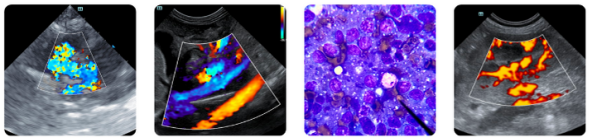

PATIENT

Anna Sweeney

SPECIES

Canine

BREED

Toy Poodle

SEX

Female Spayed

AGE

14y 8m

WEIGHT

9.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Rebekah Sims, DVM

INVOICE

12987

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Hx of elevated liver nz. Clinically pt has been normal. O opts for US to screen for hepatic or gallbladder pathology; P was fasted for US scan, no sedation needed.

Meds: Currently on fluoxetine SID

Abnormal PE/Chem/CBC/UA Results: Attached

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. No evidence of mineral or calculi. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. No evidence of pelvic dilation and areas of medullary mineral noted. Intermittent, cortical cysts present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 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 0.59 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, non-capsule deforming, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma with an example measuring 0.8 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented borderline 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 congestion. The gallbladder was non distended in size with moderate, non-dependent, non-organized, emerging, echogenic, mineralized biliary sludge. The common bile duct was not visualized.

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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 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

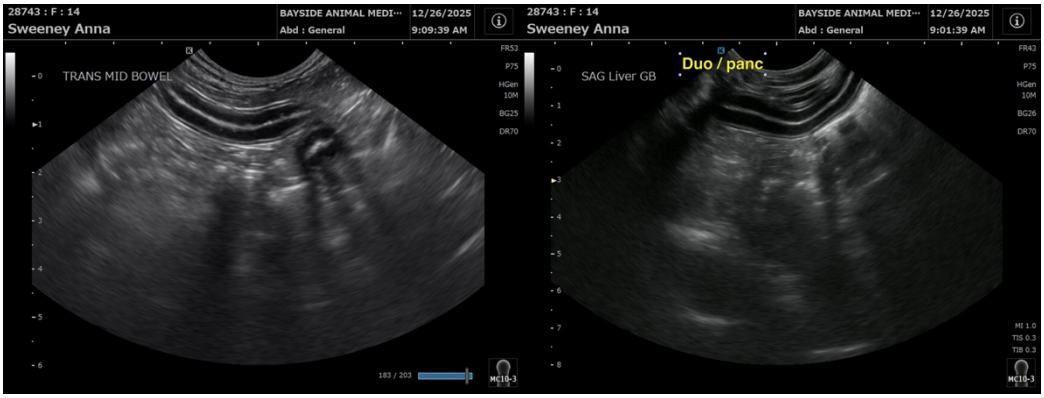
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild micropolyploid urinary bladder
- Chronic renal changes exhibiting medullary mineral and cortical cysts
- Benign hepatopathy pattern
- Early immature gallbladder mucocele
- Normal bilateral adrenal glands
- Benign splenic nodules – most consistent with probable myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology could be considered for clarification primarily to assess for inflammatory criteria in conjunction with early immature gallbladder mucocele. No evidence of adrenal pathology as a contributing factor given patient is non-clinical. Hepato-supportive medications and clinical/sonographic monitoring if evidence of progressive hepatopathy or cholestasis would be reasonable. Correlation with urinalysis is recommended. No evidence of neoplastic criteria.



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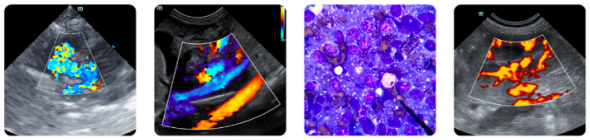

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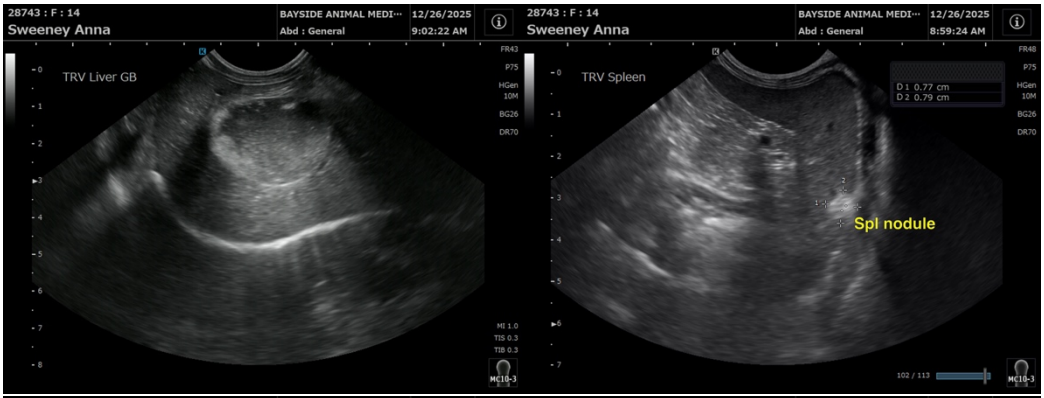

