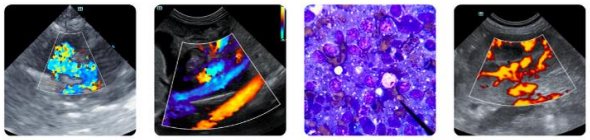


PATIENT

Milo Nissel

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

10

WEIGHT

15.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Salazar

INVOICE

10477

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Presents for increase frequency of seizures Increased LE's Current meds Kepra 250mg 1/2 Mupirocin topically Denamarin 225mg

Abnormal PE/Chem/CBC/UA Results: TP 8.4 Glob 4.6 ALT 369 ALP 247 GGT 12 T bili 2.1 Had a prev abd u/s 9/25/25 (not a re check)

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 evidence of urine or 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.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

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 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

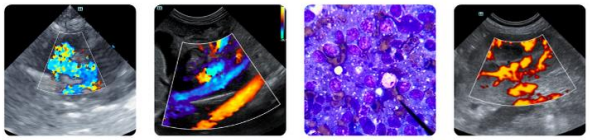
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A mildly expansive, nonhomogeneous, mid-caudal splenic nodule was present. Subtle associated medial capsule distortion was noted. The splenic nodule measured 1.8 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/ Gallbladder

The liver presented as 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



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in margination. Normal hepatic vascular volume was present. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 contained mild, nonshadowing ingesta / chyme without signs of 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern exhibiting normal vascular volume
- Normal gallbladder
- Static, mildly expansive, nonhomogeneous splenic nodule
- Age-related renal changes
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of progressive pathology compared to the previous ultrasound study. The liver continues to suggest benign hepatopathy criteria without evidence of intrahepatic or extrahepatic macroscopic shunt. Previously mentioned etiologies for the splenic nodule are still applicable. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and splenic nodule FNA cytology. Overall, a definitive intrabdominal cause of the increased seizure frequency was not obvious. Continued hepatosupportive medications +/- bile acid profile, if evidence of hepatic dysfunction, is warranted. Intracranial imaging may be considered in this patient.

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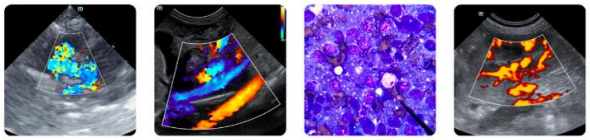

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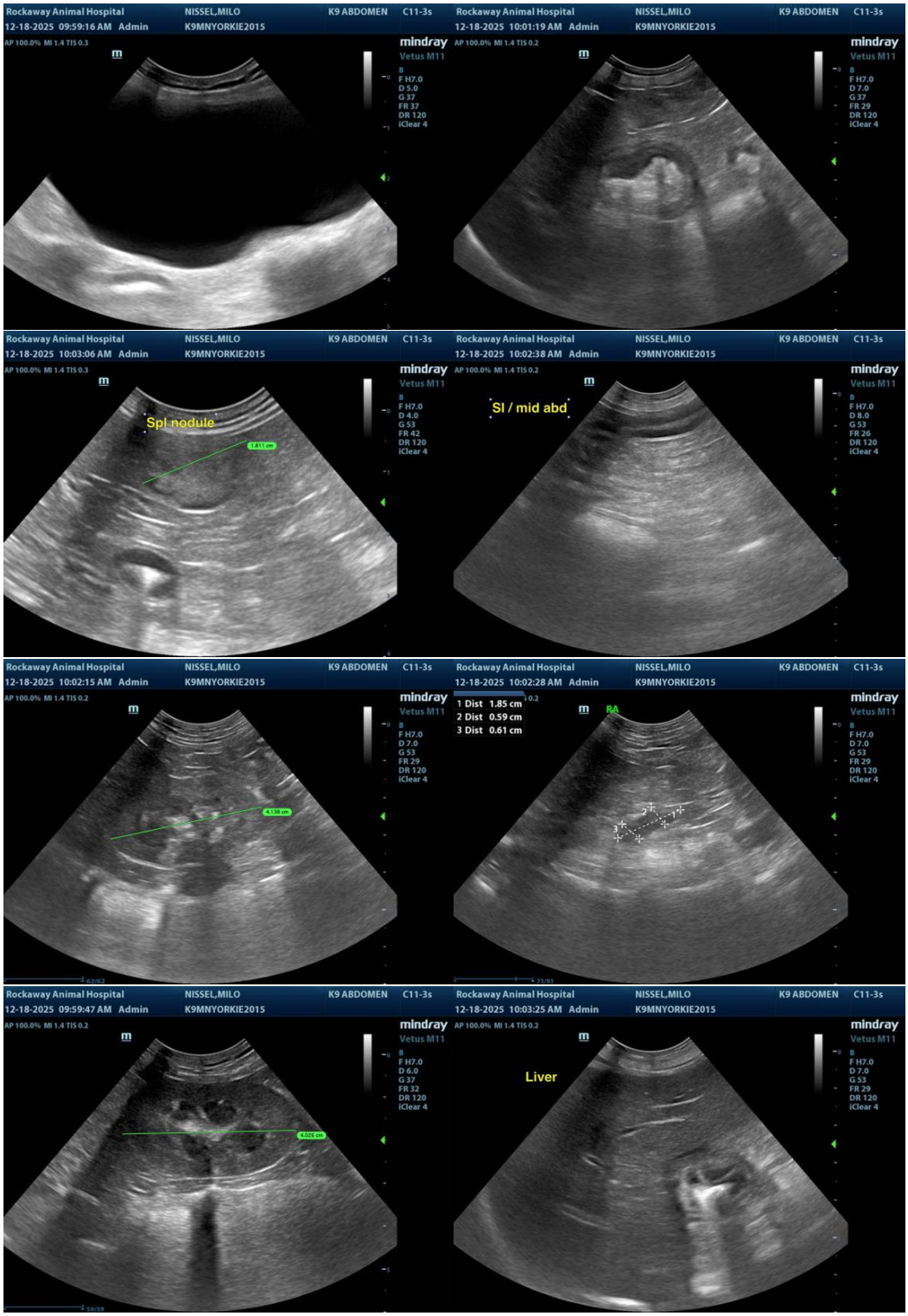

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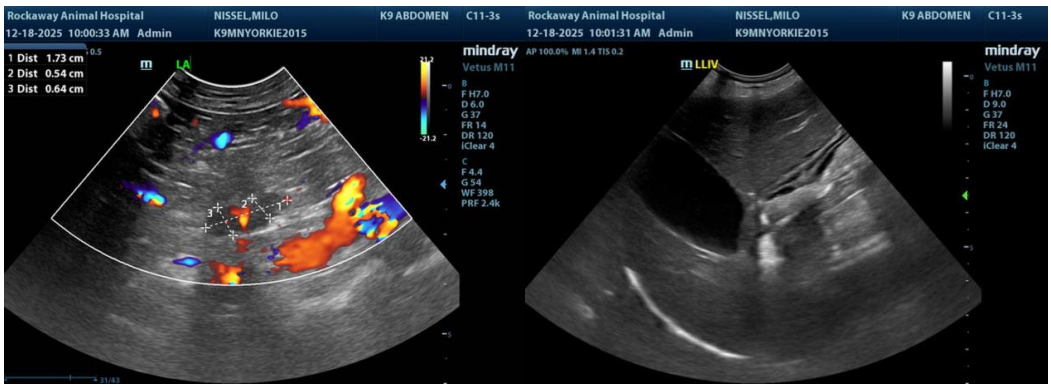

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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