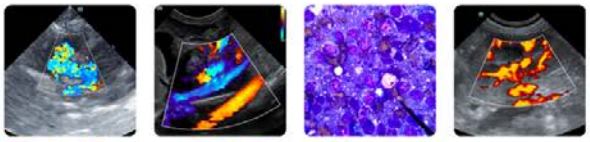


PATIENT

Xander Strome

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Dana Tsuchida

INVOICE

73197

DATE

2/23/26

PRESENTING CLINICAL SIGNS

P presented on 2/22 for vomiting for 3 days + diarrhea for 2 days + anorexia for 2 days. P had a grand mal seizure at 12:30am on 2/23/26 during hospitalization.

Current Medications: IVF Plasmalyte 90ml/kg/day (1.5x maintenance) - 32ml/hr. Unasyn (30mg/ml) TID. Baytril (5mg/kg) IV SID. Metoclopramide 0.5mg/kg IV TID. Famotidine 0.5mg/kg IV BID. Metronidazole 7.5mg/kg PO BID. Sucralfate 1g PO TID. Lactulose 0.5ml/kg PO TID. Gabapentin 11.5mg/kg PO BID-TID

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): Leukocytosis of 17.33K/uL (5.05-16.76) Neutrophilia 15.57 K/uL (2.95-11.64) Platelet estimate suspect 101K/uL; 100-150 K/uL (mildly decreased) ALT 3461 U/L (10-125) ALKP 1690 U/L (23-212) GGT 19U/L (0-11) Low K 3.0mmol/L (3.5-5.8) Cl 102 mmol/L (109-122) no rads at this time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra (to 3.0 cm) exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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. Mild medullary mineral noted in both kidneys. Right kidney measured 5.9 cm. Left kidney measured 5.5 cm.

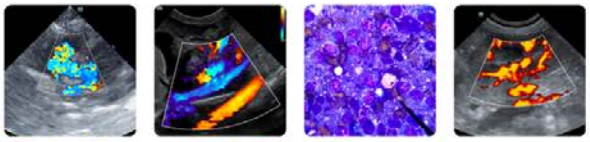
Adrenal Glands

The left adrenal gland was mildly enlarged based on caudal pole width measurement and given body weight, measuring 0.70 cm at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

The right adrenal gland was irregularly enlarged with mild intact, asymmetrical capsule contour and heterogeneous parenchyma, measuring approximately 2.4 cm x 1.1 cm. Surrounding hyperechoic periadrenal tissue noted.

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.



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Liver

The liver presented subjectively borderline enlarged. 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 congealed yet non-organized debris, primarily in the mid to cranial lumen. The cystic duct and common bile ducts were normal without evidence of dilation.

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 semiformed to soft fecal matter in the lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

A solitary, mildly prominent to enlarged hepatic lymph node was present measuring 1.8 cm in diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

PRIMARY FINDINGS

- Empty gastrointestinal tract with semiformed/soft fecal matter in the colon.
- Mild heterogeneous pancreas.
- Non-specific hepatopathy, subjectively benign.
- Congealed, non-organized gallbladder debris, not consistent with mature mucocele.
- Non-homogeneous right adrenomegaly with periadrenal hyperechoic tissue, mild caudal left adrenomegaly – Right adrenal mass of primary concern, benign hyperplasia, functional versus non-functional adenomatous change or combination possible.
- Mild hepatic lymphadenopathy.

SECONDARY FINDINGS

- Age related kidneys with mild medullary mineral.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears

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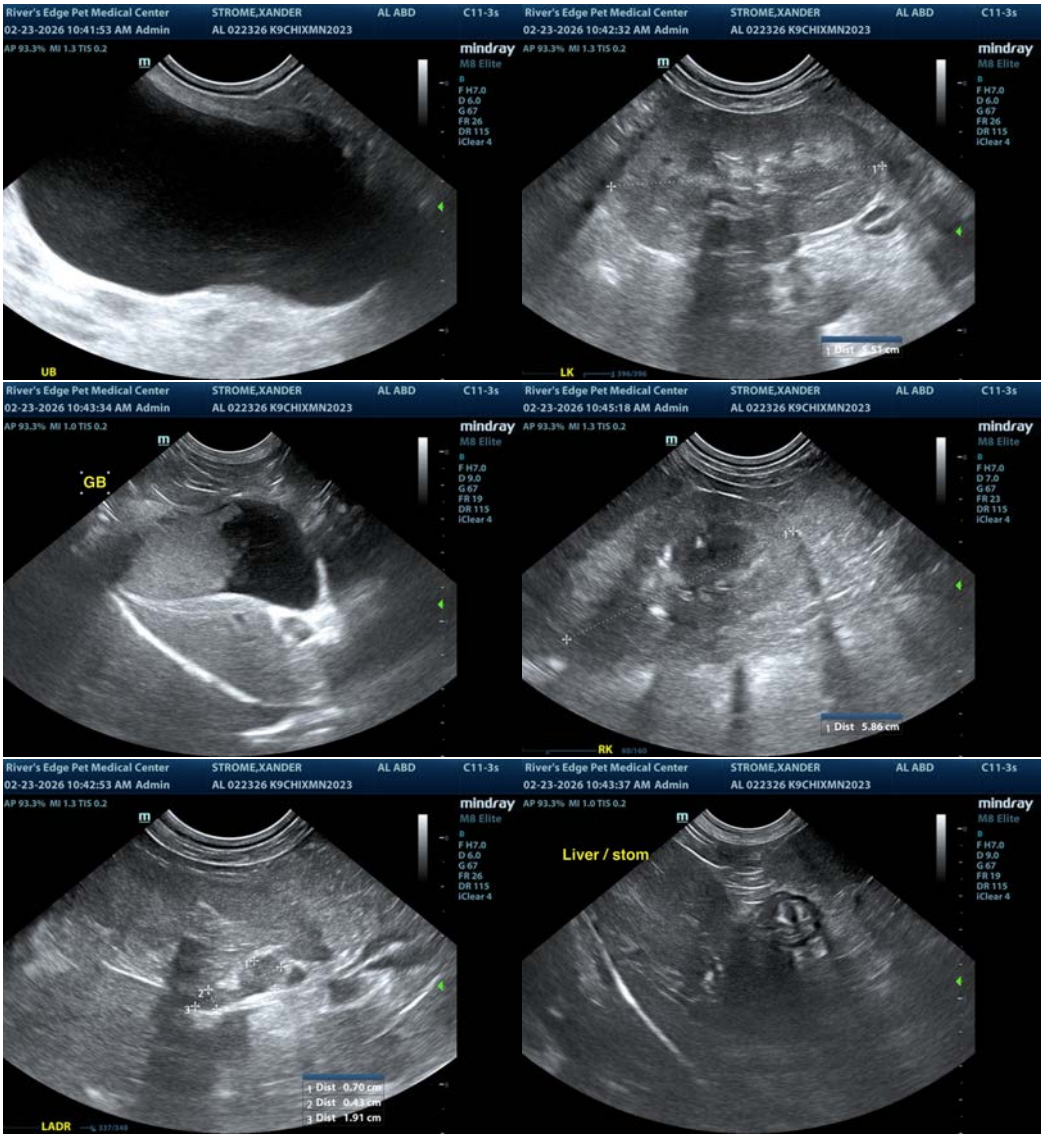
Cushingoid then work-up for adrenal dependent Cushing's is indicated. CT evaluation specifically of the right adrenal gland would be ideal.

