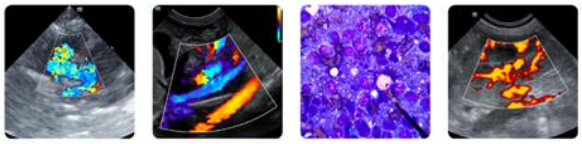


PATIENT

Tommy Giuntini

SPECIES

Canine

BREED

Russell Terrier

SEX

MN

AGE

10yr

WEIGHT

14.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Adrienne Hou

INVOICE
23804

DATE
02/05/2026

PRESENTING CLINICAL SIGNS

Intermittent mixed bowel diarrhea, decreased appetite for the past two weeks. Improved on GI biome diet, but the diarrhea recurred. O reports history of renal disease and pet was previously on a prescription renal diet. No vomiting, no history of dietary indiscretion. Pet is on enalapril 2.5mg po q24h that was prescribed elsewhere. He had a history of HGE years ago.

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 systolic heart murmur. Mild elevation in ALT, remainder of CBC, chem unremarkable. USG=1.023, calcium oxalate crystalluria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 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 3.7 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

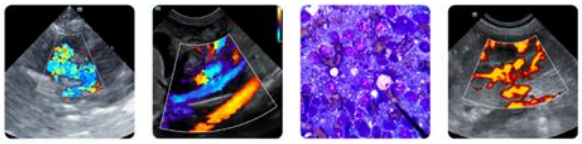
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma to perihilar. 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 presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. Intermittent to multiple, variably sized, non-disruptive, well demarcated hypoechoic nodules were present, an example of a liver nodule measured 1.2 cm. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized non-dependent 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 contained moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no 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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.36 cm width.

Normal visible colon wall layers were present with soft 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged hyperechoic liver with hypoechoic intraparenchymal nodules-non-specific hepatitis, vacuolar hepatopathy, hyperplasia, hematopoiesis, possible neoplasia, all potentials
- Mild gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract/ colon with non-shadowing gastric ingesta and soft fecal matter
- Mild age-related renal changes

Secondary

- Hyperechoic splenic nodule - consistent with probable myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, infectious disease, dysbiosis, non-structural inflammatory bowel, mild pancreatitis or other intestinal disease which may present sonographically normal, all potentials. No evidence of gastroenterocolic neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol is warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of cobalamin level +/- antibiotic trial with consideration for adverse effects on normal GI flora with long term antibiotic use and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI

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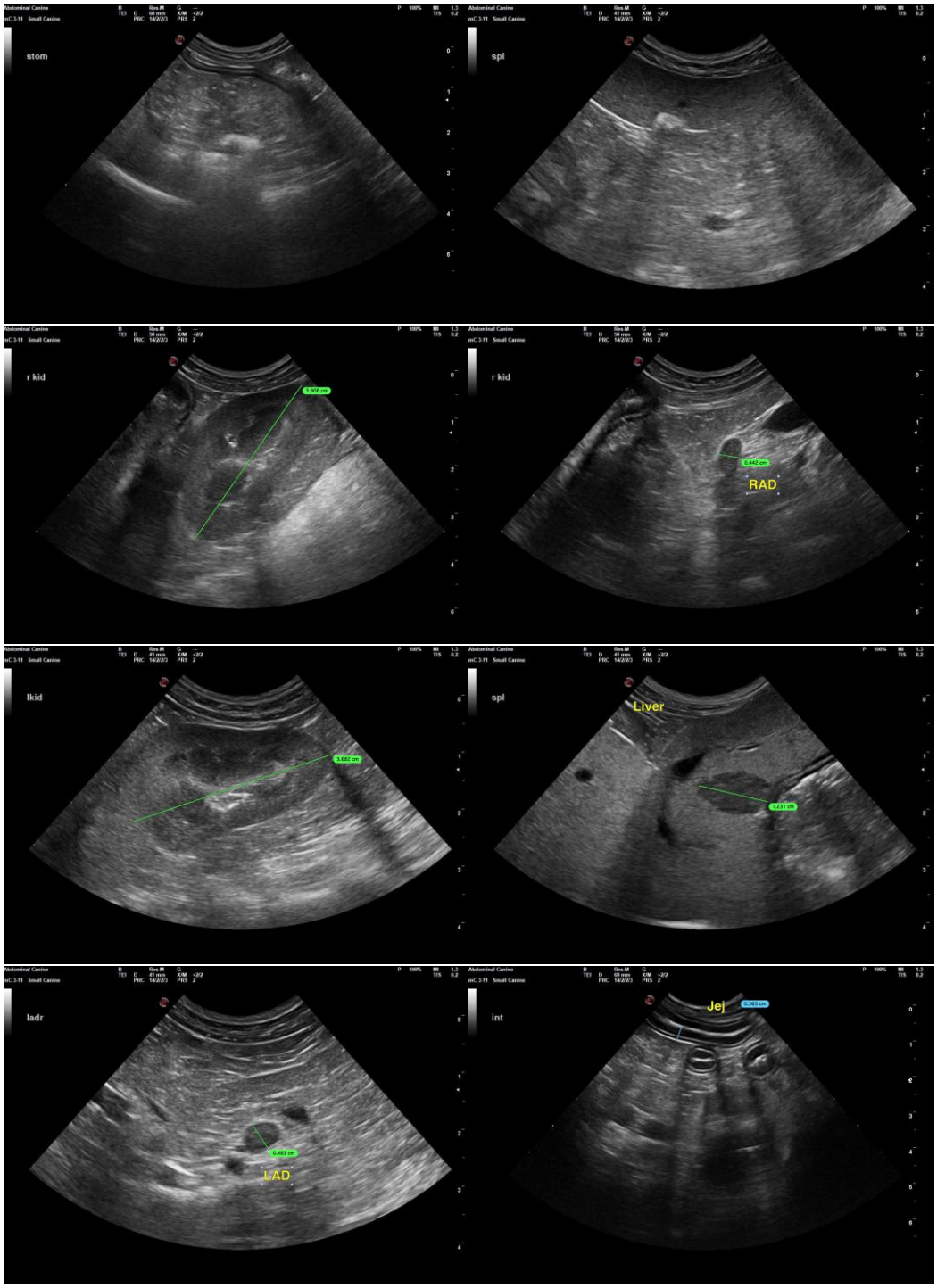
signs continue despite empirical therapy.

Hepatosupportive medications may prove beneficial. Assuming normal clotting status, hepatic parenchyma and accessible nodule FNA cytology is warranted for further clarification.



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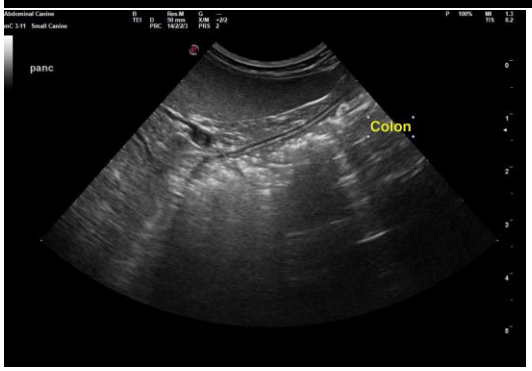

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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