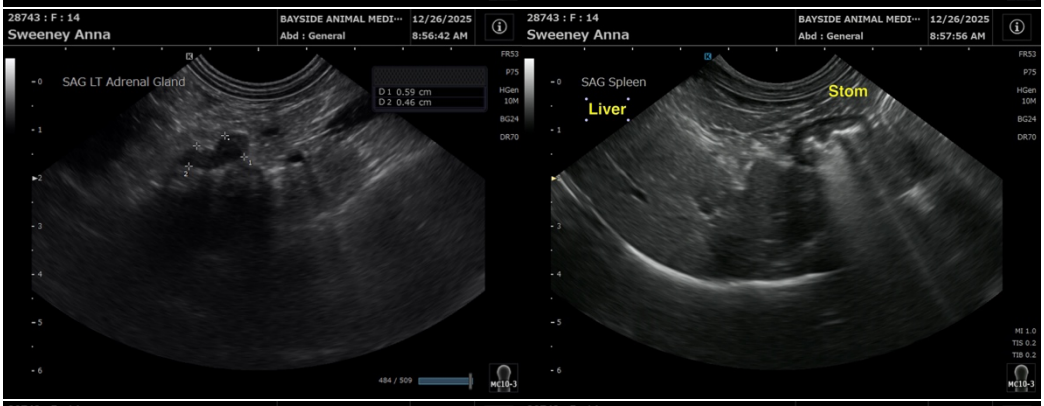

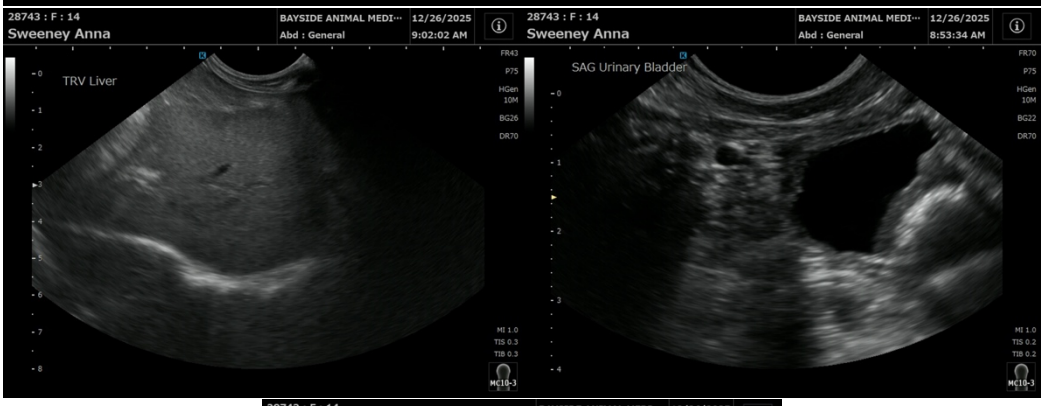

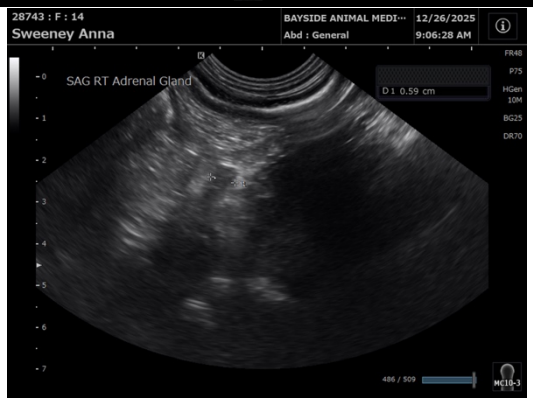

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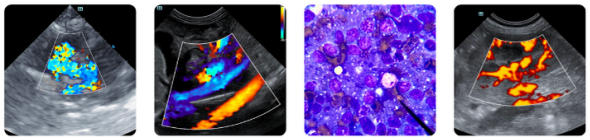

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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