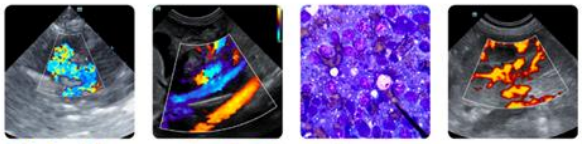


PATIENT
Lola Ung

SPECIES
Canine

BREED
Bichon Frise Mix

SEX
FS

AGE
15yr

WEIGHT
12lb

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

IMAGING PERFORMED BY
Meghan Myers, VMD

HOSPITAL NAME
Hershire Animal Hospital

REFERRING VET
Susan Zhang, DVM

INVOICE
23198

DATE
12/10/2025

PRESENTING CLINICAL SIGNS

2 episodes of hemorrhagic mucoid diarrhea w/I 3-4 weeks of each other. Normally on c/d diet but has been refusing; occasional lack of appetite, no vomiting. Hx of chronically elevated liver enzymes—has been on denamarin but not given consistently. Only other medication is Galliprant. Last BW 11/6/26—HCT 39.2 nonreg, BUN 53, creat 1.3, calcium elevated at 13.4, ALP 1260. BUN usually between 32-25 since 5/2025 and creat wavers b/t 0.8 and 1.4. total calcium 8/2025 was 12.9 and ALP was 273(was 1516 7/2025). Did have an AUS at this time but most of the changes were regarding spleen and bladder. spleen aspirates--Consistent with lymphoid hyperplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. A solitary, sessile based polyploid like lesion was present in the apical bladder measuring 0.88 cm x 0.76 cm. Mild blood flow confirmed on power Doppler within the polyploid lesion. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Marked loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral medullary renolithiasis and mild pyelectasia were present. The left kidney measured 4.5 cm in length. The right kidney measured 3.9 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

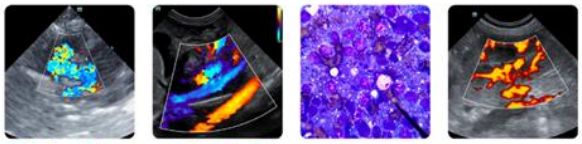
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and mild asymmetrical capsule contour with diffuse micronodular parenchyma changes and non-homogenous splenic echotexture.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and non-organized primarily gravity-dependent variably hyperechoic debris. The cystic and common bile ducts were normal.



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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 mechanical/metabolic ileus, obstruction or foreign material. Discrete segmental hyperechoic intestinal mucosal speckling was present.

Intact borderline prominent wall was present. The colon was not distended containing solid fecal matter.

Pancreas

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

Free Abdomen

No peritoneal effusion was present.

Several to multiple generally mildly enlarged symmetrical non-homogenous mesenteric lymph nodes were present, an example measured 1.6 cm x 0.78 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic hepatopathy
- Non-homogenous micronodular spleen.
- Remodeled pancreas
- Apical urinary bladder polyploid lesion
- Gastroenterocolopathy without evidence of overt gastroenterocolic mural pathology
- Intermittent, mildly swollen non-homogenous mesenteric lymphadenopathy
- Bilateral chronic nephropathy exhibiting renolithiasis and pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatosplenic and accessible lymph node FNA for screening cytology is warranted for further assessment primarily to assess for evidence of neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the gastrointestinal tract and pancreas may be considered. Recheck urinary workup including UA C/S and baseline UPC level if non-inflammatory or proteinuria and for renal staging is recommended. Gastrointestinal support, empirical therapy for non-specific gastroenterocolitis and possible chronic pancreatitis is recommended. The urinary bladder polyploid lesion may indicate polyp, focal cystitis or emerging tumor. Correlation with BRAF assay and sonographic monitoring is recommended.

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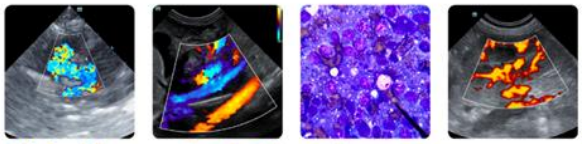

