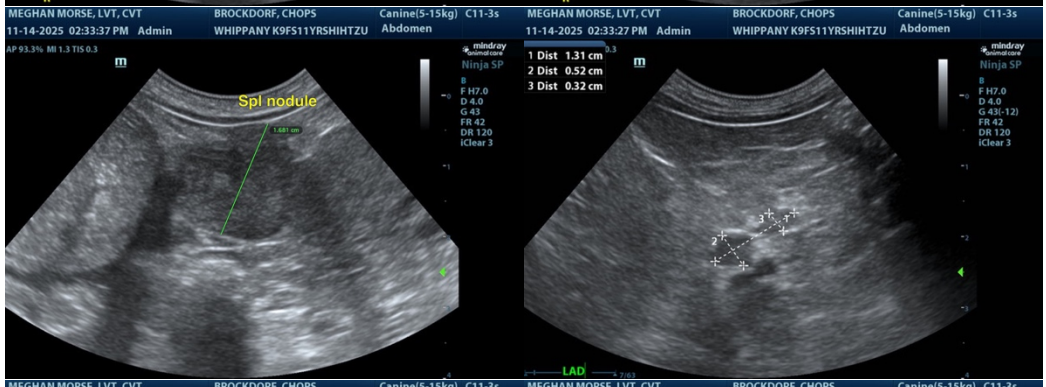

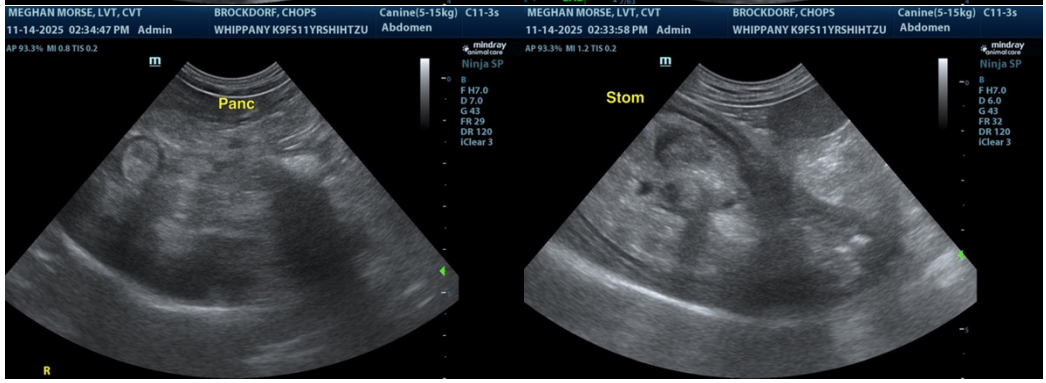

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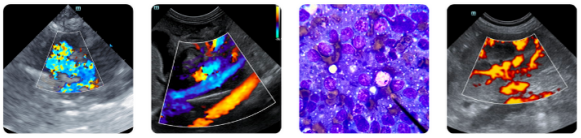

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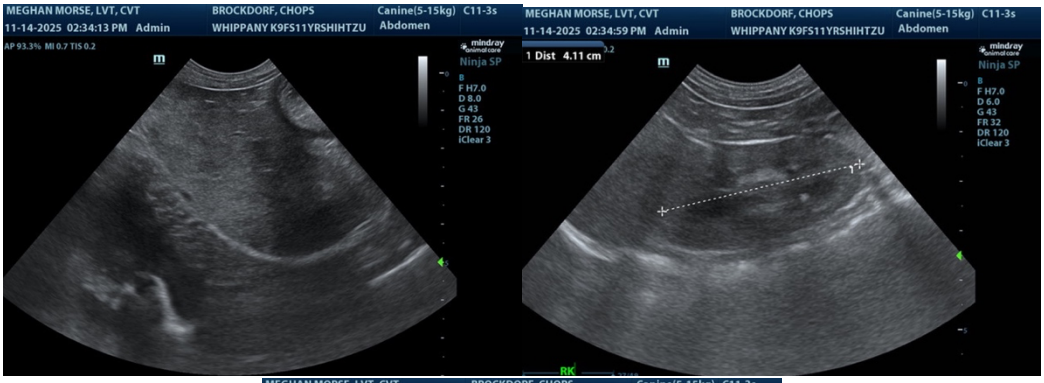

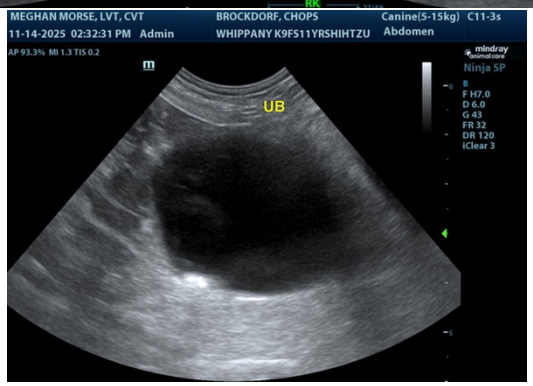

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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