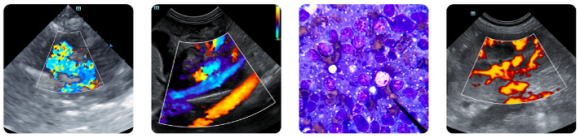

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PATIENT

Frnklin Roosevelt Hermann

SPECIES

Canine

BREED

Pitbull X

SEX

Male Neutered

AGE

12 yrs

WEIGHT

57 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

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PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Peritoneal free fluid noted on wellness Senior radiographs obtained 11/10/25 and confirmed with limited US on 11/11. Acute onset diarrhea 11/10 while in hospital, stress trigger suspected. Diarrhea, GI patterns have been well managed with low fat diets since late 2024. Lacking pu/pd/pp signs. Stable lean body condition since September; 5-pound weight loss in past year. Arthritis managed with Galliprant, gabapentin and glucosamine joint supplement. Chronic hepatopathy with ALP elevation since 11/2021. New ALT elevation (309 iu/L) in 9/2025. Chronic proteinuria since 11/2021 and UPC values >2.0 despite use of enalapril and currently telmisartan. GN presumed. Animal Sounds AUS 17394 performed 9/10/2024. ABNORMAL Lab work Values Refer to emailed recent panels Albumin 3.4 g/dL (11/12/25), 3.6 (9/12/25) ALP 2469 IU/L (11/12/25), 3040 (9/12/25) ALT 187 IU/L (11/12/25), 309 (9/12/25) UPC 2.5 (10/10/25)

Current Medications Galliprant 60mg/d; gabapentin 200mg BID; telmisartan 50mg/d (almost 2mg/kg, most recent UPC was with 40mg/d)

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings See emailed image link of 11/10/25 abdo. Reported normal thorax for age.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 presented sonographically normal.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

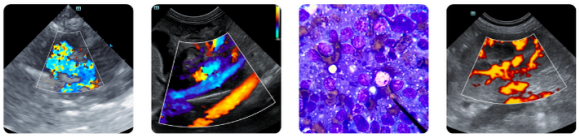
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was borderline enlarged in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.9 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 0.73 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The



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parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Previously noted perihilar myelolipomas not definitively visualized yet static and distinct myelolipomas medial parenchyma to perihilar regions suspected. No evidence of splenic masses present.

Liver

The liver exhibited generalized hepatomegaly with rounded contour and generalized heterogeneous, indistinctly nodular parenchyma. Hepatic vasculature presented normal without evidence of congestion. Indistinct portal vascular borders. Non-dilated cranial abdomen caudal vena cava at the level of the liver measuring 0.84 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented thickened hypoechoic wall with an empty lumen and mild lumen gas. Gastric body wall measured 0.9 cm.

The small intestine presented overall intact borderline mild thickened wall owing to propensity for borderline mild thickened mucosa layer. Generalized empty intestinal lumen to the level of the colon. Duodenum wall measured 0.66 cm and jejunum wall measured 0.67 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant omental lymphadenopathy and moderate volume peritoneal effusion was present. Generalized mild homogeneous increased omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes
- Enlarged non-homogeneous subtle nodular liver – chronic hepatopathy including vacuolar or non-obstructive cholestatic hepatopathy- inflammatory disease, hepatotoxicosis, hyperplasia, fibrosis or neoplasia, all potentials
- Non-edematous gallbladder
- Nonspecific gastroenteropathy exhibiting thickened hypoechoic stomach wall and intact mildly thickened small intestine wall – IBD or other inflammatory enteropathy, infectious disease, gastrointestinal neoplasia possible
- Moderate volume peritoneal effusion
- Age-related spleen – subjective benign
- Mildly enlarged caudal left adrenal gland – nonspecific, subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of hepatic congestion or significant decrease to albumin level to the popint of causing effusion, portal hypertension secondary to progressive hepatopathy, nonspeicifc peritonitis or neoplastic effusion, all potentials. Correlation with, ssuming normal clotting status, hepatic FNA

