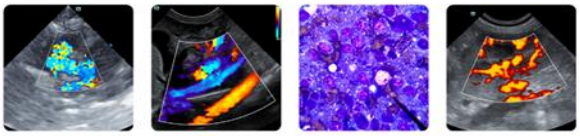


PATIENT

Kenzie Holdridge

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

10yr

WEIGHT

65.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

BPH North Eugene

REFERRING VET

Dr Coker

INVOICE
23237

DATE
12/15/2025

PRESENTING CLINICAL SIGNS

he following were tested @ OVRA: 3mm mass L of caudal thorax (cytology done) 3mm mass on caudal L flank (cytology done) 1.2cm mass on upper L front of thigh (cytology done) 3mm mass on lateral R thorax (cytology done) 5mm mass on lateral L thigh (cytology done) ~4mm mass on L jugular furrow (cytology done) The following masses do not concern Dr. Nibblett: ~8mm mass behind R pinna ~3mm mass on inner R pinna The following mass was left alone per Dr. Nibblett (no changes recently): 1.8cm intradermal mass on R of caudal thorax The following masses are to be excised by eye doctor @ OVRA: 3mm mass above OD ~1cm mass on lateral upper canthus OD (suspect meibomian cyst)

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values From 11/5/2025 CBC/IOF: LYM 0.63 (0.83 - 4.91) ALT 198 (10 - 125) ALKP 3528 (diluted, 23 - 212) Current Medications Prednisone 5mg AM snf 2.5mg in PM, Melatonin 3mg every 12 hours, and Sotalol 40mg every 12 houRs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 6.6 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

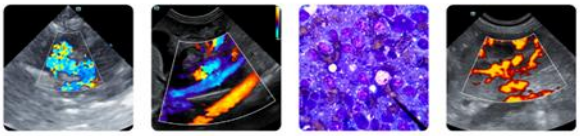
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole.

Spleen

The spleen exhibited normal size, mild medial capsule asymmetry and subtle non-homogenous parenchyma. Discrete areas of hyperechoic parenchyma to emerging hyperechoic nodules were present. A solitary isoechoic to non-homogenous subtle cystic non-capsule deforming medial splenic nodule was present measuring 1.5 cm in diameter.

Liver/Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with moderate non-organized debris. 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 mechanical/metabolic 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild non-organized gallbladder debris
- Age-related renal changes
- Overtly normal bilateral adrenal glands
- Non-disruptive mild to cystic splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hematopoiesis, toxic hepatopathy (i.e., copper) or other with neoplasia thought less likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. No hepatic anesthetic contraindications if normal ALB, GLU, BUN, and CHOL levels.

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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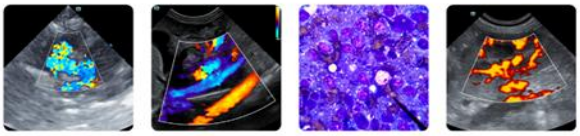

