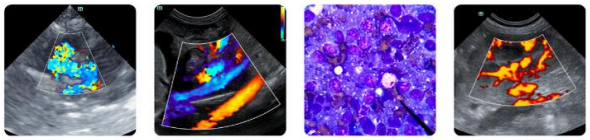


PATIENT

Sadie Pitrowski

SPECIES

Canine

BREED

Mixed Breed

SEX

SF

AGE

11 years

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

Emily Crawford

INVOICE

10488

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Dog has chronic liver enzyme elevation (mild ALT, mod ALP). Presented 12/9 with large bowel diarrhea x several days. PE revealed recent weight loss, 4# since last exam in April. Severe ddz. All else wnl.
Abnormal PE/Chem/CBC/UA Results: ALT 277 (last check 116), ALP 1863 (last check 561), GGT 110. Globulin 5.7. UA done 4/25: UPC 6.2! Inactive sediment. 4dx all negative

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.

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

An expansive, echogenic mass was present, appearing to involve the mid-cranial left kidney with associated renal capsule distortion. The mass measured ~7.5 cm x 7.0 cm. Discernable caudal left kidney corticomedullary architecture was noted, exhibiting an indistinct corticomedullary border.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral were present. The right kidney measured 6.7 cm in length.

Adrenal Glands

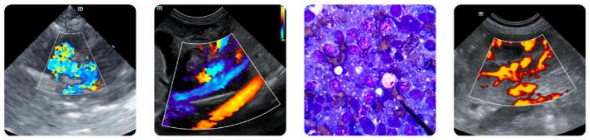
The left adrenal gland was indistinctly visualized, revealing a possible concurrent nonhomogeneous to pinpoint hyperechoic left adrenal mass, potentially measuring 2.4 cm x 1.7 cm. The right adrenal gland was not definitively visualized.

Spleen

The spleen presented generalized splenomegaly with nonhomogeneous focally cystic to cavitated splenic mass measuring ~10.0 cm in diameter (possibly mildly larger as the entire mass would not fit into a single viewing window).

Liver/ Gallbladder

The liver exhibited subjective hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, well-demarcated, mildly hyperechoic intraparenchymal nodules were present, with an example measuring 2.0-3.0 cm in diameter. The gallbladder was non-distended in size containing



PATIENT

Sadie Pitrowski

SPECIES

Canine

BREED

Mixed Breed

SEX

SF

AGE

11 years

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

Emily Crawford

INVOICE

10488

DATE

12/18/25

primarily anechoic content with mild to moderate, primarily congealed caudal lumen gallbladder 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 without evidence of retained ingesta, fluid, 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.

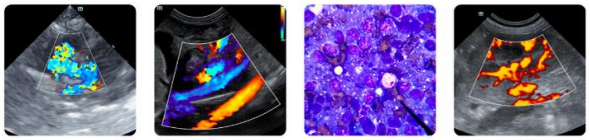
ULTRASONOGRAPHIC FINDINGS

- Left kidney mass with possible concurrent left adrenal mass
- Splenic mass
- Right kidney moderate chronic renal changes
- Mildly enlarged nonhomogeneous liver with mild hyperechoic intraparenchymal nodules
- Nonorganized gallbladder debris (non mucocele)
- Normal gastrointestinal tract with formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, renal and splenic mass FNA cytology, as well as screening hepatic FNA cytology could be considered for further clarification. Multicentric neoplastic criteria are met, although the hepatic nodules may indicate nodular hyperplasia or lipogranulomas. Monitoring of systemic BP for evidence of hypertension, given possible left adrenal mass, renal changes, and proteinuria, is recommended.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Sadie Pitrowski

