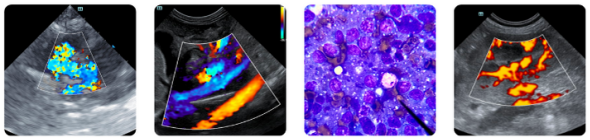


PATIENT

Molly Nerbas

SPECIES

Canine

BREED

Mini Poodle

SEX

Female Spayed

AGE

15 years

WEIGHT

6.95 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Lameg

INVOICE

13337

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Hx of liver enzyme elevation and sensitive bowel
- Clinically doing very well.
- US to assess for changes/progression from last ultrasound (06/2025)
- Suspected potential for early gallbladder mucocele and hepatopathy
- Current meds: Ursodiol, stilbestrol, trazodone and aventi liver

Abnormal PE/Chem/CBC/UA Results: CBC WNL CHEM: NA 153 (142 - 152 mmol/L) ALT 303 (18 - 121 U/L) ALP 347 (5 - 160 U/L) TT4 11.5 (13.0 - 53.0 nmol/L) Urinalysis: Protein 2+ (1 g/L), bilirubin 1+, calcium oxalate crystals 21-50/hpf, triple phosphate crystals 1-5/hp

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 changes 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. No evidence of pelvic dilation was present. Focal areas of medullary mineral present. The left kidney measured 4.2 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

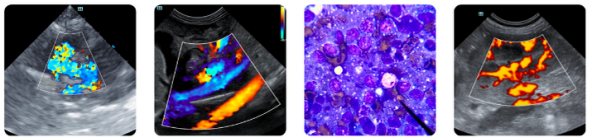
The bilateral adrenal glands were mildly enlarged in size in light of weight body. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the caudal pole. The right adrenal gland measured 0.8 cm width in the caudal pole.

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 nodules were present with an example measuring 1.4 cm in diameter. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver exhibited mild to possible moderate hepatomegaly. The liver parenchyma was nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with areas of multiple, small, dependent, non-obstructive lumen calculi and mild, non-dependent, non-organized, hyperechoic sediment. 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 non-thickened with intact wall layering exhibiting propensity for mildly prominent mucosa layer. Discrete, hyperechoic, segmental intestinal mucosal speckling. Small intestine wall measured 0.33 cm.

Normal visible colon wall layers were present with apparent semi-formed feces 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting mild parenchymal remodeling
- Non-obstructive gallbladder mineral and non-organized debris (non-mucocele)
- Hyperechoic splenic nodules – most suggestive of benign criteria, i.e. myelolipomas
- Nonspecific enteropathy exhibiting mild mucosal speckling
- Pancreatic remodeling
- Static chronic renal changes exhibiting mild medullary mineral
- Static nonspecific bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver continues to be most consistent with chronic benign hepatopathy criteria. Small, non-obstructive choleliths are present without evidence of progressive gallbladder pathology or mucocele. Adrenal screening or workup warranted if clinical signs consistent with Cushing's Syndrome. Continued hepato-gastrointetsinal support and clinical monitoring would be more reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered if recurrent gastrointestinal signs.

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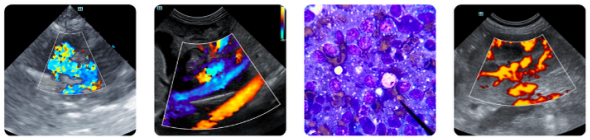

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Educational Teleconsultation Services™

