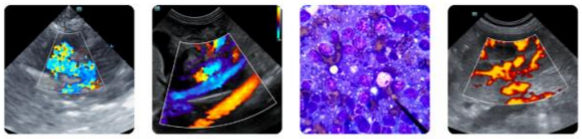


PATIENT

Ike Delia

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

2011

WEIGHT

22.4

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Telford Veterinary Hospital

REFERRING VET

Dr. Musgunung

INVOICE

12085

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Chronic mild liver elevations, recently extremely high, decreased appetite, weight loss, icteric, concern for Cushing's

Medication: ondansetron, ursodiol

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate sediment was present without evidence of mineral/calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was mildly prominent in size exhibiting nonhomogenous parenchyma. No evidence of residual prostate neoplastic criteria with probable age-related or patient prostate variant. The residual prostate measured 0.94 cm in diameter.

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. Mild areas of medullary mineral were visualized without evidence of pyelectasia. The left kidney measured 5.6 cm in length. The right kidney measured 6.1 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 0.54 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in the caudal pole.

Spleen

The spleen presented subjective mildly enlarged with areas of mild asymmetrical capsule contour and mild nonhomogenous hypoechoic parenchyma exhibiting pinpoint hyperechoic parenchyma foci to indistinct nodule.

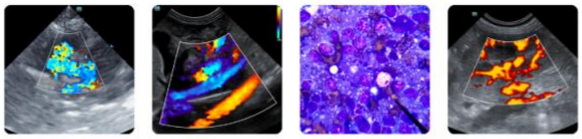
Liver

The liver revealed generalized hepatomegaly, primarily symmetrical to rounded capsule contour and variable nonhomogenous hepatic parenchyma exhibiting variable coarse echotexture. Indistinct portal vascular borders with normal vascular volume. No evidence of mass or nodules.

The gallbladder was non-distended in size with normal wall without evidence of edema. Dependent to nondependent variably congealed gallbladder debris was present. Minor subjective evidence of peripheral gallbladder inflammation without evidence of effusion. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact subjective mildly prominent wall layering. The stomach contained a mild amount of anechoic fluid.



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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 right pancreas was normal in size with capsule asymmetry and mild nonhomogenous hypoechoic parenchyma with mildly prominent pancreatic duct.

Free Abdomen

No overt visualized significant omental lymphadenopathy or peritoneal effusion was present. Mid abdomen hyperechoic omentum with potential for steatitis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged nonhomogenous liver.
- Congealed gallbladder debris with evidence of mild pericholecystic inflammation.
- Enlarged hypoechoic spleen with pinpoint to focal hyperechoic foci/nodule.
- Mild hypomotile gastritis, empty small intestine.
- Suspect mild chronic/chronic active right limb pancreatitis.
- Mid abdomen hyperechoic omentum/steatitis.

Secondary Findings

- Chronic renal changes exhibiting mild medullary mineral.
- Age-related adrenal glands- no evidence of adrenomegaly/tumors.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given recent severe increase in hepatic enzyme elevations, gallbladder disease, which may suggest atypical mucocele in conjunction with evidence of mild pericholecystic inflammation is suspected. If present, the degree of right limb pancreatic inflammation did not overtly appear to be severe as a primary clinical player. Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology is warranted primarily to assess for occult disease i.e. neoplasia versus inflammation, reactive changes, hyperplasia. Pending additional diagnostics, hospitalization with hepatogastrointestinal support and close clinical monitoring is recommended. If no evidence of hepatosplenic neoplastic criteria with persistent or progressive hepatopathy and gastrointestinal signs, cholecystectomy with hepatic biopsies and potential splenectomy may be indicated.

