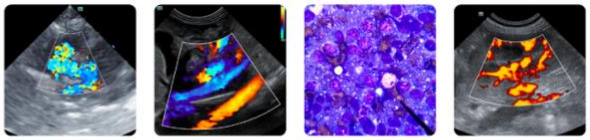


PATIENT

Oval Comfort

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

57.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook (SDEP Clinical Sonographer)

HOSPITAL NAME

River's Edge PMC

REFERRING VET

Dr. Anne Todd

INVOICE

36047

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Pt lethargic, decreased appetite starting on 2/26/26. Pt presented to ER vet, had a grand mal seizure while restraining for Cerenia injection, no previous history of seizures. Owner elected outpatient care.
- Pt improved slightly with outpatient care at previous vet (SQF, Cerenia, Gabapentin), then began to decline again today. Pt is eating a very small amount.
- Pt is hypothyroid, has been off of thyrosyn since getting sick.
- Pt was treated wtih ketoconazole in late december for a skin infection which has since cleared.
- Pt was due for Lepto 1yr vaccination on 2/10/26.
- (Seizure, inappetence, lethargy, hypothyroidism)

Current Medications:

- -Gabapentin
- -Cerenia
- -Thyrosyn (pt has not been on this medication for 3 days)

Abnormal PE/Chem/CBC/UA Results: CBC: leukocytosis, neutrophilia, monocytosis, basophilia -Chem17: ALT (ran dilution due to significant elevation (1449U/L)); elevated GGT, hyperbilirubinemia, hypercholesterolemia -Electrolytes: hypocholesterolemia, hypokalemia -Pancreatic lipase: elevated -TT4: hypothyroid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

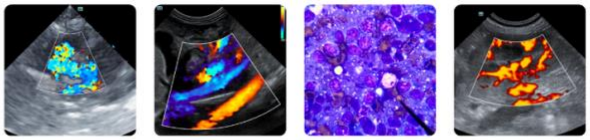
The urinary bladder was distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 7.0 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

Both adrenal glands were asymmetrically enlarged, exhibiting a nonhomogenous, indistinctly nodular, non-mineralized parenchyma. The left adrenal gland measured 3.1 cm in length x 1.6 cm width at the caudal pole. The right adrenal gland measured 3.6 cm in length x 1.1 cm width at the caudal pole and 2.5 cm width at the cranial pole.

Spleen



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The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented enlarged in size. 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 mildly distended with mild nondependent debris, exhibiting minor indistinct striated appearance. The gallbladder wall was normal without evidence of edema. Minor pericholecystic inflammation was noted. No evidence of effusion was noted. The common duct was not visualized.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Atypical gallbladder mucocele with mild pericholecystic inflammation
- Hepatopathy
- Age-related spleen- benign
- Mild chronic renal changes
- Bilateral enlarged nonhomogenous nodular adrenal glands- hyperplasia, functional versus nonfunctional cortical adenomas, unilateral or bilateral adrenal tumors are possible.
- Sonographically normal gastrointestinal tract and area of pancreas

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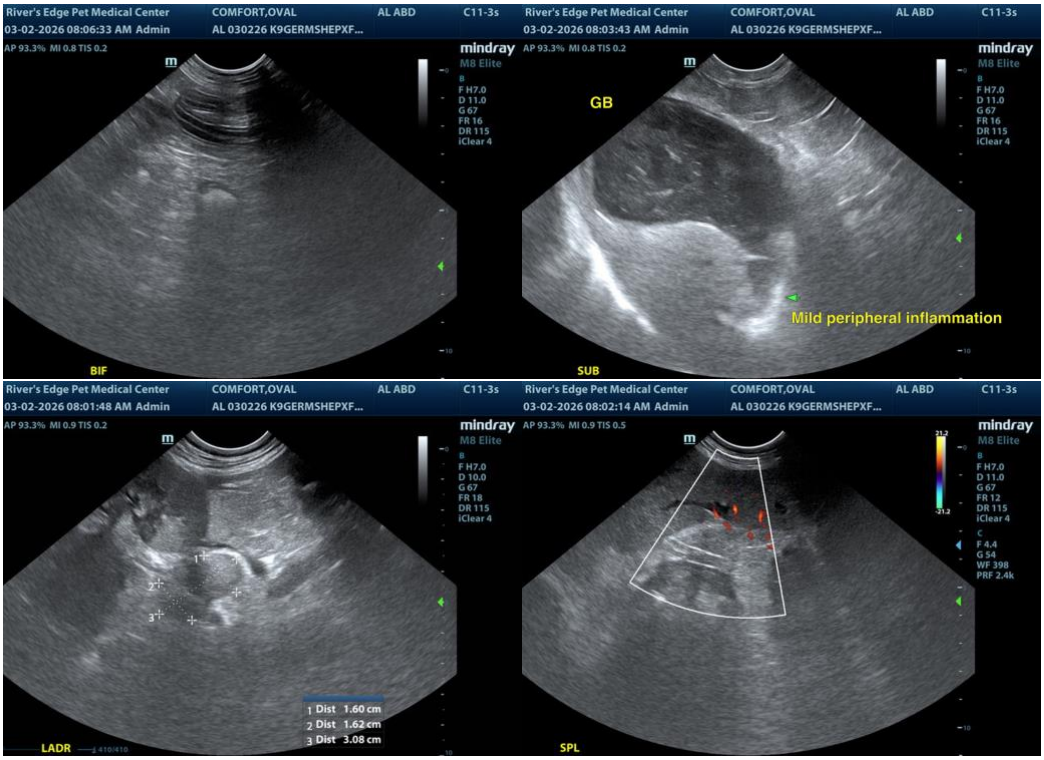
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not consistent with classic striated or kiwi appearance to the gallbladder debris, evidence of mild pericholecystic inflammation is consistent with mucocele criteria. Adrenal workup is recommended if clinical signs consistent with Cushing syndrome are present. Serial monitoring of systemic BP for evidence of hypertension, +/- urine metanephrine level, if evidence of hypertension or concern for pheochromocytoma, is recommended.

