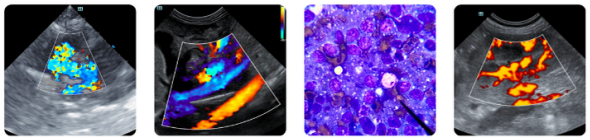


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bailey Cohen

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

10 yrs

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

Jm Pet Resort & Veterinary Clinic

REFERRING VET

Sorbo

INVOICE

12850

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Heart arrhythmia - Currently on Sotalol 80mg twice daily. Presenting for AUS due to lab abnormalities.

Abnormal PE/Chem/CBC/UA Results: Elevated TG and PSL, elevated calcium (total) suspect due to hyperlipidemia - ionized sent off today)

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 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 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 6.6 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 0.84 cm width in the caudal pole. The right adrenal gland measured 0.82 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. 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.

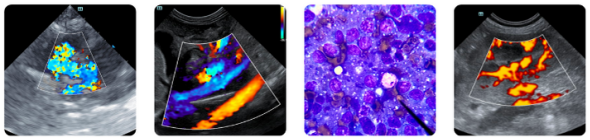
Liver

The liver exhibited subjective mild hepatomegaly with symmetrical contour and heterogeneous remodeled hepatic parenchyma. Indistinct portal vascular borders. No mass or nodules present. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized 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.



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

Pancreas

The pancreas was mildly prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

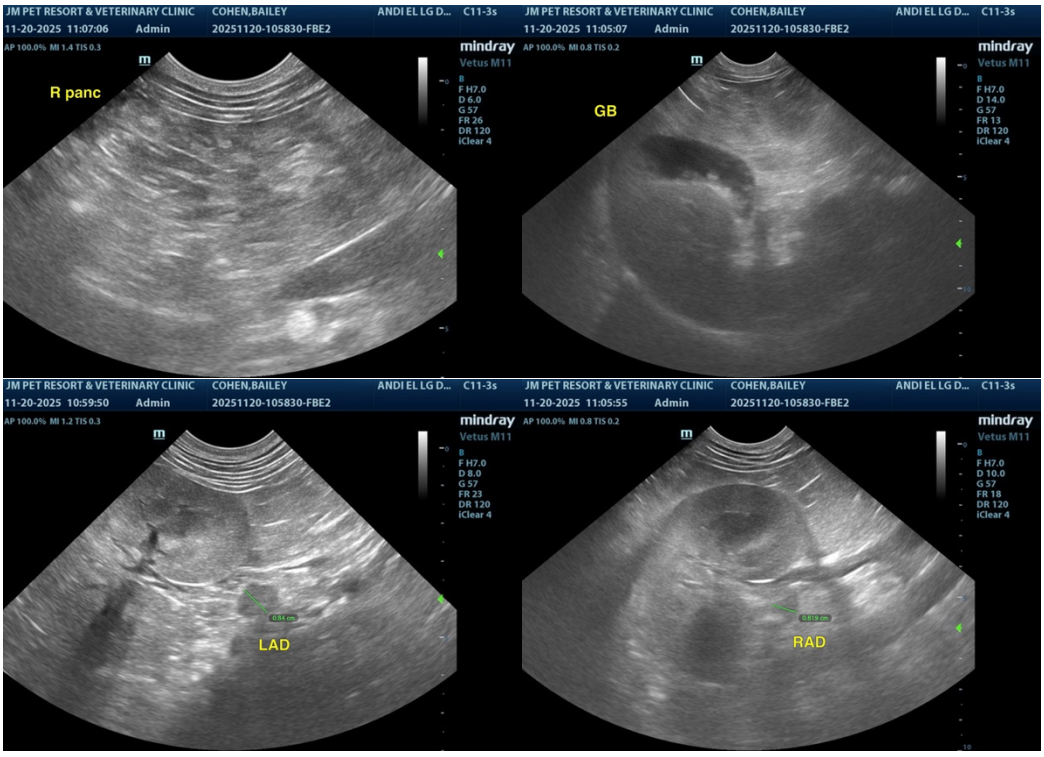
No overt lymphadenopathy or peritoneal effusion was present.

