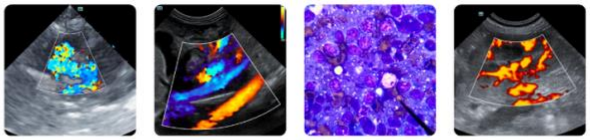


PATIENT

Tootsie Ziolkowski

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years 3 Months

WEIGHT

36.28 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Country Companion Animal Hospital

REFERRING VET

Dr. Amanda Wanner DVM

INVOICE

12376

DATE

11/21/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate an 8 week history of a progressively distended abdomen, mild ALT/ALP elevation. History of skin disease and on chronic Prednisone EOD and Gabapentin. Presented to pDVM yesterday for evaluate of distended abdomen (o reported for 8 weeks), marked ascites seen on AFAST. Abdominocentesis performed and 2 liters of pink tined clear fluid obtained. BW showed mild elevated ALT / ALP. Normal albumin, mild low globs.

Abnormal PE/Chem/CBC/UA Results: Blood Pressure: 175/131, 178/102 Diagnostics 11/20/25: - CBC: HCt 42.6%, Plts 478, remainder NSF - Chem: ALT 130 H, ALP 566 H, Alb 3.4-n, Glob 1.9 L, normal renal values

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 visualized medial iliac lymph nodes were sonographically normal without inflammatory or metastatic criteria.

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 7.5 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole.

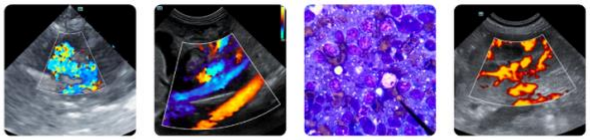
The right adrenal gland was indistinctly visualized owing to depth and peri-adrenal artifact. The right adrenal gland subjectively measured 0.53 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small nondisruptive hyperechoic medial parenchyma to perihilar nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was enlarged in size with mildly prominent hepatic vasculature most notable at the hepatic vein/caudal vena cava junction. Concurrent subjective mildly prominent cranial abdomen caudal vena cava. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate



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coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary nonhomogenous hypoechoic intraparenchymal mass was visualized in the deep mid liver measuring approximately 5.6 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 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 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

Mild to moderate volume of ascites were present. No visualized significant omental lymphadenopathy. Generalized mild uniform omental hyperechogenicity.

Echocardiogram

Overall, normal left and right heart chamber dimension with adequate LV systolic function. Mild centralized MR on doppler assessment of the mitral valve. Nonhomogenous mass exhibiting hyperechoic foci and potential mineralization was present at the heart base measuring 4.5 cm in diameter. The mass was noted adjacent to the right atrium and subjective area of the vena cava input. Scant pericardial effusion was visualized without evidence of cardiac tamponade.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Heart base mass with minor pericardial effusion.
- Enlarged nonhomogenous congested liver with intraparenchymal mass.
- Mild to moderate volume of ascites.

Secondary Findings

- Bening splenic nodules- consistent with myelolipomas.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heart base mass is likely obstructing vena cava inflow into the right atrium resulting in hepatic congestion and ascites. The cardiac mass is consistent with neoplastic criteria with considerations including chemodectoma, sarcoma, metastasis or other. Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and if accessible, hepatic mass FAN cytology could be

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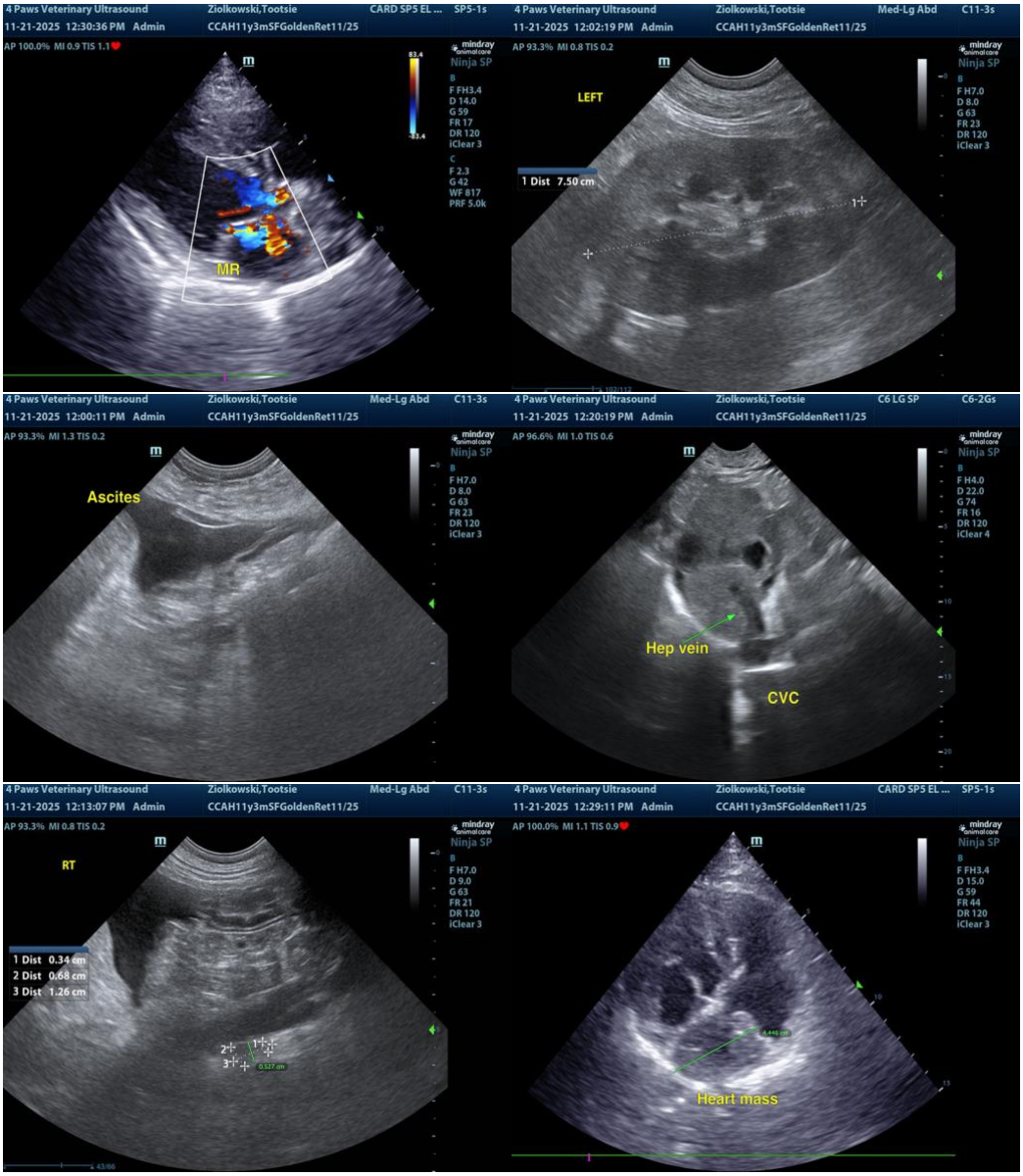
considered to assess for primary neoplastic criteria. Advanced imaging and oncology consult could be considered, however, an unfavorable prognosis is indicated.



