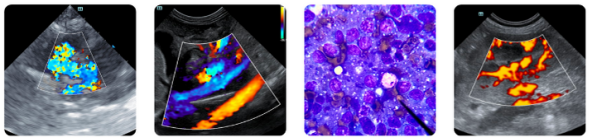


PATIENT

Magnolia Heim

SPECIES

Canine

BREED

Great Pyrenees

SEX

Female Spayed

AGE

6y 7m

WEIGHT

127.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Beigel, DVM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Brittany Beigel, DVM

INVOICE

12988

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Hx of hypothyroidism and increased BCS w/ minimal weight loss while receiving adequate dose of levothyroxine; recently P started to experience weight loss (6/30/25 148#, 11/28/25 131#, 12/23/25 126#) with no change in caloric intake or levothyroxine dose; O opts for US to be sure no insidious pathology is present out of abundance of caution; P was fasted for US scan, no sedation needed.

Abnormal PE/Chem/CBC/UA Results: Attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended in size containing anechoic urine. Ill-defined, possible fluid-filled or cystic-type lesion was present associated with the cranial to dorsal cranial urinary bladder potentially measuring ~2.0 cm x 1.0 cm. The lesion appearing to be cranial to the typical location of the uterine stump, dorsal to the level of the cystourethral junction. The visible proximal urethra to a depth of 3.0 cm exhibited normal thickness and tone.

No evidence of surrounding inflammation or medial iliac/sublumbar lymphadenopathy.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

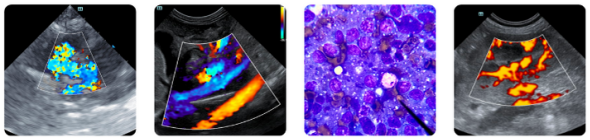
The left and right adrenal glands were overtly normal in size, position and shape.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented possible borderline enlargement in size with symmetrical contour and homogeneous mild increased hepatic parenchyma echogenicity comparable to the splenic parenchyma. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No mass or noduled present. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 contained mild lumen gas and possible mild, non-shadowing gastric ingesta/chyme.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild, hyperechoic segmental mucosal speckling present. 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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined, possibly cystic-like or fluid-filled lesion area of the apical to dorsal apical urinary bladder
- Sonographically normal gastrointetsinal tract with mild nonspecific intestinal mucosal speckling
- Mild, hyperechoic liver with possible borderline non-congested hepatomegaly
- Normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An unspecific apical to dorsal apical urinary bladder mural lesion is favored given location and lack of definitive visualized uterine stump dorsal to the level of the cystourethral junction. However, differentiation between urinary bladder or uterine remnant pathology is not obvious. Further assessment, including urinary workup, C/S, screening BRAF assay and ideally, high-resolution sonographic recheck of the urinary bladder for further clarification is indicated. No overt evidence of left or right uterine involvement given lack of additional evidence of bilateral urethral dilation or renal pyelectasia. The hepatic and intestinal presentation are nonspecific with potential for hepato-intestinal patient variant. Monitoring of hepatic parameters and consideration for screening hepatic FNA cytology, assuming no oncology status is recommended. The intestinal mucosal speckling at times may be associated with underlying enteritis or inflammatory intestinal criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further clarification given recent weight loss.

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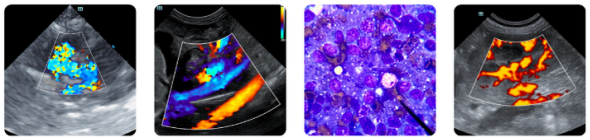