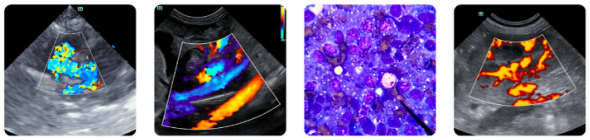
ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting non-homogeneous parenchyma – subjective benign
- Non-organized gallbladder debris (non-mucocele)
- Normal spleen
- Mildly prominent remodeled pancreas
- Age-related renal/adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported hepatic enzyme elevations, assuming normal clotting status, screening hepatic FNA cytology could be considered to assess for non-obvious or occult disease given hypercalcemia pending ionized calcium level. Pancreatic remodeling owing to age or previous inflammation with potential for mild chronic pancreatitis if clinical signs consistent with chronic pancreatitis possible. Hepato-supportive medications if evidence of hepatopathy or cholestasis may be considered.





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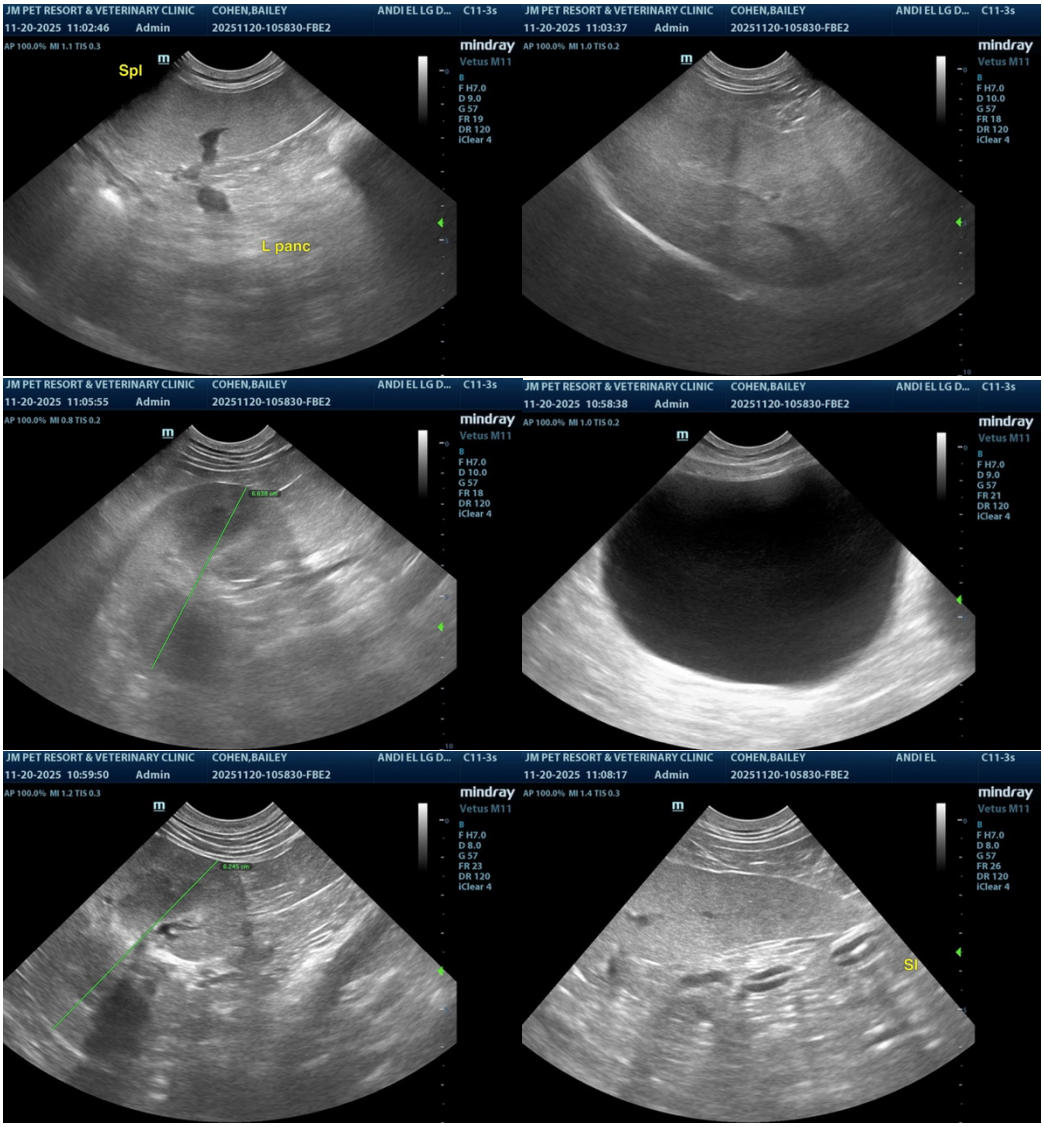

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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