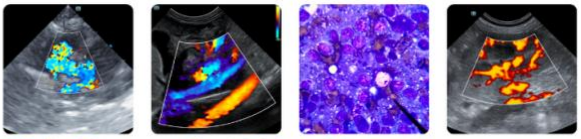


PATIENT

Ashley Rosenburg

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Dr. Kelly O'Malley

INVOICE

13604

DATE

02/06/26

PRESENTING CLINICAL SIGNS

- pt woke up O's this morning needing to go outside to urinate, while urinating, O noticed blood in the urine. O notes pt has been asking to go out and urinating blood "every 2 minutes". pt has been leth for 2 days per O, pt has been hyporexic for 2 days as well. O has had to coax pt to eat with high value foods like eggs and chicken. O notes pt has some new masses that have appeared in the last 3 weeks. O is waiting to hear from oncologist in Portland. pt was vomiting a few days ago, has not vomited for 2 days per O. O notes pt has not had a full bm for ~2 days, has produced a few small "nuggets" per O.
- bloody urine , pollakiuria, lethargic, hyporexia, pyrexia, r/o UTI
- mammary masses r/o carcinoma
- cranial abdominal mass attached to liver
- poor prognosis with abdominal mass_

Abnormal PE/Chem/CBC/UA Results: EPOC: NSF CBC: Inflammatory leukogram , WBC 28.9k primarily neutrophils 23K Chem 10: Elevated ALT 184, elevated ALP 1978 , elevated glob 4.7 UA: 1.022 USG, proteinuria , non-squamous cells >10/hpf pyuria wbc/rbc > 50/hpf, struvite crystals 1-5/hpf,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention prohibiting full evaluation of the urinary bladder wall. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild 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.

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. The right kidney revealed medullary mineral. The left kidney revealed mild pyelectasia as well as focal to mild medullary mineral. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

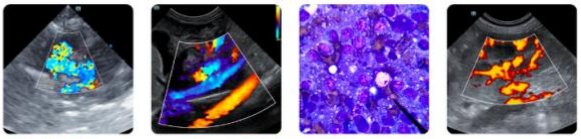
The left and right adrenal glands were not definitively visualized.

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.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and



PATIENT

Ashley Rosenburg

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Dr. Kelly O'Malley

INVOICE

13604

DATE

02/06/26

subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hyperechoic intraparenchymal nodules were present, suggestive of hyperplasia or lipogranulomas. Ventrocaudal isoechoic to nonhomogenous liver mass was also present extending caudally past the level of the gastric axis measuring approximately 5.0 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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 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

Within the mid abdomen, an indistinctly marginated irregular nonhomogenous hypoechoic probable lymph node was present measuring 2.6 cm x 1.7 cm with surrounding perilymphatic hypoechoic omentum and possible scant effusion. No other visualized omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- nondistended urinary bladder.
- Chronic renal changes exhibiting medullary mineral and mild left kidney pyelectasia.
- Hepatic remodeling with ventrocaudal liver mass- hepatoma-like mass, neoplasia i.e. carcinoma, hyperplasia, or other.
- Mid abdomen swollen nonhomogenous probable lymphadenopathy with surrounding reactive inflamed omentum and scant effusion- primary versus metastatic neoplasia suspected, lymphadenitis or undifferentiated mass possible.
- Sonographically unremarkable gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious urinary bladder tumors with potential for cystitis or non-obvious urinary bladder neoplasia not excluded. Urine culture and sensitivity +/- screening BRAF assay is suggested. Assuming normal clotting status and if accessible, liver mass and mesenteric lymph node FNA cytology could be considered for further clarification. Gastrointestinal support is recommended.

