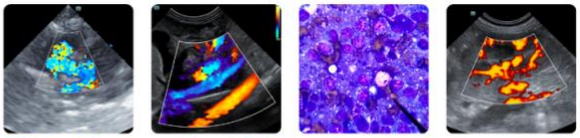


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Sissy Yeoman

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Years

WEIGHT

29 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Paws Animal Hospital

REFERRING VET

Dr. Johnson

INVOICE

13591

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Distended and firm abdomen
- ABNORMAL Labwork Values: ALP 978
- Radiographic Findings: Possible enlarged liver or spleen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.83 cm width at the caudal pole. The right adrenal gland measured 0.80 cm width at the caudal pole.

Spleen

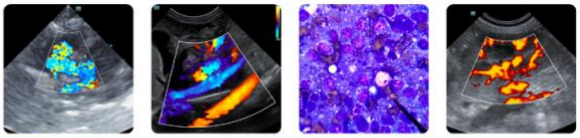
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. A solitary discrete hypoechoic mid cranial splenic nodule was present measuring 0.50 cm in diameter.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with rounded symmetrical contour and primarily homogenous mild increased hepatic parenchyma echogenicity compared to the spleen with mild coarse echotexture. Subtle lobar hypoechoic parenchyma. No evidence of mass or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate congealed biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic to progressively shadowing ingesta (most consistent with food echogenicity) without signs of 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

Primary Findings

- Enlarged mildly hyperechoic liver- vacuolar/steroid hepatopathy, inflammatory disease, lipidosis, hyperplasia, hematopoiesis, nonobstructive cholestasis, less likely occult neoplasia.
- Nonorganized debris (non-mucocele).
- Bilateral adrenomegaly.
- Subtle splenic nodule- tends to trend benign with subtle lymphoid hyperplasia or hematopoiesis probable.
- Age-related renal changes.

Secondary Findings

- Gastric ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST is recommended if clinical signs are consistent with Cushing syndrome. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and splenic nodule FNA cytology could be considered for further clarification, primarily to ensure probable benign changes are present.

Hepatosupportive medications including Denamarin or Ursodiol with sonographic monitoring of the liver and gallbladder if evidence of progressive hepatopathy/cholestasis as well as sonographic monitoring of the splenic nodule for evidence of persistence or progression is recommended.

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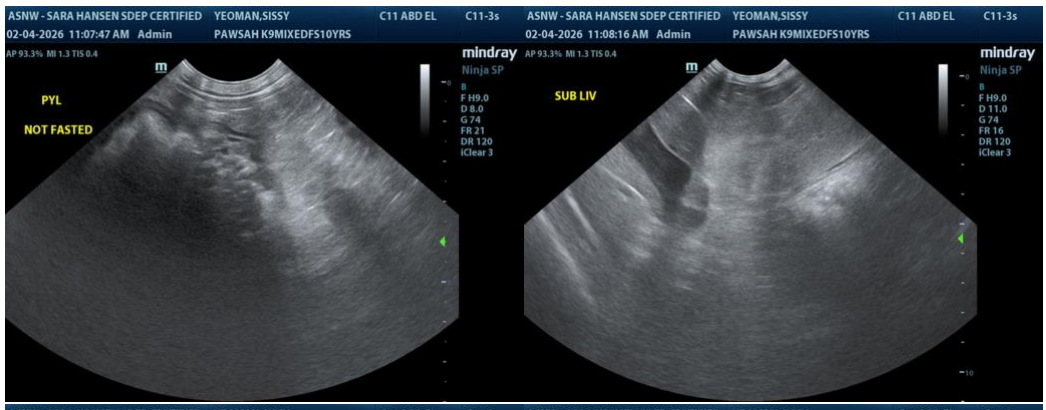