SPECIES

Canine

BREED

Mixed Breed

SEX

SF

AGE

11 years

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury
Veterinary Hospital

REFERRING VET

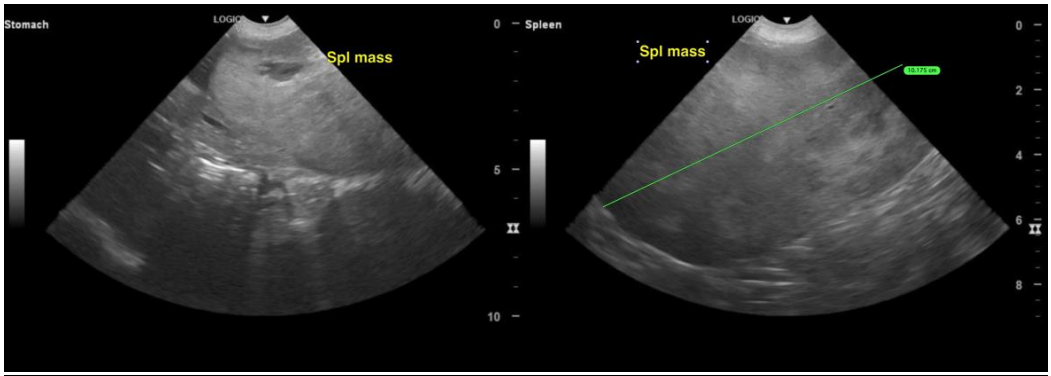
Emily Crawford

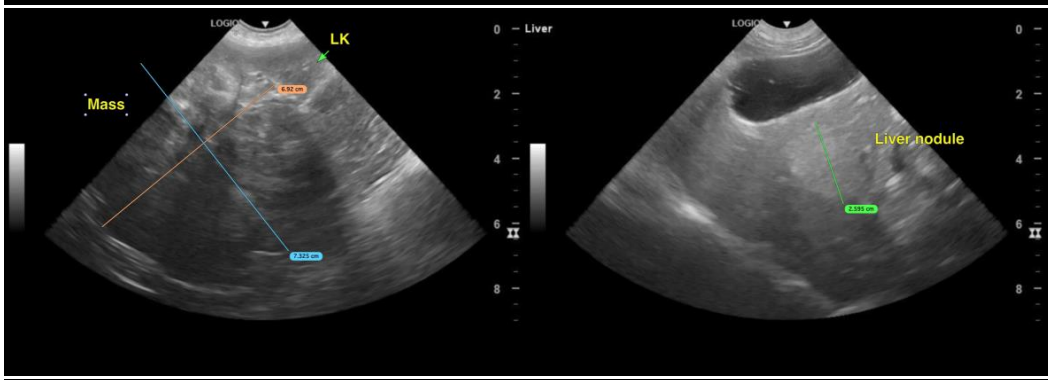
INVOICE

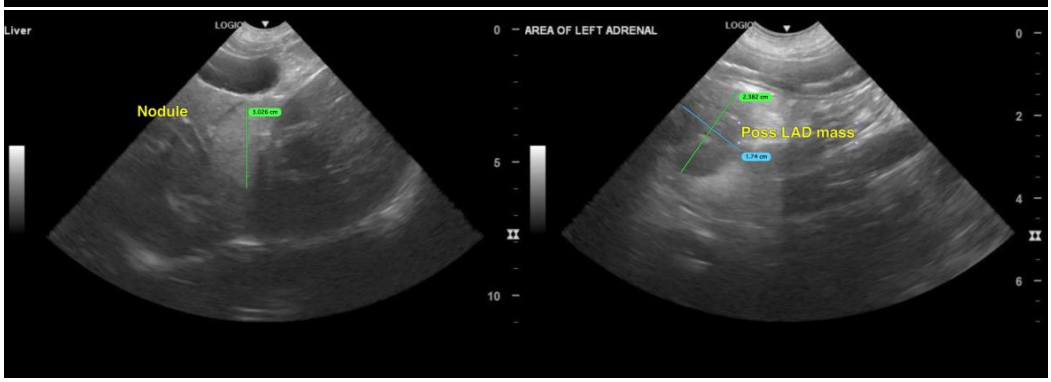
10488

DATE

12/18/25







PATIENT

Sadie Pitrowski

SPECIES

Canine

BREED

Mixed Breed

SEX

SF

AGE

11 years

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

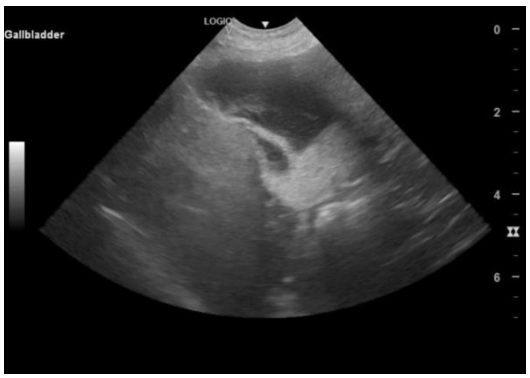
Emily Crawford

INVOICE

10488

DATE

12/18/25



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