PATIENT

Ashley Rosenburg

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

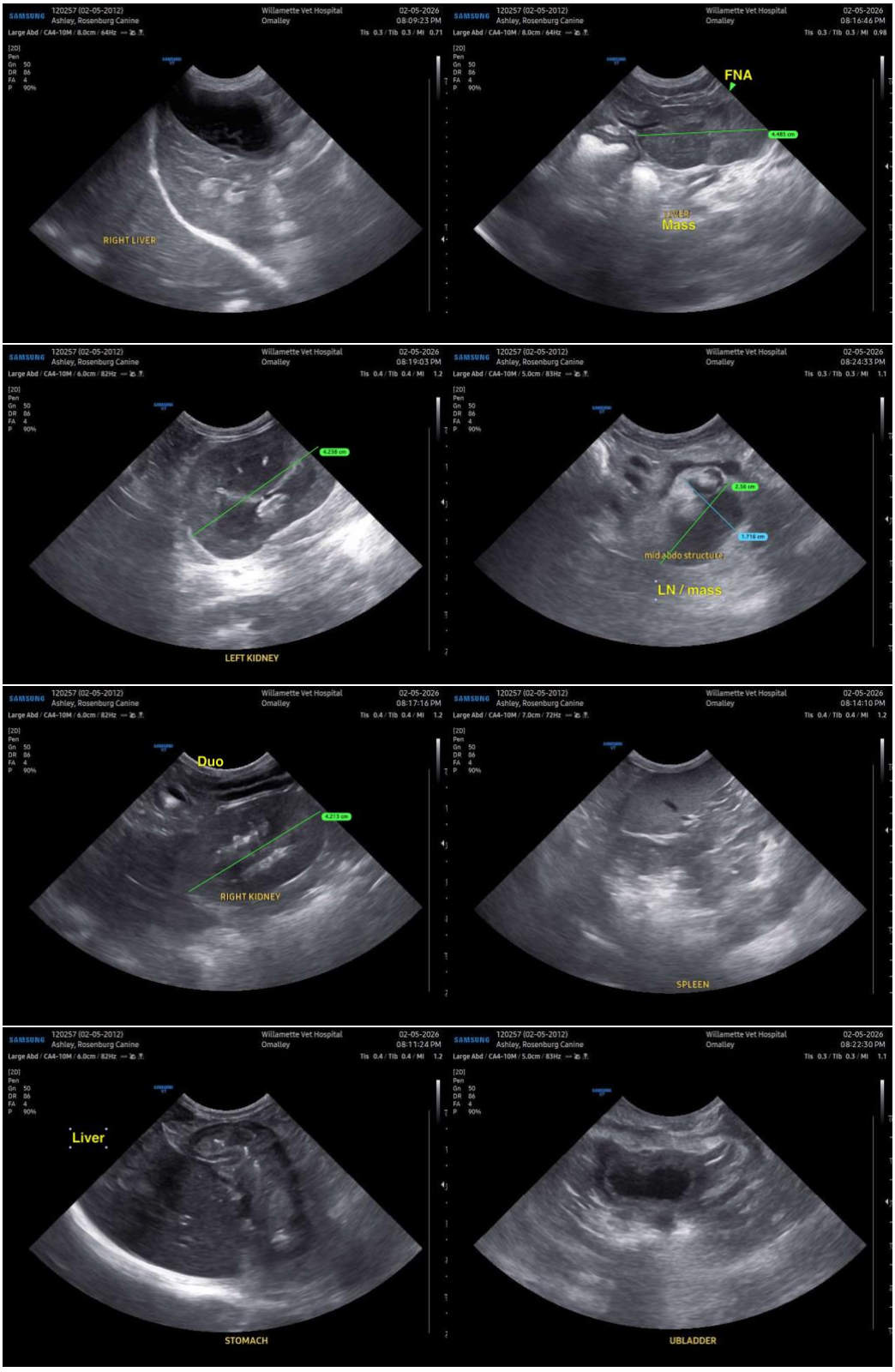
Dr. Kelly O'Malley

INVOICE

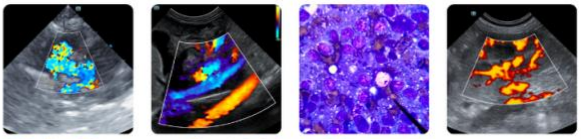
13604

DATE

02/06/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Ashley Rosenburg

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Dr. Kelly O'Malley

INVOICE

13604

DATE

02/06/26

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