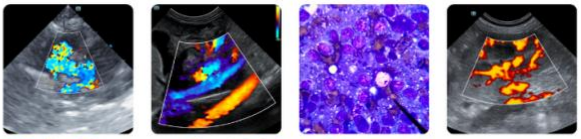


PATIENT

Charlie Kline

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

12 Years 7 Months

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Turkell

INVOICE

14559

DATE

03/24/26

PRESENTING CLINICAL SIGNS

- - Currently on Ursodiol 250mg: 1/2 tab daily and Apoquel 5.4mg daily
- - Alkaline phosphatase: 18,000 (markedly elevated) from ER visit
- - ALT: 10,000 (markedly elevated) from ER visit

Abnormal PE/Chem/CBC/UA Results: Coagulation panel sent to Idexx - Abdominal ultrasound: possible early mucocele formation in gallbladder, remodeling of spleen and liver

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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. The left kidney measured 5.3 cm in length. The right kidney measured 5.7 cm in length. Pinpoint hyperechoic corticomedullary foci were present which may indicate pinpoint areas of microinfarction, fibrosis or mineralization.

Adrenal Glands

The bilateral adrenal glands were borderline enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.57 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in the caudal pole.

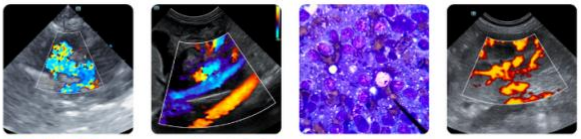
Spleen

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. Intermittent discrete hypoechoic intraparenchymal nodules were present with an example measuring 0.46 cm in diameter.

Liver & Gallbladder

The liver presented with generalized hepatomegaly. Homogenous mildly hyperechoic parenchyma compared to the spleen. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were subjectively normal in appearance without signs of congestion.

Mild distended gallbladder with non-thickened, mildly hyperechoic, non-edematous wall. The gallbladder lumen was occupied by non-dependent, mildly organized, variably hyperechoic debris exhibiting indistinct stellate pattern. No evidence of pericholecystic inflammation or effusion. The proximal to mid visualized common bile duct was dilated and tortuous without overt post hepatic obstruction. No overt pathology in the area of the duodenal papilla.



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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 prominent wall layering exhibiting propensity for subjective prominent duodenojejunal mucosa. Subtle hyperechoic duodenojejunal mucosal speckling and mild segmental non-obstructive jejunal ileus to level the colon. The duodenum wall measured 0.57 cm wall width. The jejunum wall measured 0.44 cm wall width.

Normal visible colon wall layers were present with variably formed to nonformed fecal matter and lumen gas.

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

- Hepatopathy exhibiting mild parenchyma hyperechogenicity.
- Gallbladder mucocele.
- Mid visualized common bile duct dilation.
- Bilateral borderline adrenomegaly.
- Chronic renal changes.
- Discrete splenic nodules.
- Nonspecific enteropathy pattern with variable to nonformed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar, cholestatic or inflammatory hepatopathy with potential for combination is favored in conjunction with gallbladder mucocele. Occult hepatic round cell neoplasia such as lymphoma is thought less likely. Adrenal workup is indicated if clinical signs are consistent with Cushing's syndrome. No obvious current post-hepatic obstruction yet, hepatosupportive medications and close clinical monitoring is advised. Alternatively, assuming normal clotting status and no pathology on three view chest radiographs, prophylactic cholecystectomy with hepatic biopsies could be considered.

The splenic nodules tend to trend benign with discrete lymphoid hyperplasia or hematopoiesis suspected. Concurrent sonographic monitoring of the splenic nodules for evidence of progression would be reasonable. Splenic nodule FNA cytology using 25-gauge needle could be considered for further clarification.

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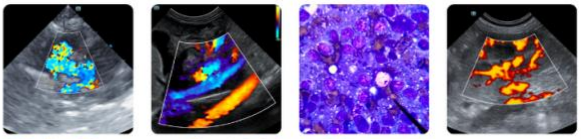

