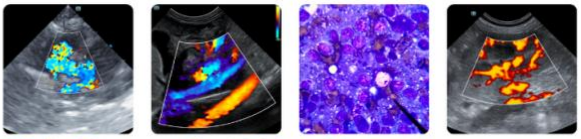


PATIENT

Nessie Duxbury

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Dr. Almeida

INVOICE

13625

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- Recurrent bouts of pancreatitis and urinary tract infections. UTI responds to antimicrobial but then relapses 2 months later. No culture results.
- Persistent mild ALT and ALP elevations
- Bouts of GI illness with vomiting - last one in December (no signs currently)

Abnormal PE/Chem/CBC/UA Results: Mild ALT and ALP elevations

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. Pinpoint hyperechoic parenchymal foci which may indicate pinpoint areas of microinfarction, mineralization of fibrosis. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was 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.

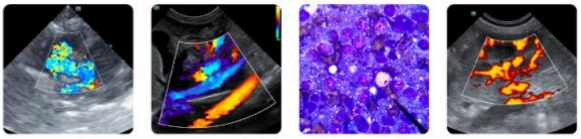
The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.69 cm width in the caudal pole. Mid adrenal subtle nonhomogenous hypoechoic noncapsule deforming nodule was present measuring 0.44 cm in diameter.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, well-defined, symmetrical, hyperechoic nodule / nodules were present. 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. An example of nodules measured 1.1 cm in diameter.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. Discrete nonhomogenous hypoechoic intraparenchymal nodules were visualized.

The gallbladder was non distended in size with mild to moderate congealed nonorganized biliary sludge. 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. Segmental mildly hyperechoic duodenojejunal mucosal striations to indistinct lesions were present. The jejunum wall measured 0.34 cm wall width. The duodenum wall measured 0.39 cm wall width.

Normal visible colon wall layers were present with formed fecal matter in 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

Minor mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy pattern exhibiting remodeled subtle nodular parenchyma chronic vacuolar versus inflammatory hepatopathy, hyperplasia, fibrosis, nonobstructive cholestasis, occult neoplasia (thought less likely).
- Nonorganized gallbladder debris (non-mucocele).
- Hyperechoic splenic nodules- most consistent with benign myelolipomas.
- Mild pancreatic remodeling- patient/age variant, remodeling owing to previous inflammation or chronic pancreatitis possible.
- Nonspecific to intermittent hyperechoic intestinal mucosal speckling/striations- possible nonspecific enteritis.
- Minor benign mesenteric lymphadenopathy.
- Age-related renal changes with pinpoint hyperechoic medullary foci.
- Mildly enlarged nonhomogenous indistinctly nodular right adrenal gland- hyperplasia, adenomatous change, emerging tumor thought less likely yet not excluded.
- Normal urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. 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 Cushingoid then work-up for adrenal dependent Cushing's is indicated. A GI panel to include

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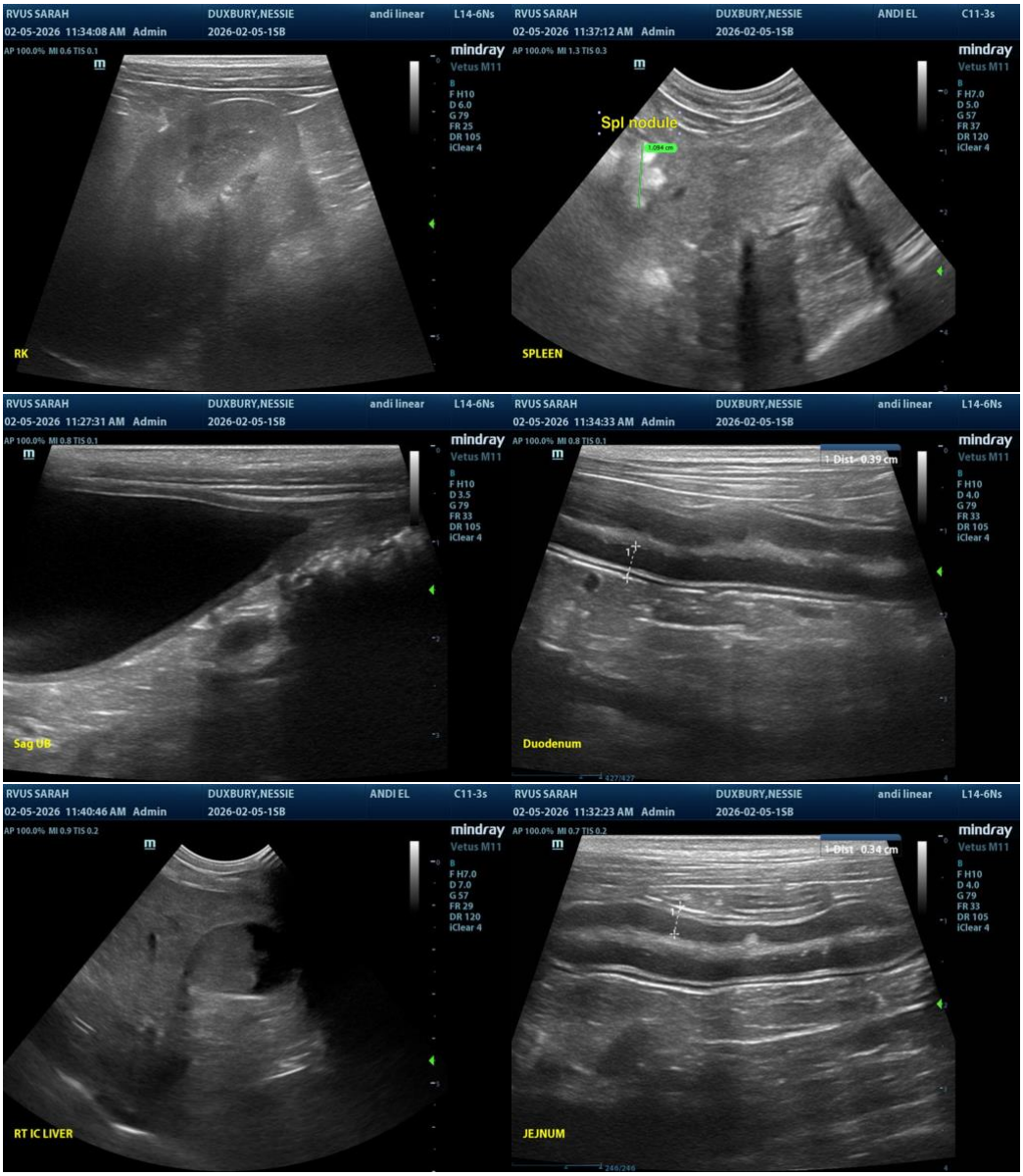
PLI, TLI, cobalamin and folate is recommended. Hepatosupportive medications with concurrent as needed gastrointestinal support would be reasonable.



