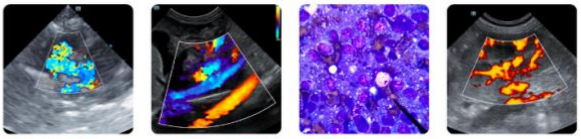


PATIENT

Rex Bartfai

SPECIES

Canine

BREED

Sheltie

SEX

Neutered Male

AGE

10.5

WEIGHT

15.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Laura Field

INVOICE

14109

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- presented feb 10 for acute onset vomiting *10
- recovered w symptomatic treatments, but scheduled u/s to follow up on some abnormal labwork

Abnormal PE/Chem/CBC/UA Results: Diagnostics: CBC wnl CHEM wnl besides alp high 343 (23-212) chol high 9.3 (2.8-8.2) panc lip high 304 (0-200) xrays showed 1. Suspect gastroenteritis due to nonspecific etiologies. Systemic disease such as pancreatitis or nondescript infectious process can cause bowel atony resulting in a similar radiographic change. 2. Mild hepatomegaly likely due to fatty infiltrates, endocrinopathies, nodular regeneration or nonspecific hepatopathy. Hepatic neoplasia cannot be ruled out but is less likely.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 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 5.2 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

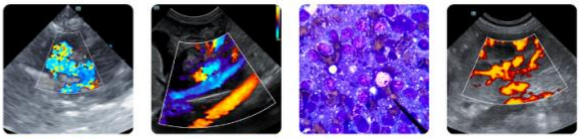
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 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. A small medial parenchyma well demarcated, hyperechoic nodule was present. 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 nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma.

Liver & Gallbladder



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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. Intermittent discrete nonhomogenous hyperechoic nodules were present with an example measuring 0.73 cm in diameter.

The gallbladder was non distended in size with moderate congealed hyperechoic nonorganized debris was present measuring approximately 4.4 cm in diameter. No evidence of 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 area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with intermittent discrete intraparenchymal nodules- suggestive of vacuolar or cholestatic hepatopathy, discrete nodular hyperplasia, potential for inflammation, less likely neoplasia.
- Congealed nonorganized gallbladder debris- possibly early immature mucocele.
- Sonographically normal gastrointestinal tract/colon.
- Normal area of the pancreas.
- Normal bilateral adrenal glands.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild to resolving or potential chronic pancreatitis may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Continued supportive care for non-specific potentially resolving gastroenteritis or chronic pancreatitis would be appropriate. No overt adrenal disease as a contributing factor to the hepatopathy. Adrenal screening could be considered if clinical signs consistent with Cushing's syndrome arise. Hepatosupportive medications with sonographic reassessment or monitoring of the liver if evidence of progressive hepatopathy or cholestasis is recommended.

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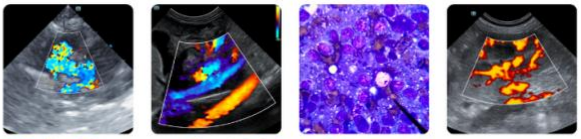

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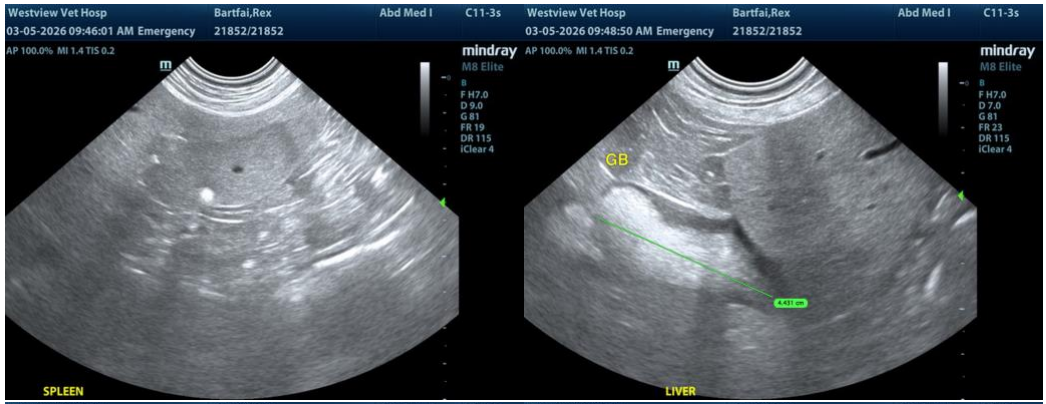