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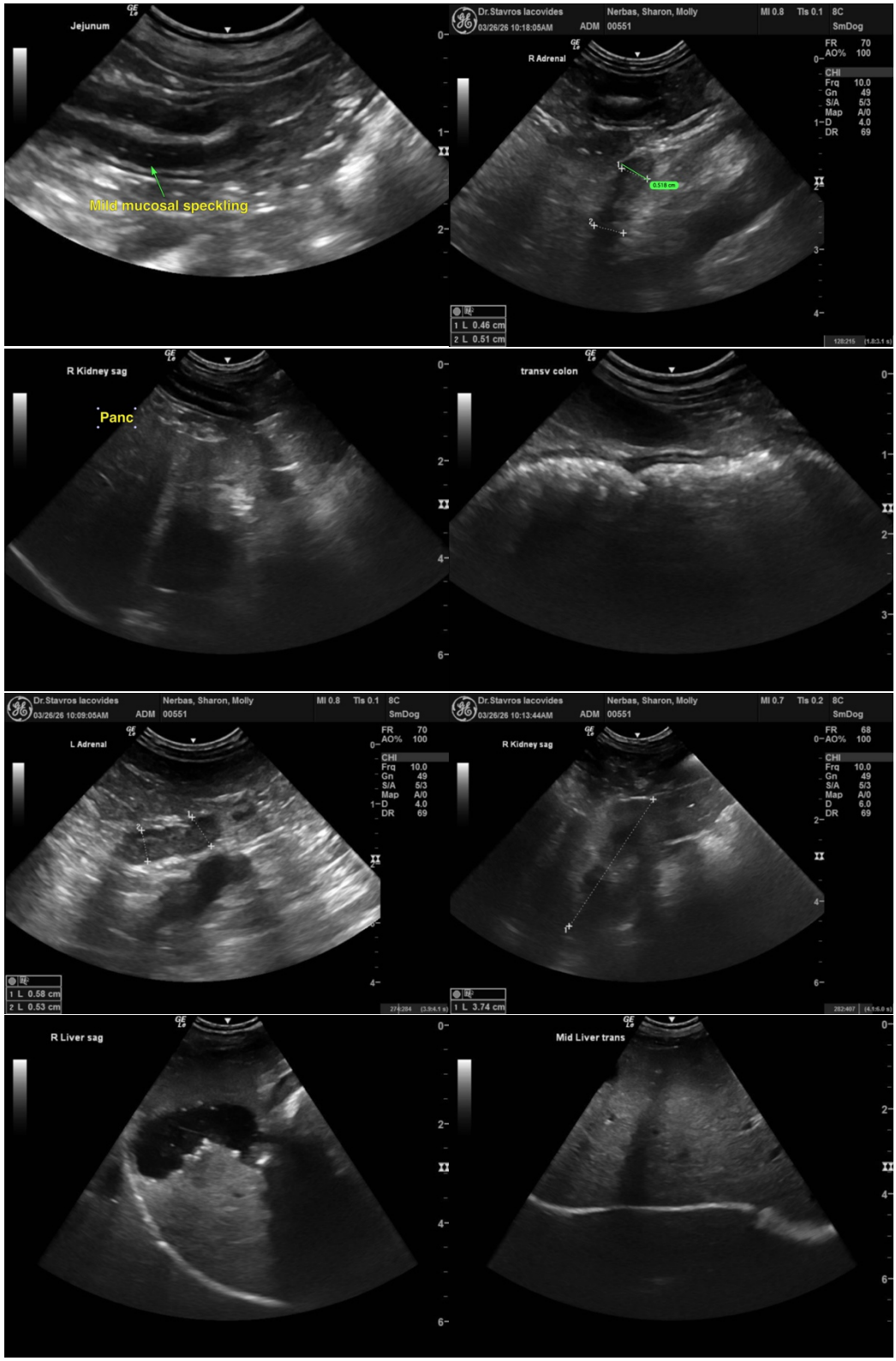

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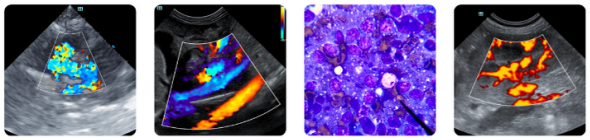

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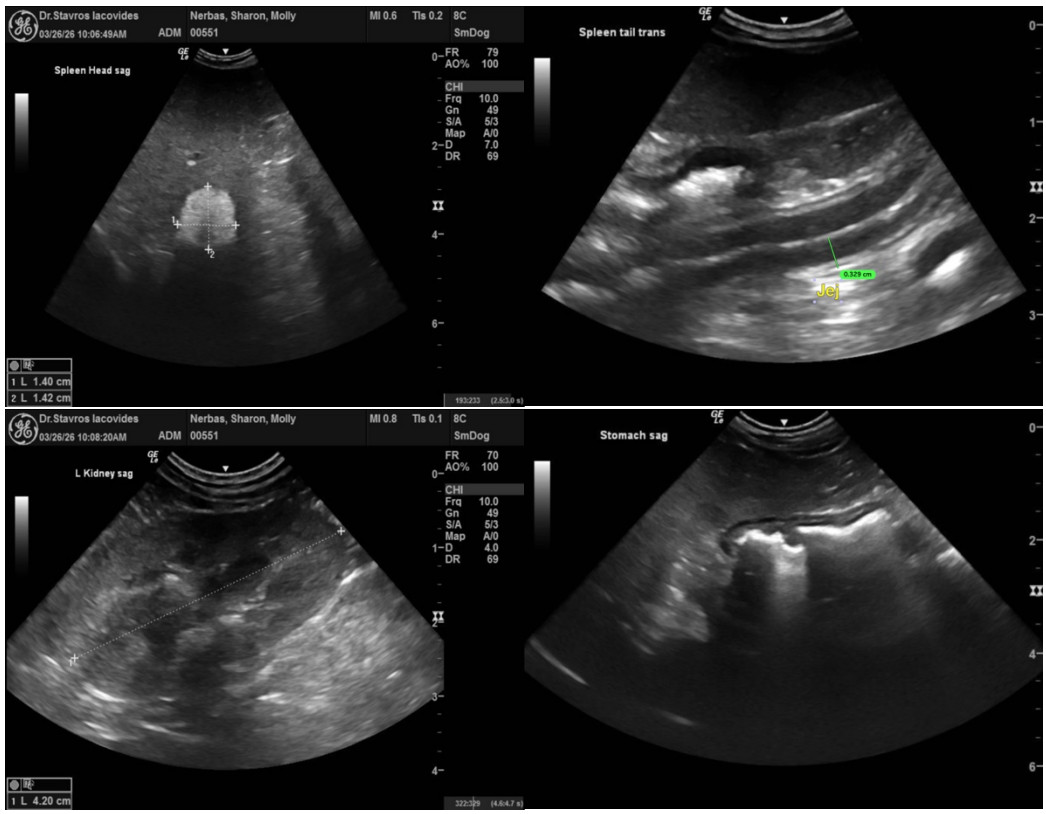

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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