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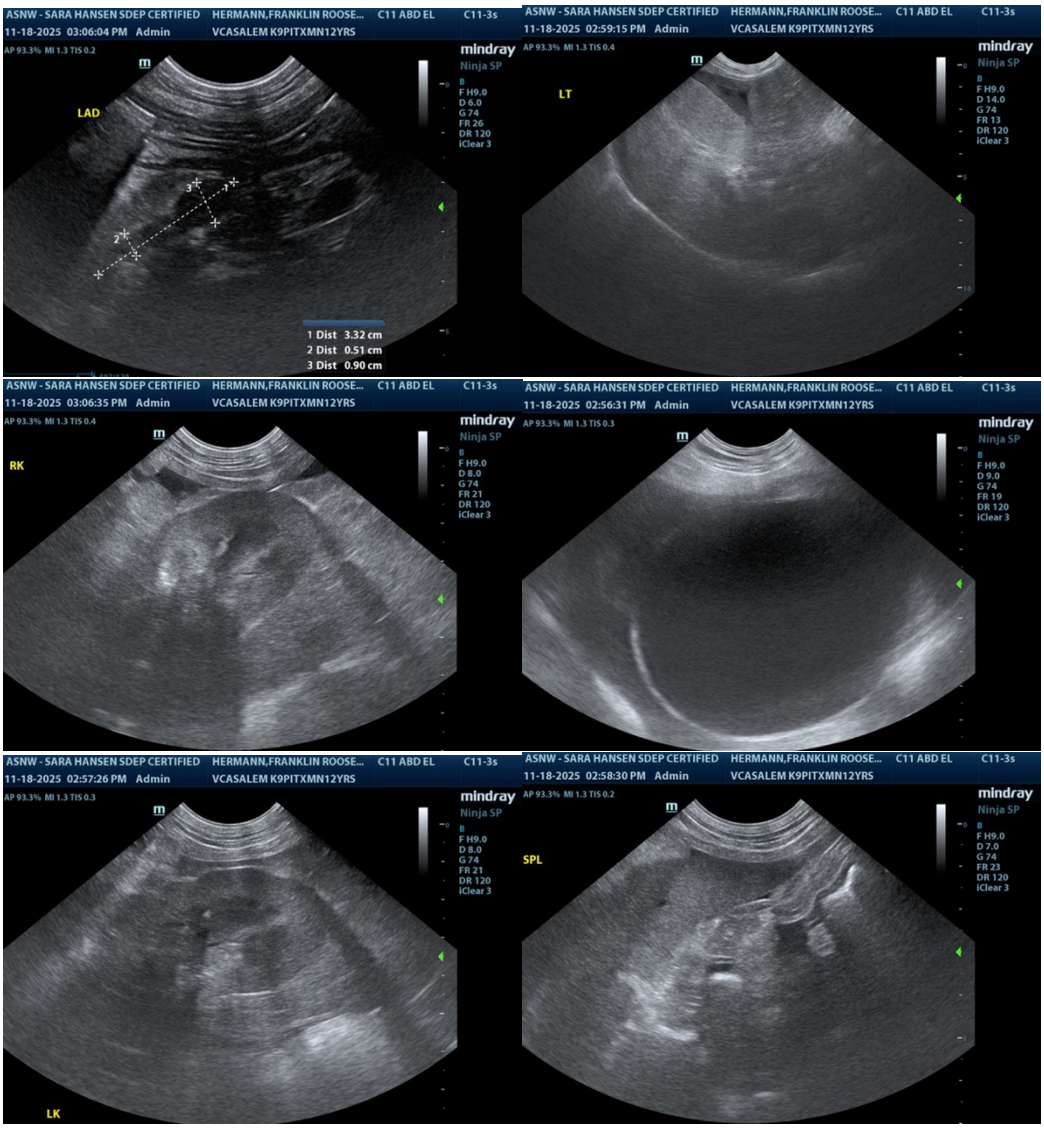
cytology, effusion analysis, 3-view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate given gastrointestinal signs and evidence of weight loss is recommended.