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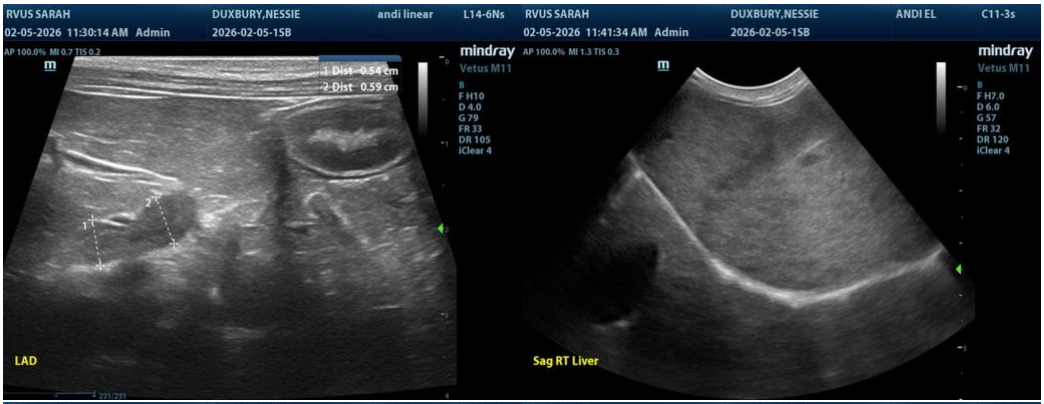

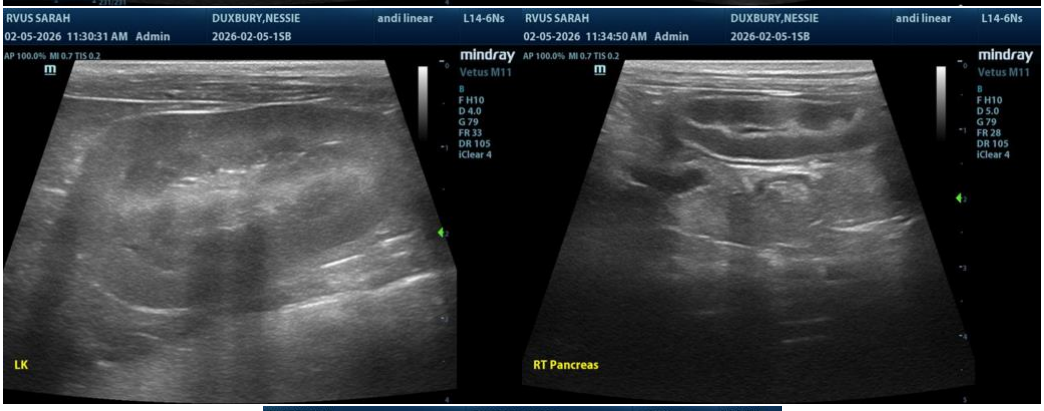

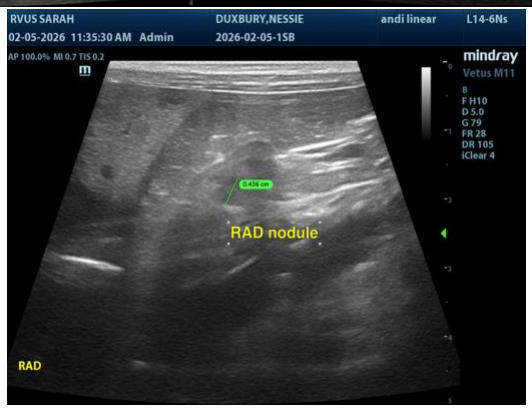

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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