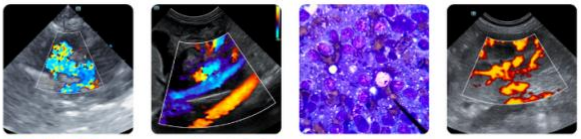


PATIENT

Duke Halsebo

SPECIES

Canine

BREED

Chinese Crested Mix

SEX

Neutered Male

AGE

8.5 Years

WEIGHT

11.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rachel Gray

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Rachel Gray

INVOICE

14064

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Pt presented for icteric gums and inappetence. O reports that pt has not been eating well since Sunday March 1st. Will intermittently eat snacks like eggs and chicken. Possibly ate some overnight, o unsure of exact timeframe. u/d normally. Vomited once last night.

CBC: HCT 47.7 (N), WBC 9.58 (N), PLT 299 (N) Chem17: BUN 14 (N), Creat 1.0 (N), TP 7.6 (N), Alb 3.4 (N), globulins 4.2 (N), ALT --, ALP --, GGT 38 (H), tbili 13.3 (H), Cholesterol 451 (H) Diluted ALT: 2721 (H), Diluted ALP: 6128 (H) EPOC: WNL CPL: 94 (WNL) Witness Lepto test: Negative 4DX: Negative UA: USG >1.050, pH 5.0, blood 4+, bilirubin 3+, RBC 11/HPF, WBC <1/HPF Cardiovascular- normal rate and rhythm. Grade 3/6 systolic murmur Abdomen/Gastrointestinal- Slightly tense rotund abdomen with palpation

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.

The area of the residual prostate appeared normal and free of pathology.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

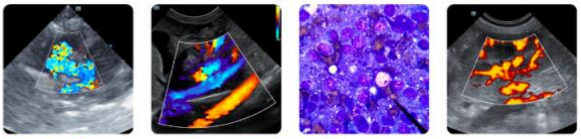
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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. Perihilar to medial parenchyma hyperechoic nodules were present with concurrent perihilar medial capsule fibrosis. 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



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The liver presented mild 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 in size with mild nondependent to congealed possibly adhered cranial lumen gallbladder debris. Normal gallbladder wall without evidence of edema or pericholecystic inflammation. The common bile 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

Primary Findings

- Hepatopathy.
- Mild distended noninflamed gallbladder with nonorganized mildly congealed possibly adhered gallbladder debris- not consistent with maturing mucocele criteria.
- Normal gastrointestinal tract/area of the pancreas.
- Overtly normal adrenal glands.

Secondary Findings

- Benign splenic nodules and possible medial capsule fibrosis- nodules most consistent with benign myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar, non-obstructive cholestatic, non-specific hepatitis (viral, bacterial, leptospirosis, toxin) hepatotoxicosis, i.e. copper or other hepatopathy with occult hepatic neoplasia thought less likely. No current evidence of post-hepatic obstruction.

Further assessment may include (assuming normal clotting status) FNA cytology and leptospirosis titers/PCR despite initial negative leptospirosis testing. Empirical therapy for non-specific