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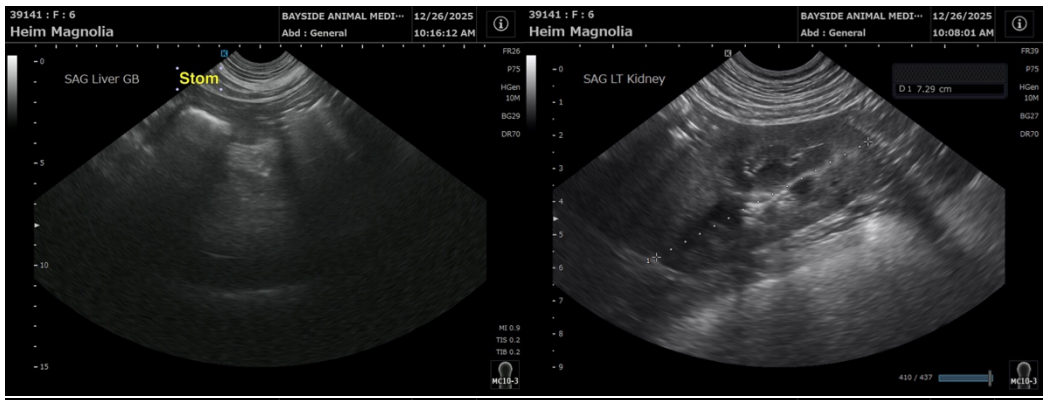