Mild to chronic pancreatitis may present sonographically normal.

In conjunction with significant hepatopathy and evidence of a mild pericholecystic inflammation, cholecystectomy with hepatic biopsies, assuming normal clotting status and gross inspection of the bilateral adrenal glands is likely indicated. Hepatogastrointestinal support with serial monitoring of the gallbladder would be a more conservative approach.



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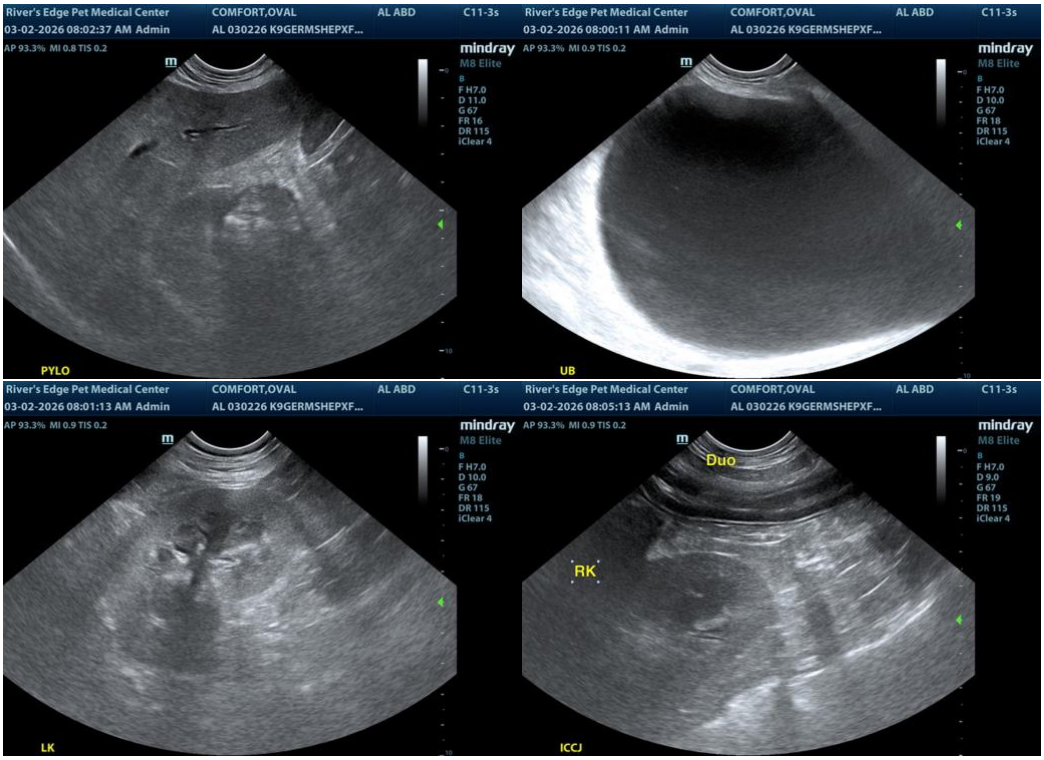

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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