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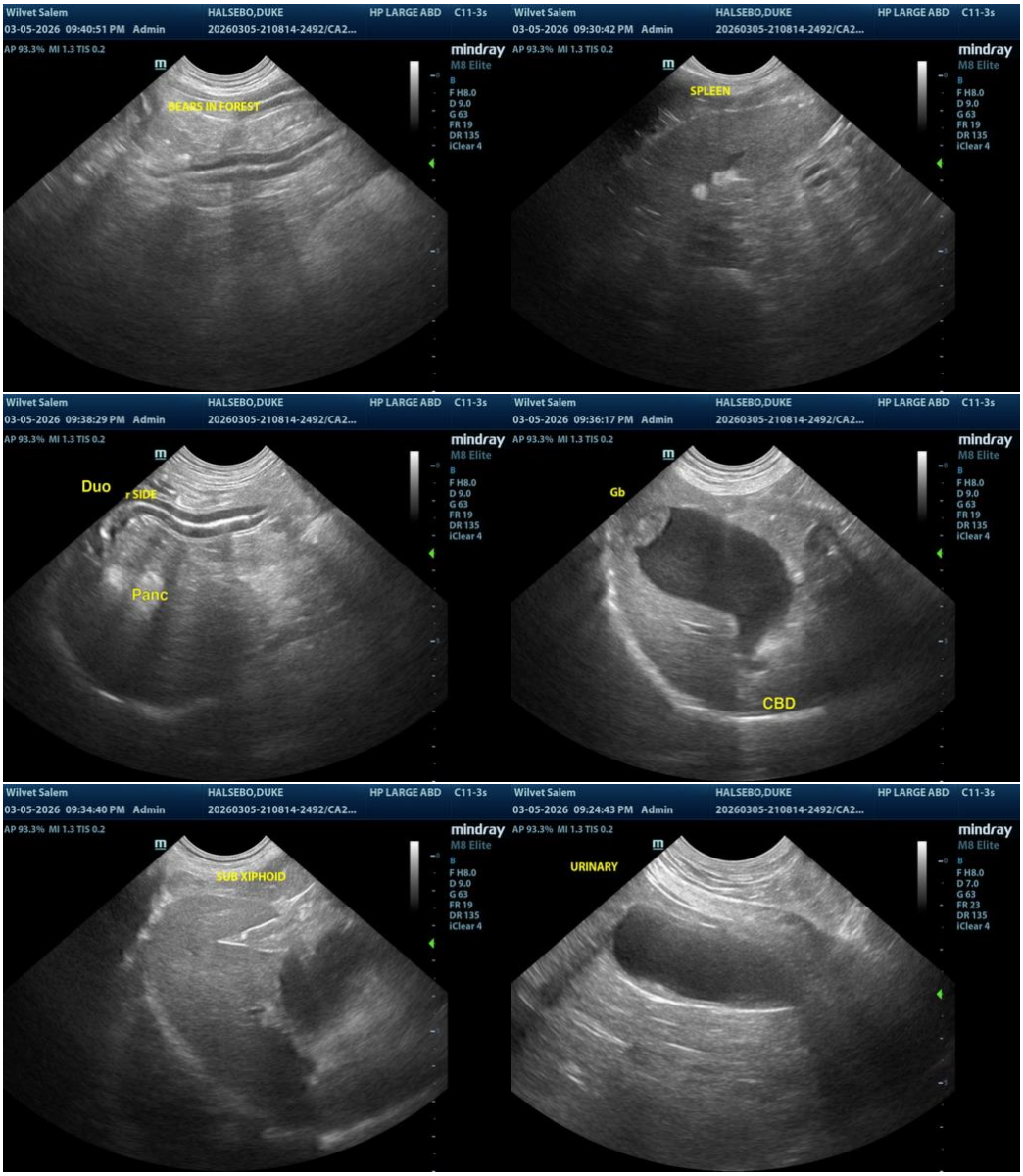
hepatitis/cholangiohepatitis with gastrointestinal support and monitoring would be reasonable. Recheck sonogram if progressive hepatopathy or gastrointestinal signs.



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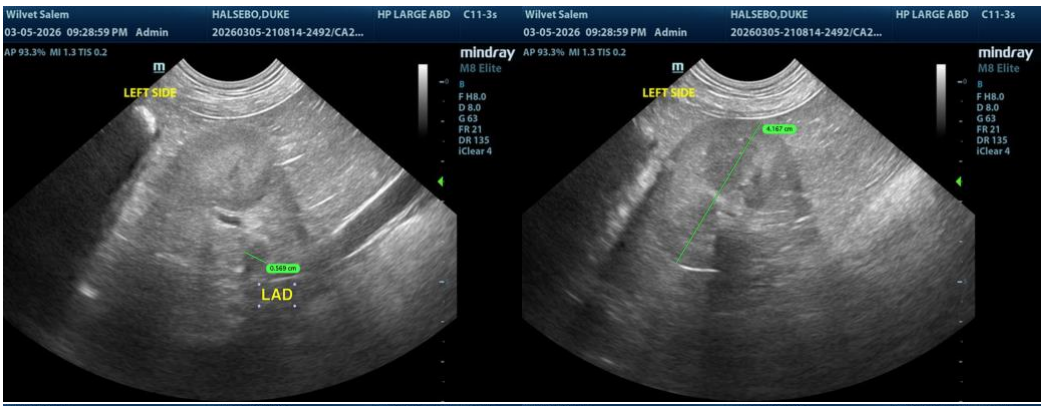

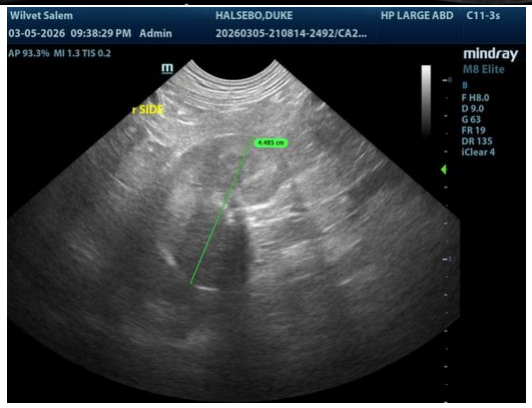

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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