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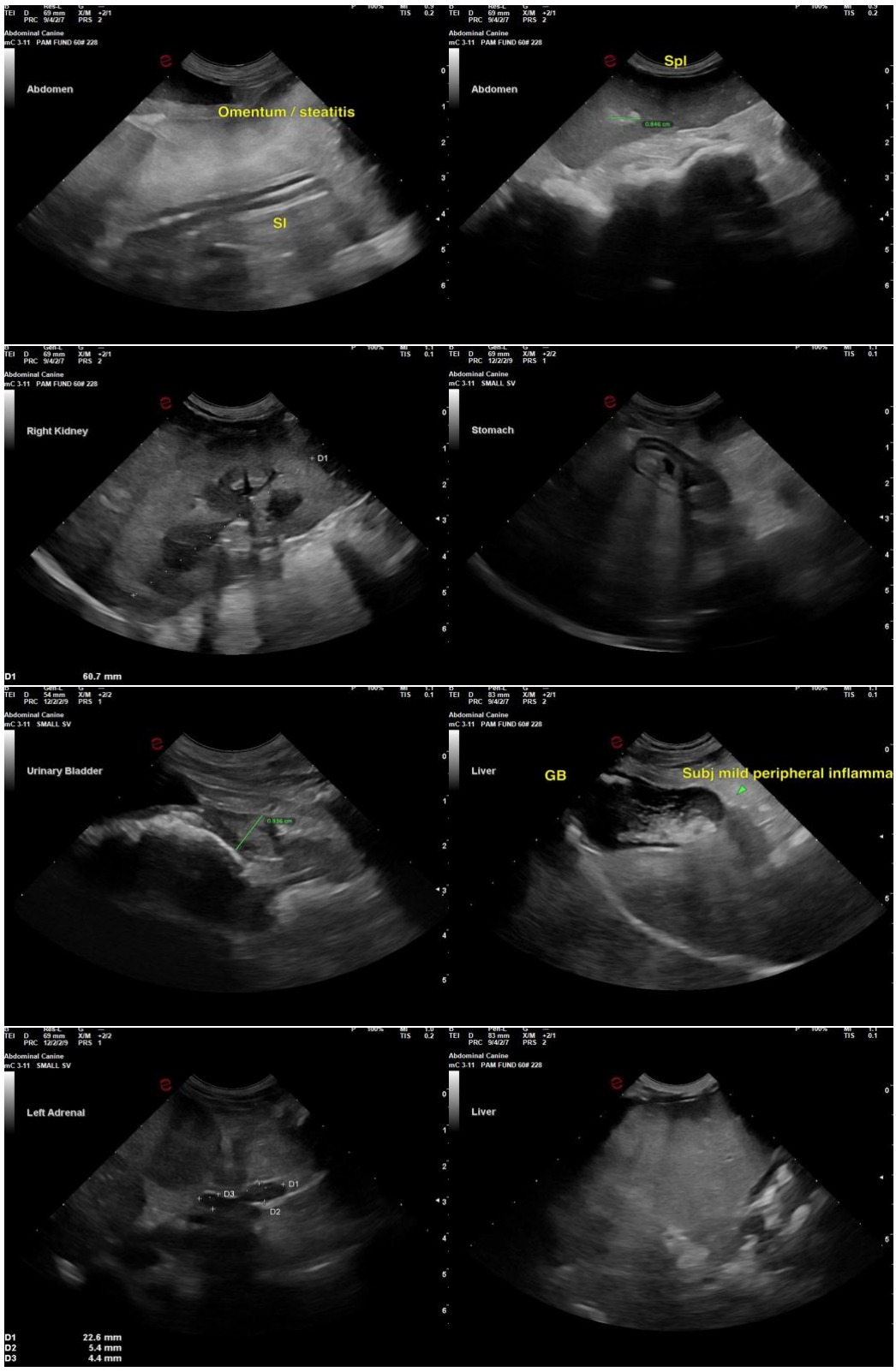

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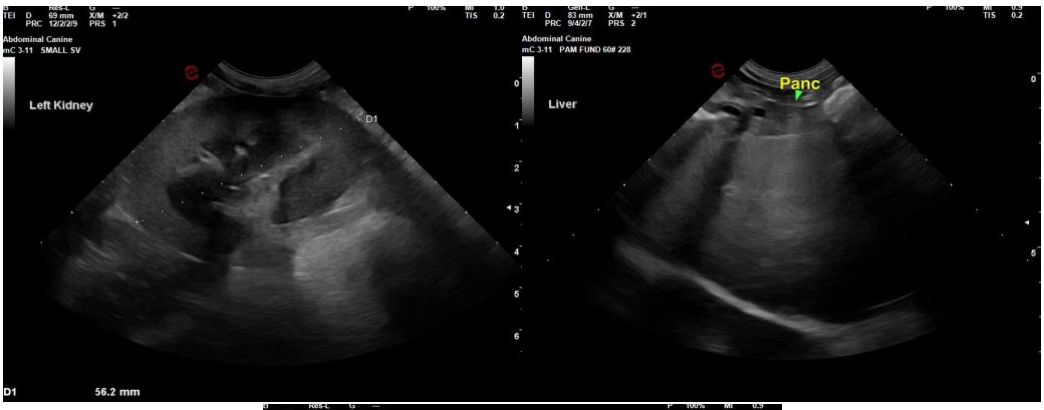

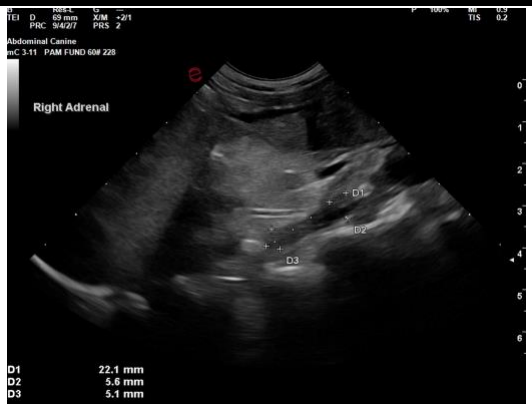

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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