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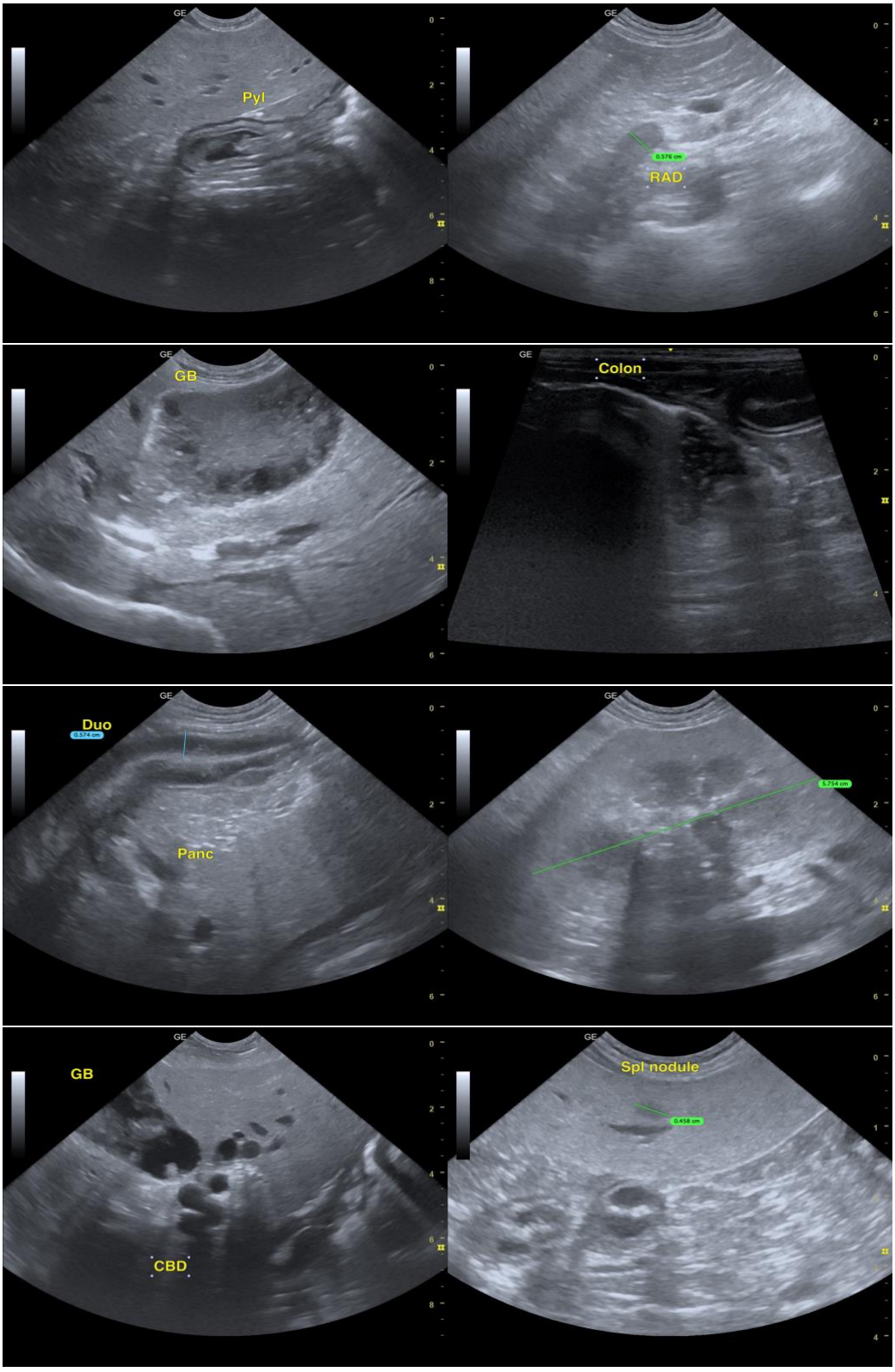

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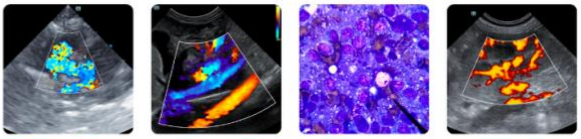

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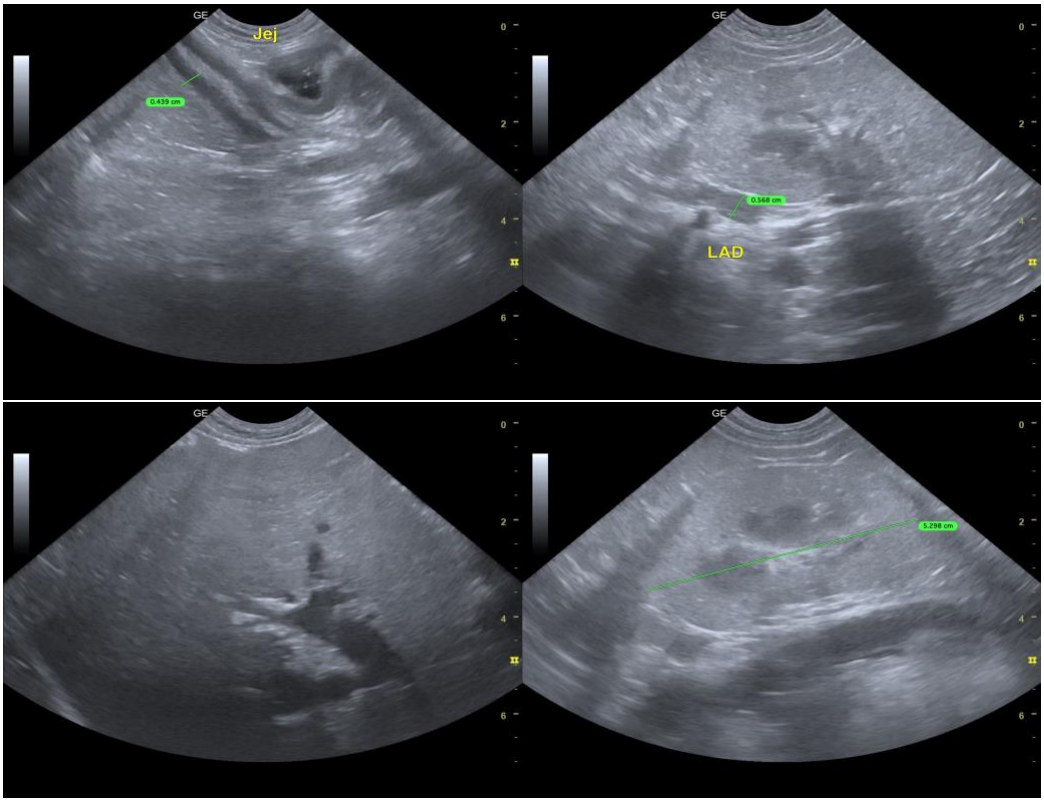

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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