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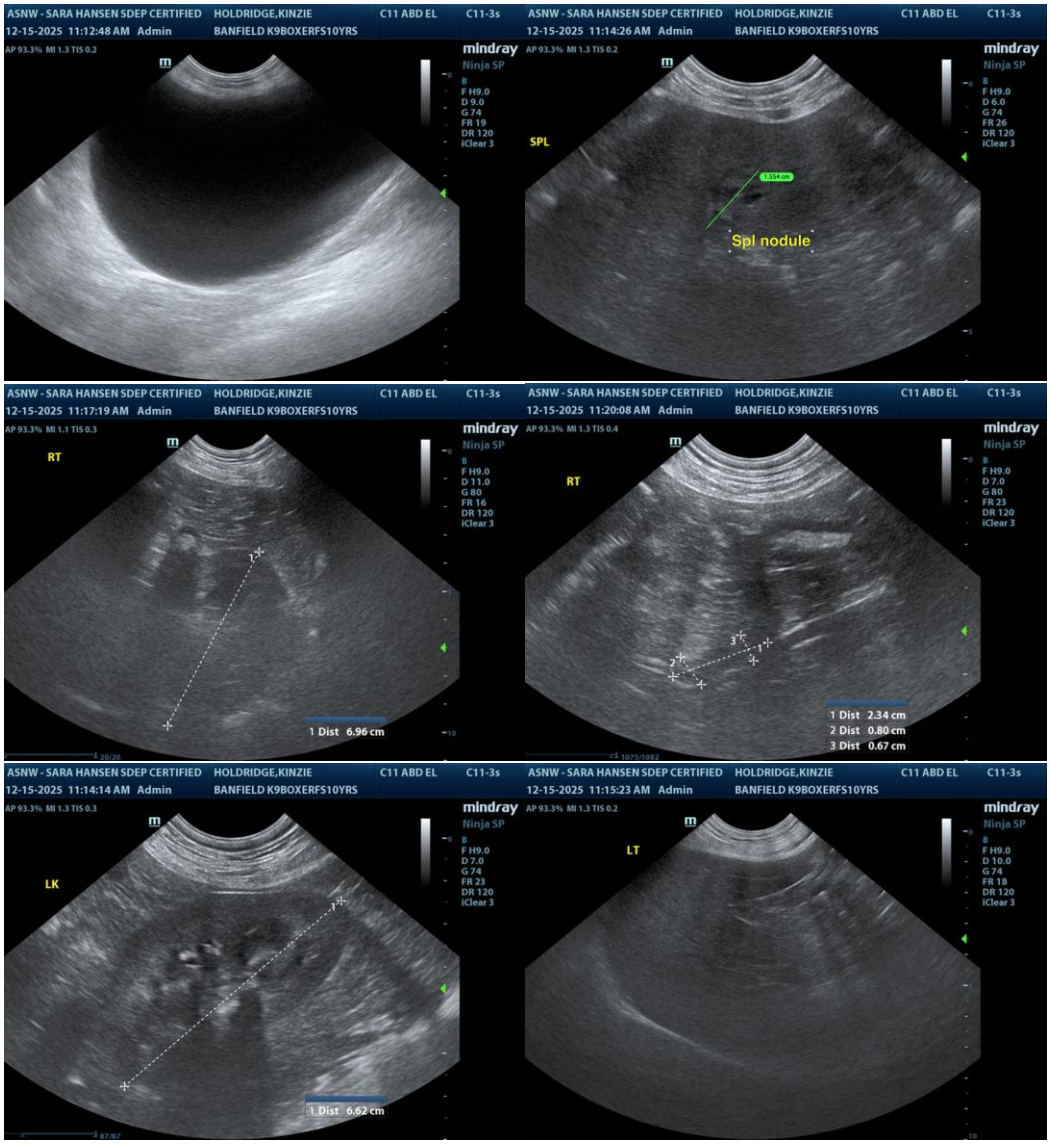

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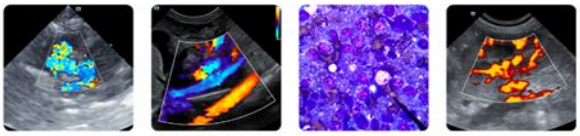

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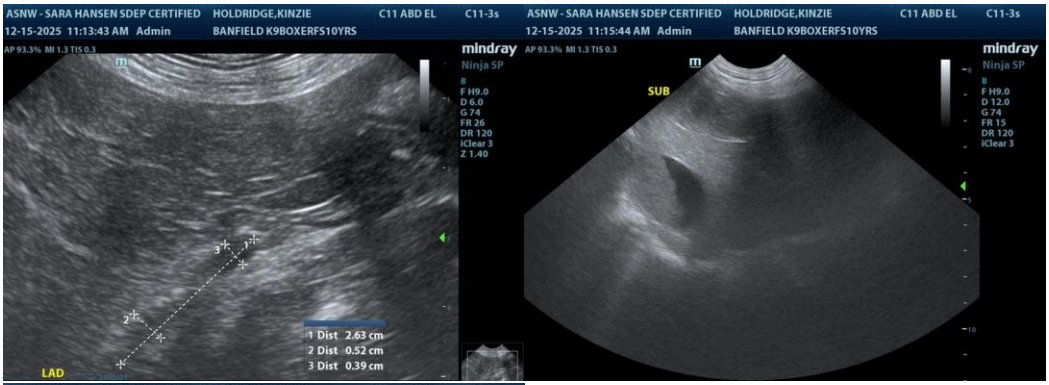

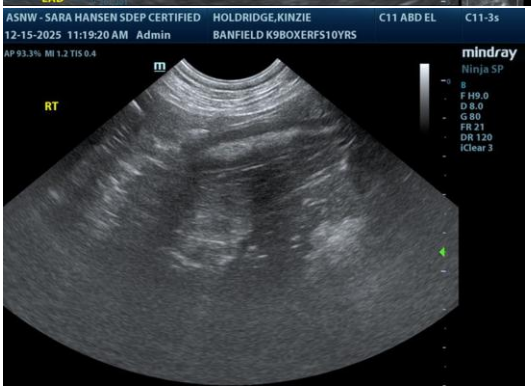

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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