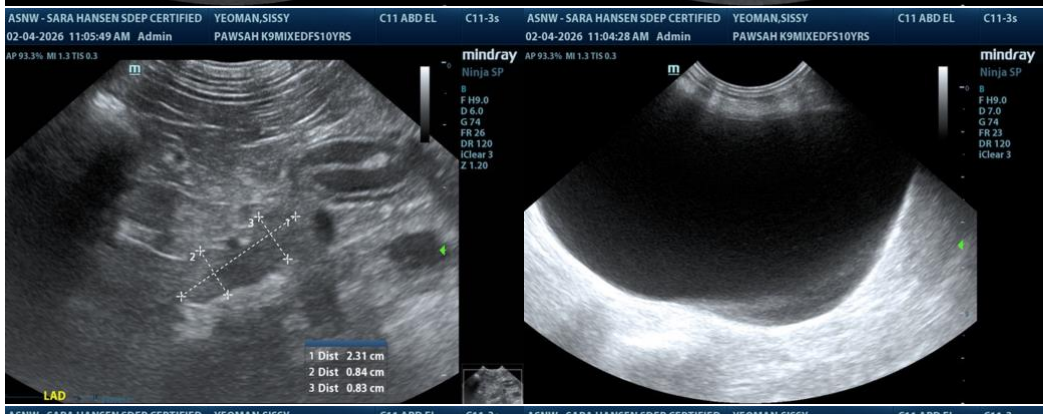

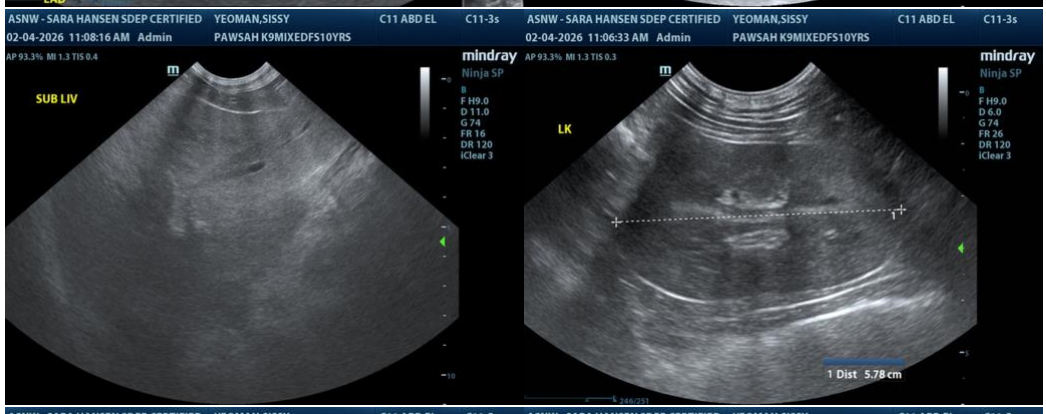

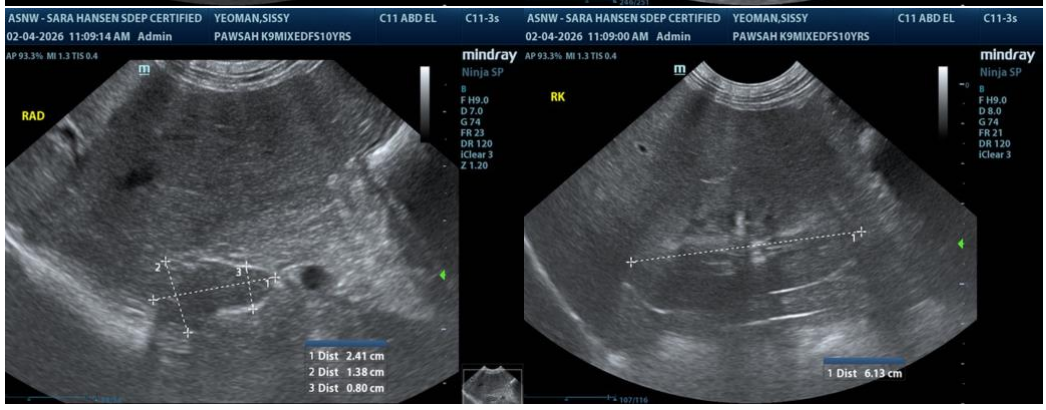

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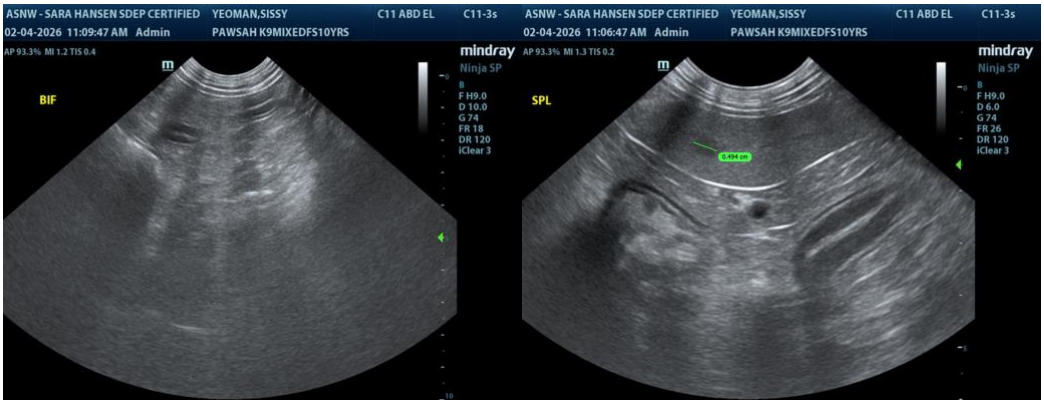

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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