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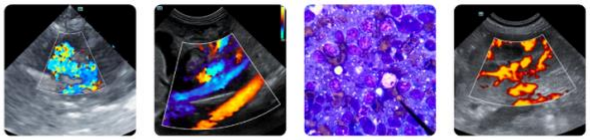

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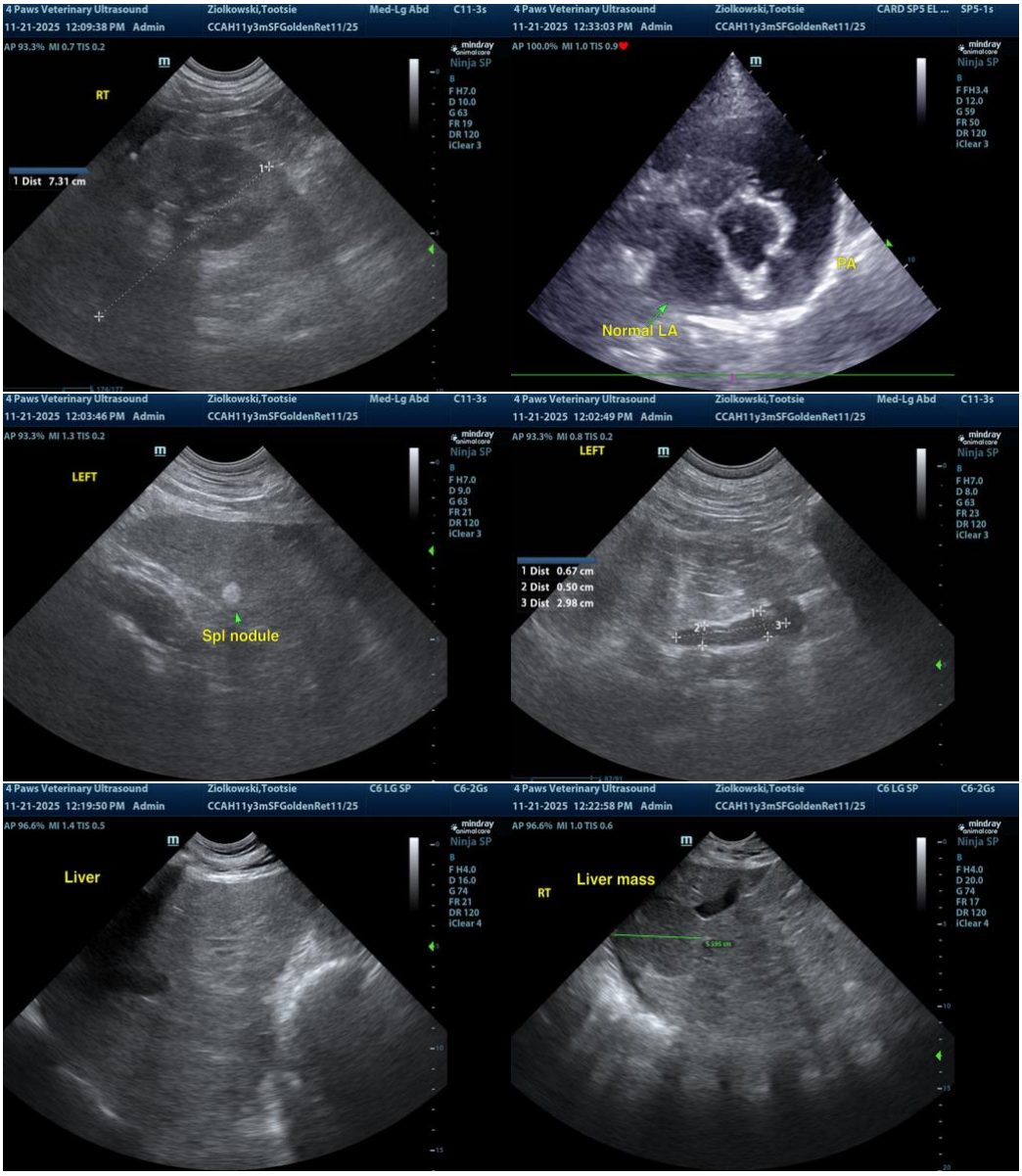

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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