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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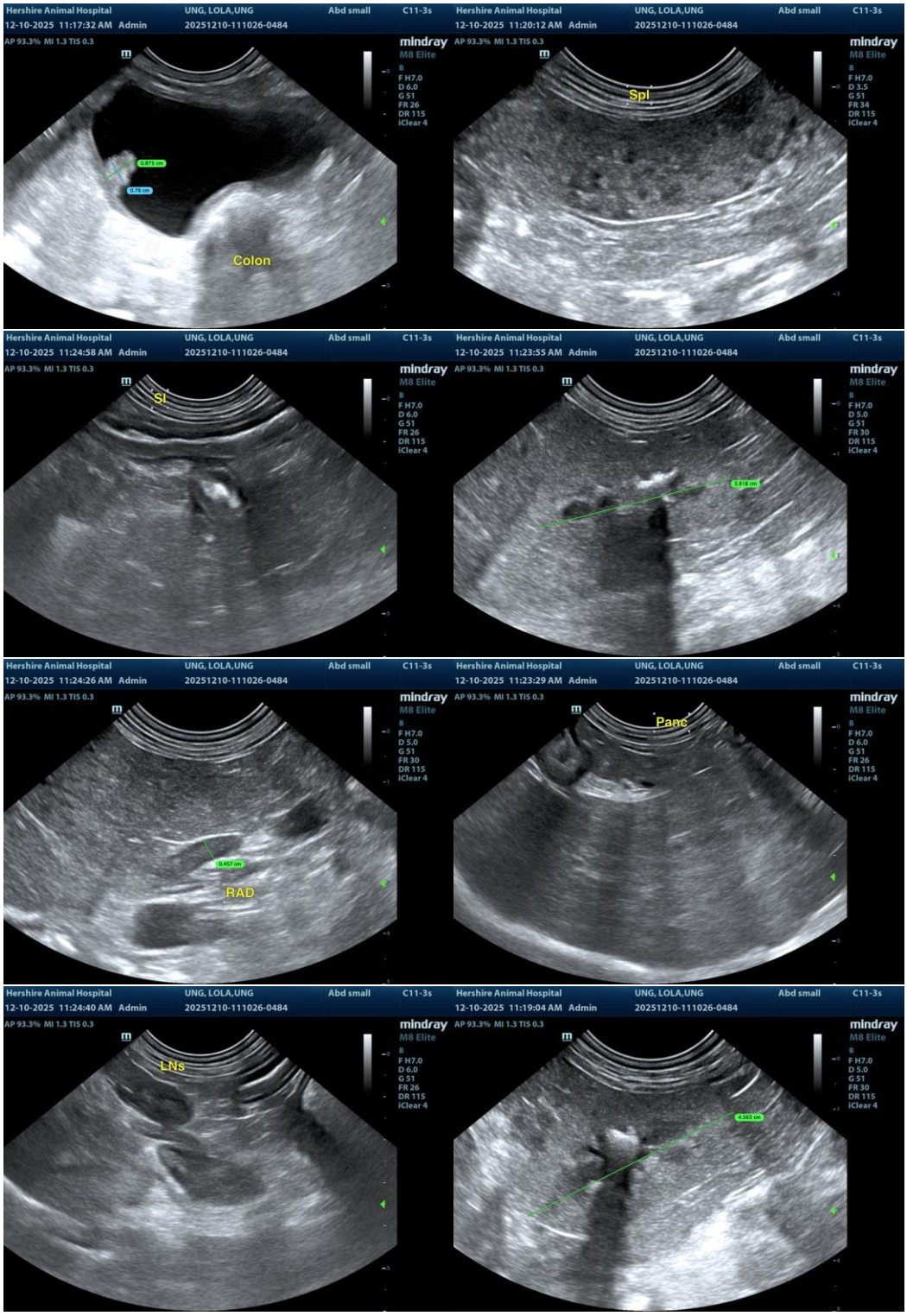

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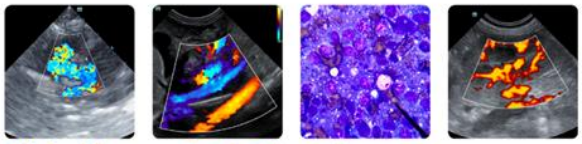

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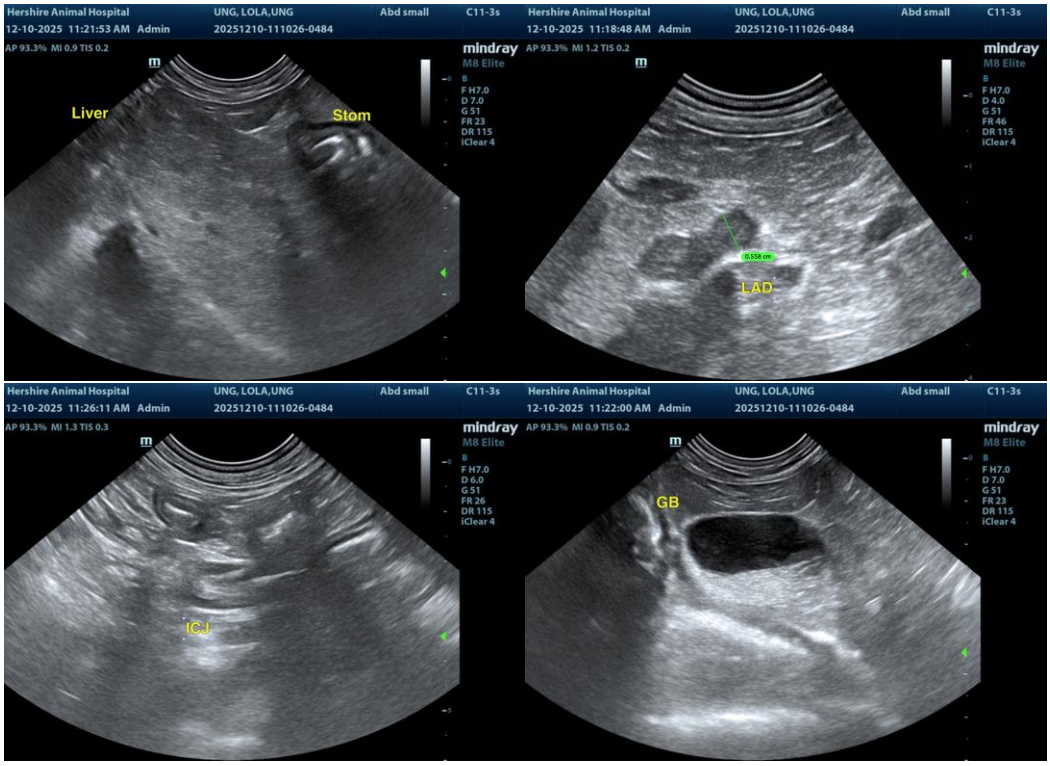

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com