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification, primarily to assess for evidence of inflammation given significant and primarily elevated ALP. No obvious evidence of intrahepatic or extrahepatic macroscopic shunt, yet bile acid profile, given neurological signs, is warranted.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Hepatogastrointestinal support pending further diagnostics and clinical monitoring is recommended.



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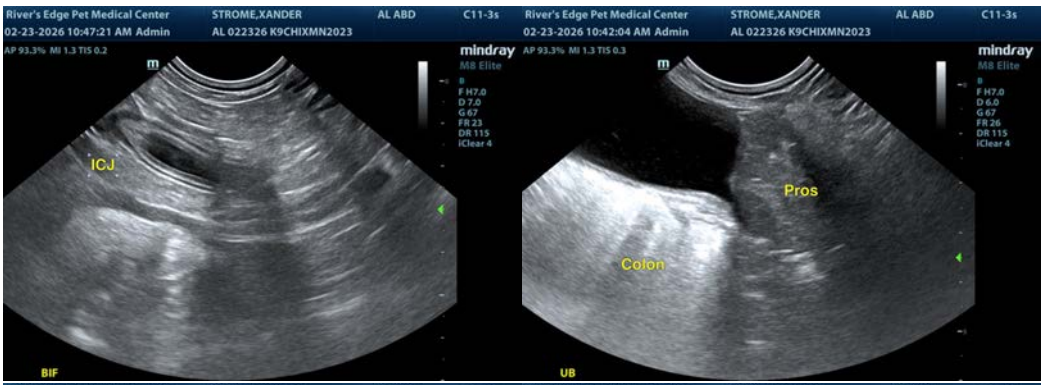

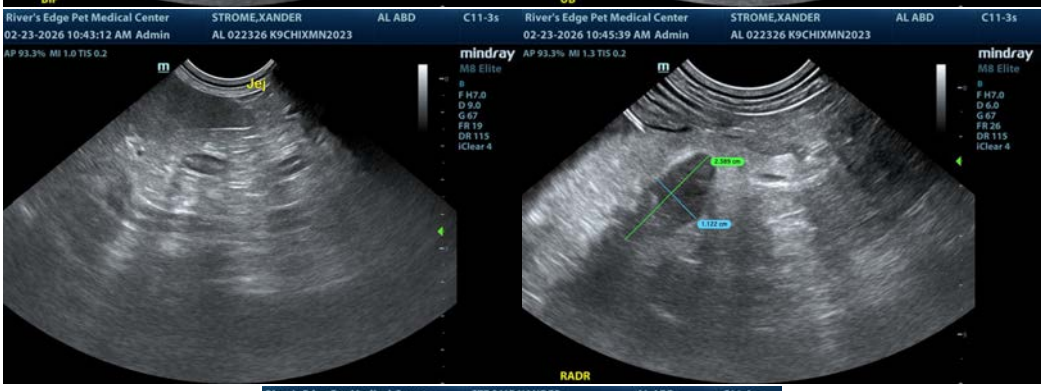

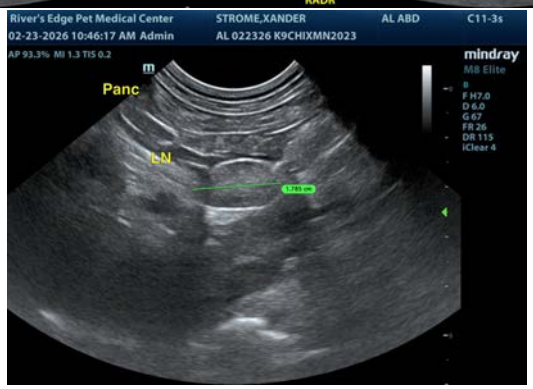

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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