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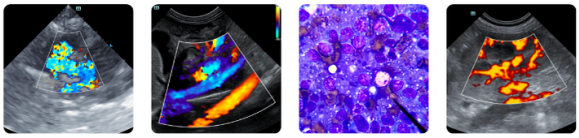

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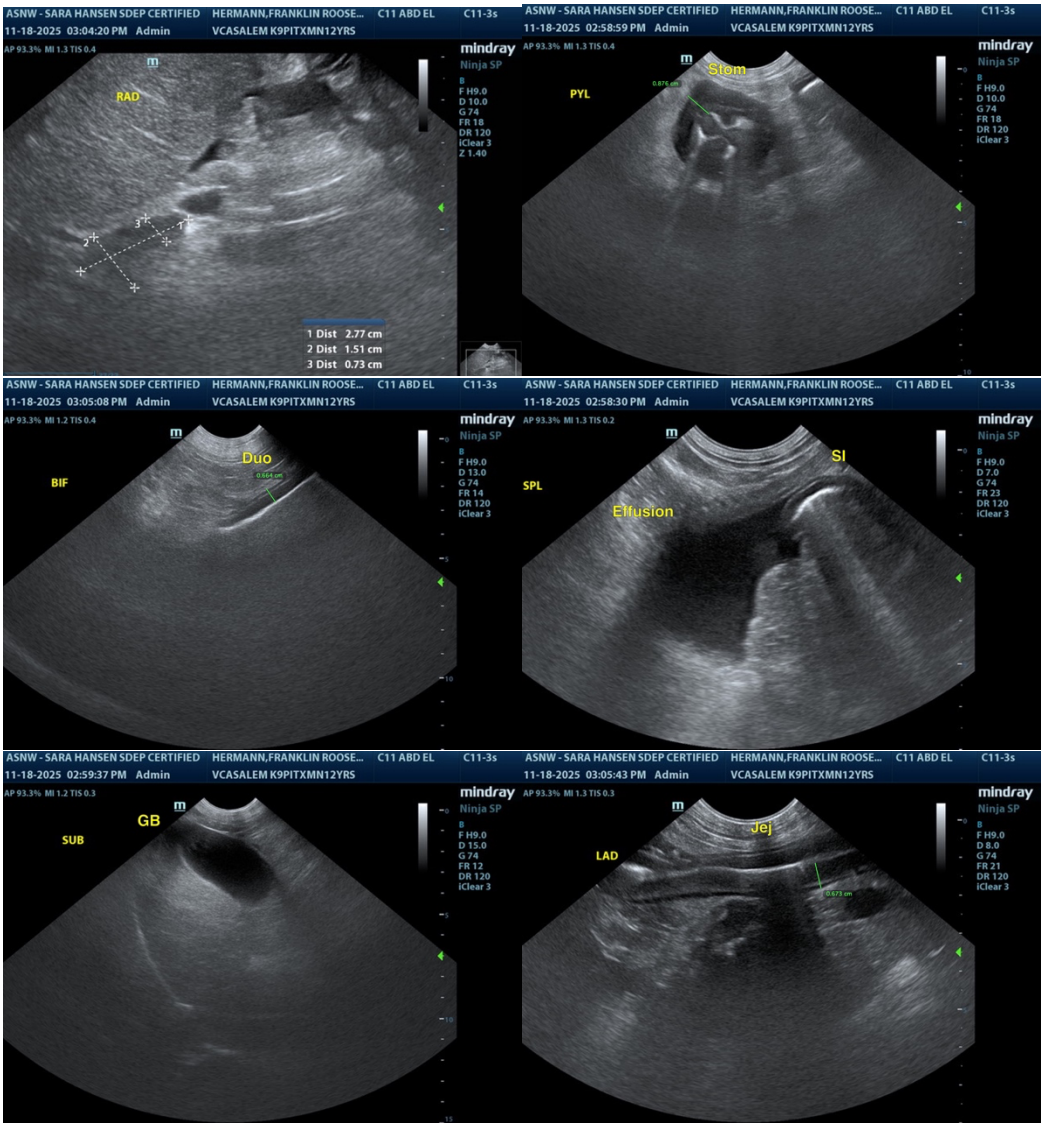

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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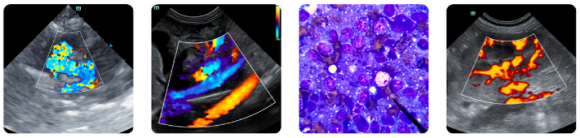

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