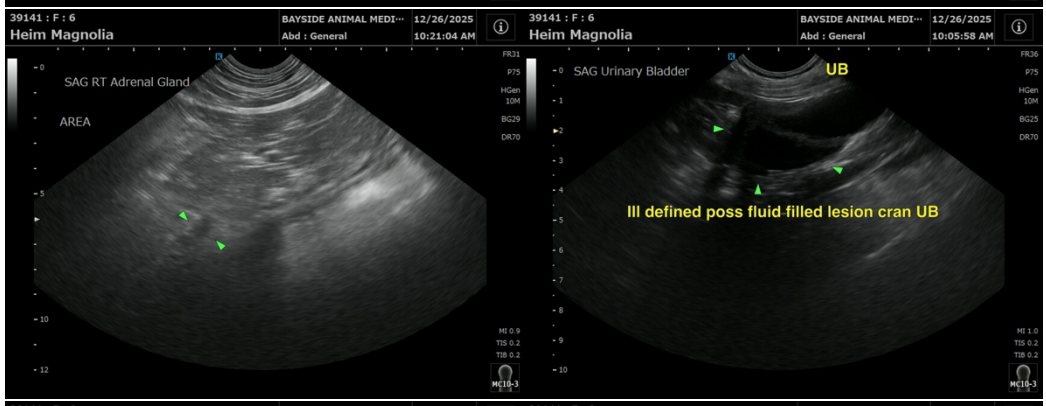

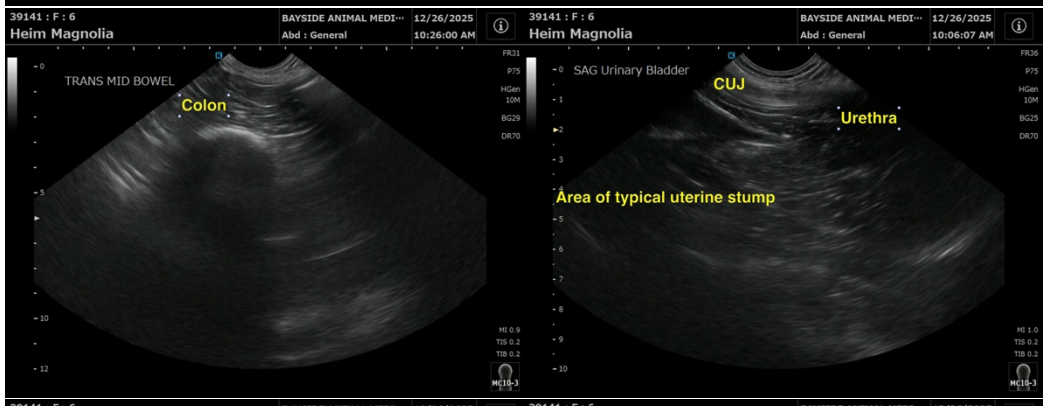

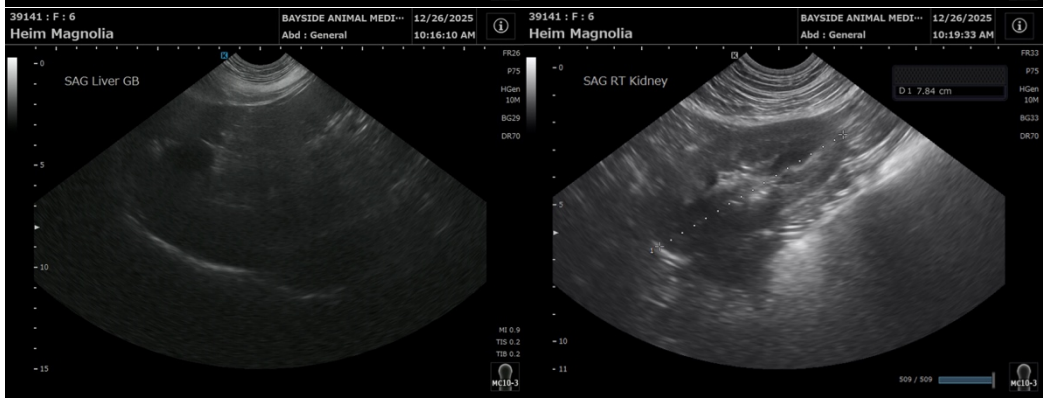

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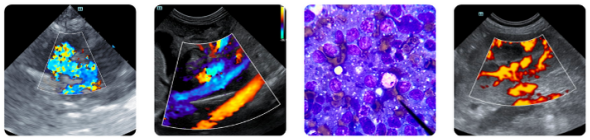

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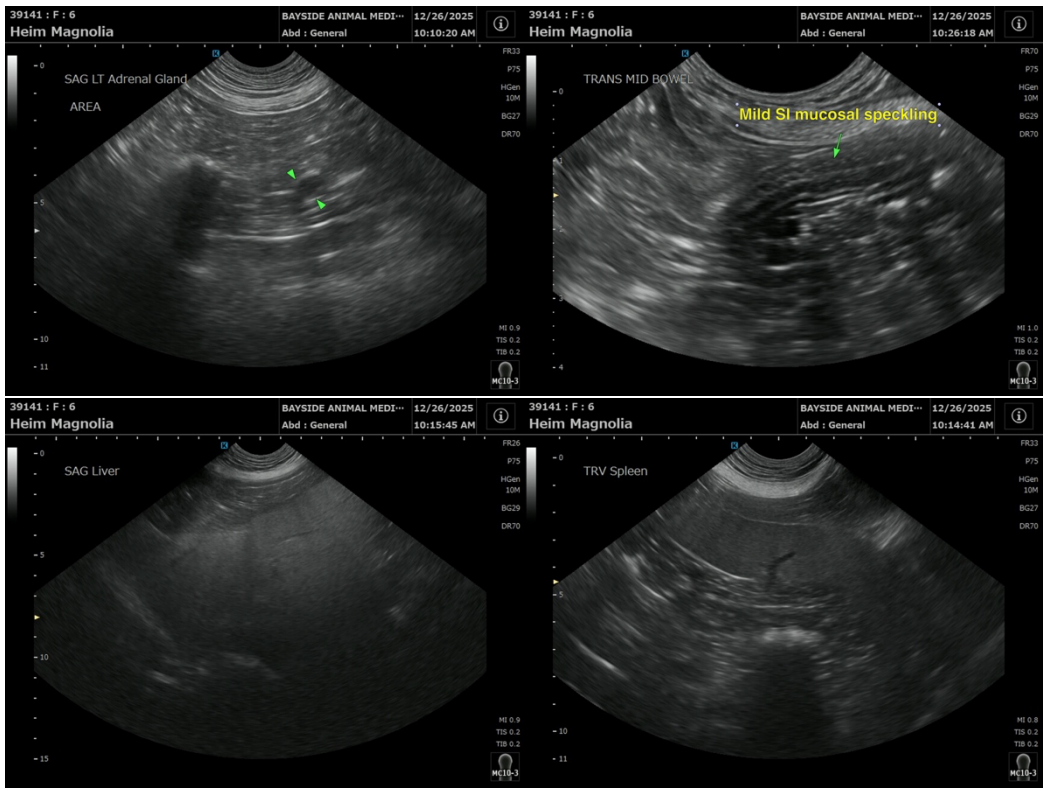

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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