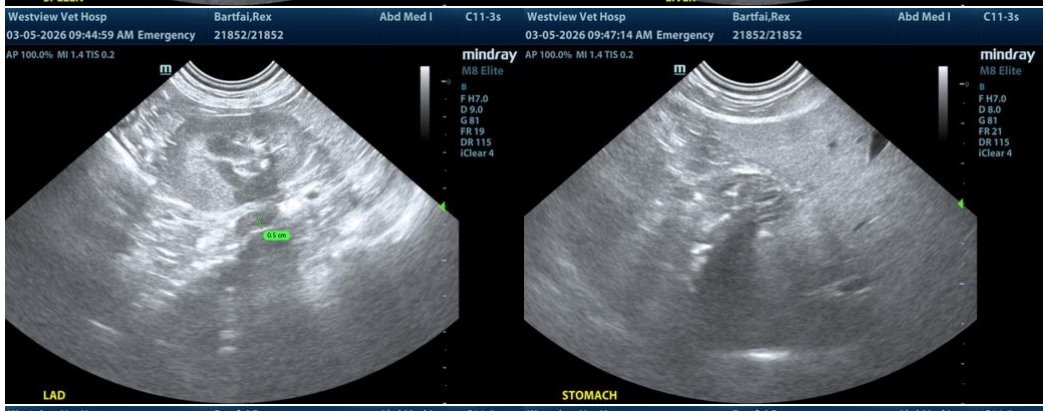

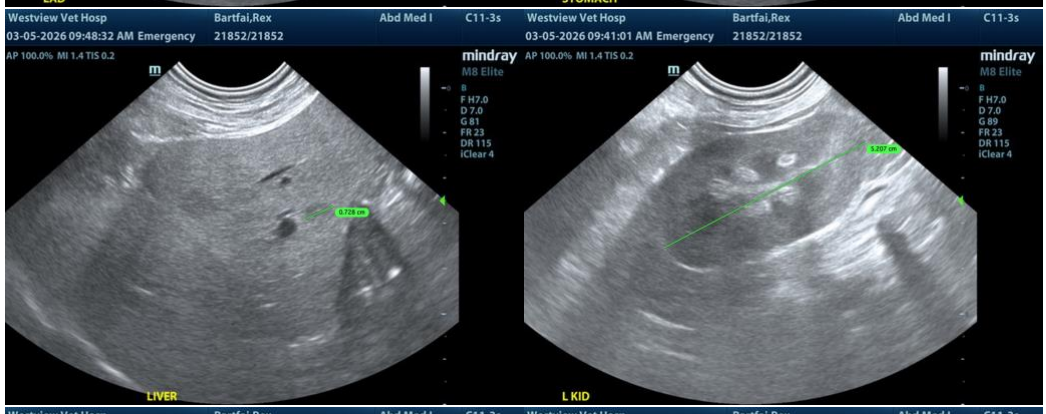

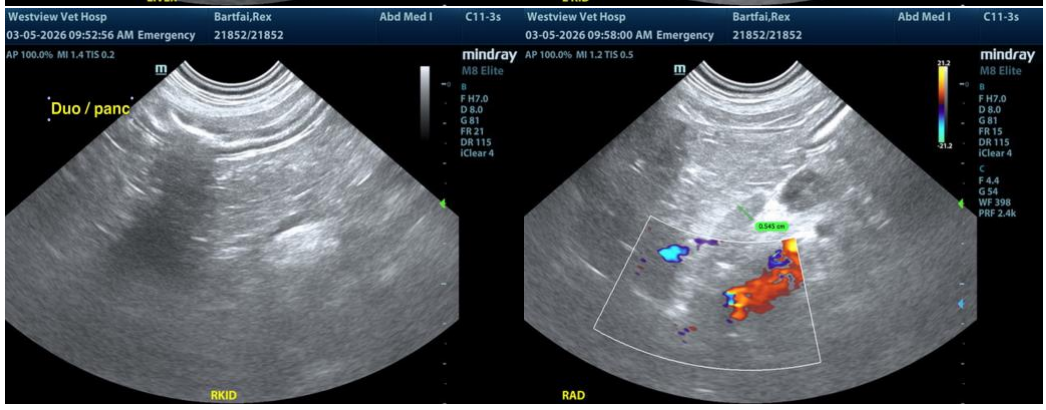

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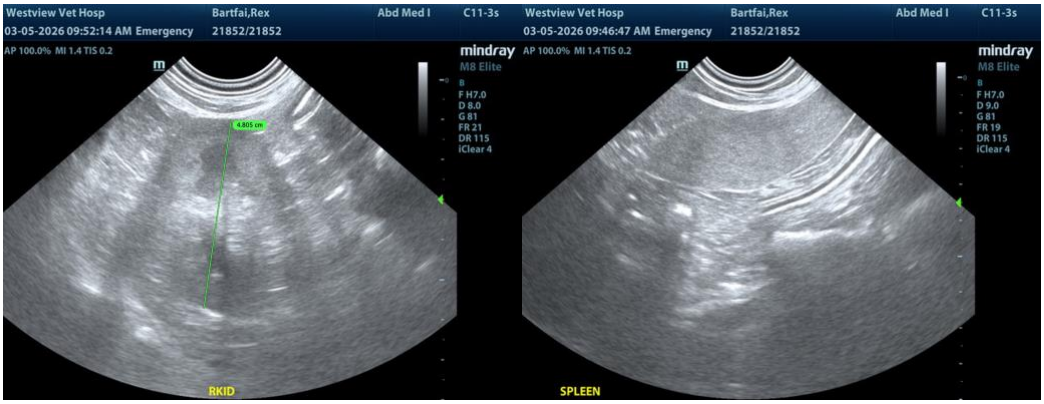

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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