PATIENT

Bella Wharton

SPECIES

Canine

BREED

American Bulldog

SEX

FS

AGE

12y 4m

WEIGHT

74.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

Dr. Dymond-Szabo

INVOICE

10432

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Evaluate for elevated ALT & ALKP. Hx but have gone up. Hx of diffuse MCT's. Have removed many, tried Palladia/did not tolarate, (elevated LE's). Owner elects palliative care.

Meds: Chlorambucil 3.6mg sid; Incuran 1mg eod; Gaba 300mg bid; CADI, Pred 10mg eod; Flexadin; Welactin

Abnormal PE/Chem/CBC/UA Results: ALT 299; ALKP 4905; Chol 443; PPSL 304; Lymphs 588. UA: PH 6.5; 2+ protein; 0-1 wbc; UPC=0.6. USG=1.025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.74 cm width in the caudal pole. The right adrenal gland measured 0.72 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, well-demarcated, variably hyperechoic, nondisruptive echogenic nodules were present throughout the cranial to caudal parenchyma, with an example measuring 1.3 cm 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively mildly enlarged in size with normal contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content

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with mild, nondependent, nonorganized 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 pancreas was normal in size, exhibiting an indistinct pancreatic capsule compared to adjacent isoechoic nonreactive omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no overt evidence of pericardial tumors or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Multiple hyperechoic splenic nodules - suggestive of benign criteria, i.e., myelolipomas, hyperplasia, or similar
- Chronic hepatopathy - chronic vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, fibrosis, nonobstructive cholestasis, hepatic neoplasia thought less likely
- Mild nonorganized gallbladder debris (non-mucocele)
- Mild remodeled pancreas
- Age-related renal changes
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history and for further clarification, screening hepatosplenic FNA cytology using a 25-gauge needle could be considered if normal clotting status. No definitive evidence of neoplastic criteria. Hepatosupportive medications may prove beneficial. Chronic pancreatitis may be suspected if clinical signs consistent with chronic pancreatitis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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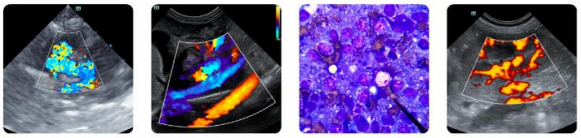

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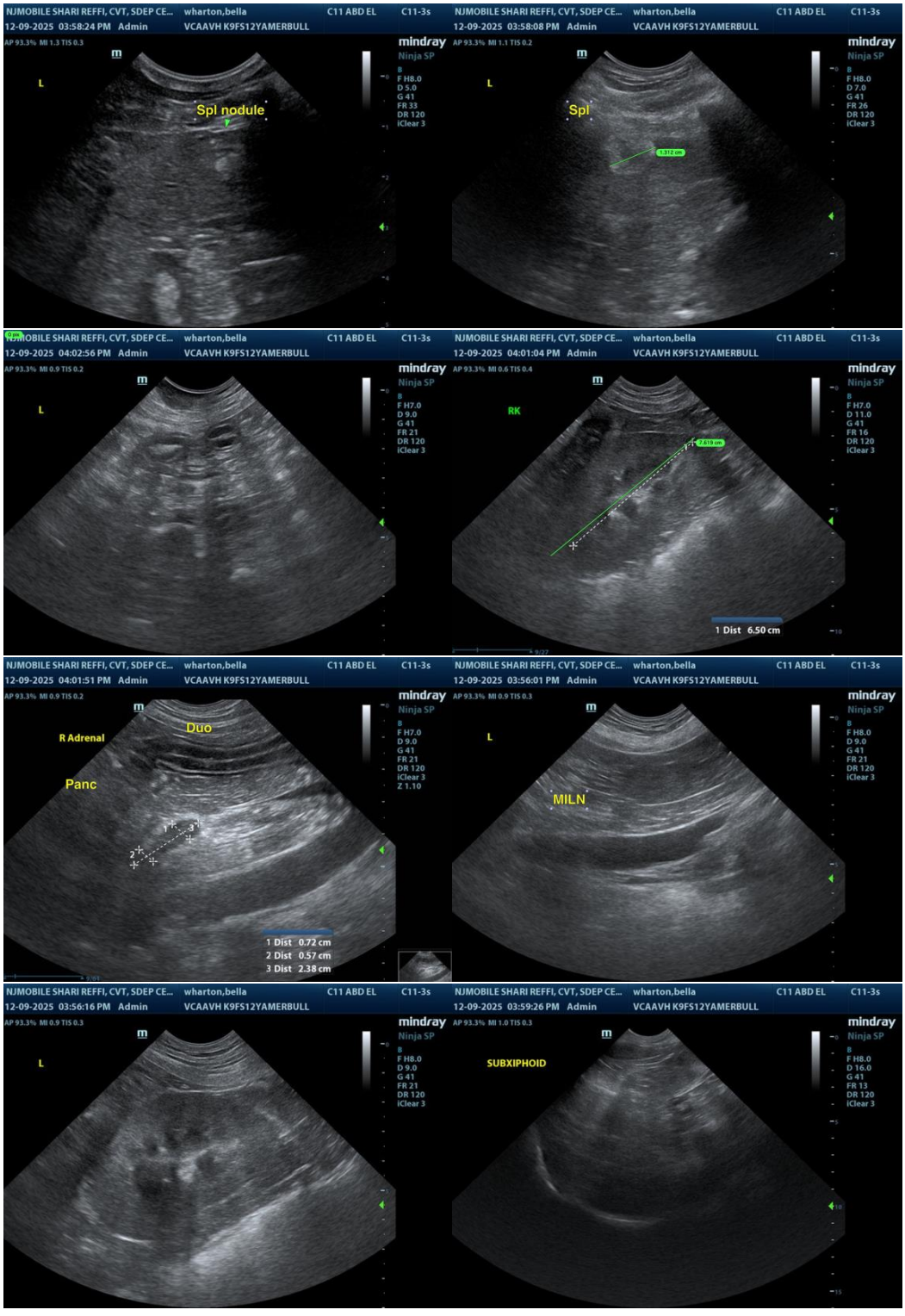

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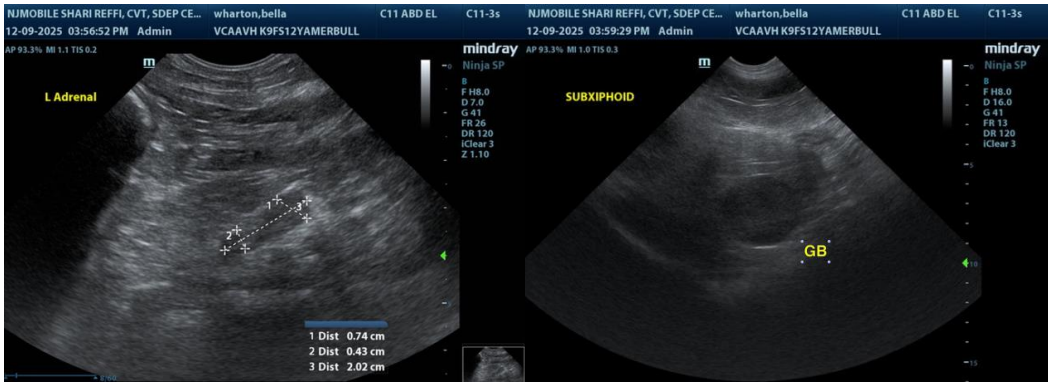

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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