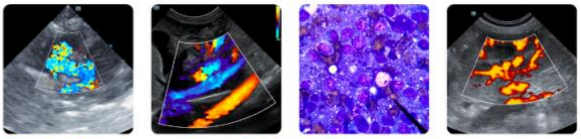


PATIENT

Maurice Eggink

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

8

WEIGHT

15.37

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ukacki Ugorji DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Womack

INVOICE

14771

DATE

04/01/26

PRESENTING CLINICAL SIGNS

Maurice is presenting for an abdominal ultrasound following elevated liver enzymes identified on blood work performed on March 30th. He has a history of intermittent back pain. No current medications are being given. Prior auscultation noted a possible grade 2/6 heart murmur.

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes (AST 181 [ref 15-66], ALT 451 [ref 12-118], ALP 3266 [ref 5-131], GGT 34 [ref 1-12], bilirubin 0.6 [ref 0.1-0.3]

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 residual prostate was mild to prominent in size with symmetrical contour while maintaining a homogenous nonmineralized parenchyma measuring 1.3 cm in diameter.

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 5.1 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited multiple variably sized to expansive nonhomogenous hypoechoic to centrally hyperechoic nodules. Some of the nodules were capsule deforming with an example measuring 1.0 cm to 1.7 cm in diameter.

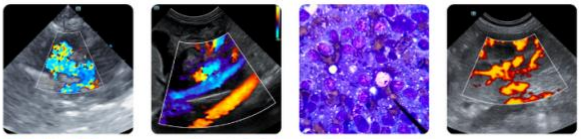
Liver & Gallbladder

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 presented mildly distended, mildly thickened to mildly hypoechoic gallbladder wall with minor nonorganized gallbladder debris. The commo bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact borderline prominent wall layering. The stomach contained mild nonshadowing ingesta and lumen gas.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental intestinal corrugation was present.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The pancreas presented prominent in size with capsule asymmetry and variable nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Focal intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.2 cm in diameter. No evidence of peritoneal effusion with perilymphatic to mild peri-intestinal hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Multiple expansive nonhomogenous to centrally echogenic splenic nodules- highly suggestive of target lesion type nodules and neoplastic criteria.
- Hepatopathy.
- Possible chronic cholecystitis.
- Nonspecific gastroenteropathy.
- Potential chronic/chronic active pancreatitis.
- Mildly swollen mesenteric lymphadenopathy with perilymphatic/mild peri-intestinal hyperechoic omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is non-specific with considerations including reactive, vacuolar, inflammatory, immune mediated cholestatic or neoplastic etiologies. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and accessible splenic nodule FNA cytology is recommended for further clarification. Non-specific gastroenteritis including segmental intestinal hyperperistalsis or spasming in conjunction with possible chronic to chronic active pancreatitis is suspected if gastrointestinal signs are non-reported or arise. Hepatogastrointestinal support and empirical therapy for potential non-specific hepatitis with clinical monitoring and pending suggested sampling would be reasonable. Guarded prognosis suspected.

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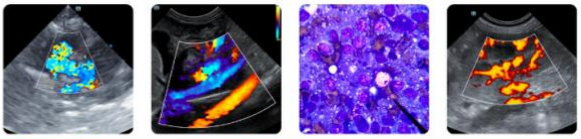

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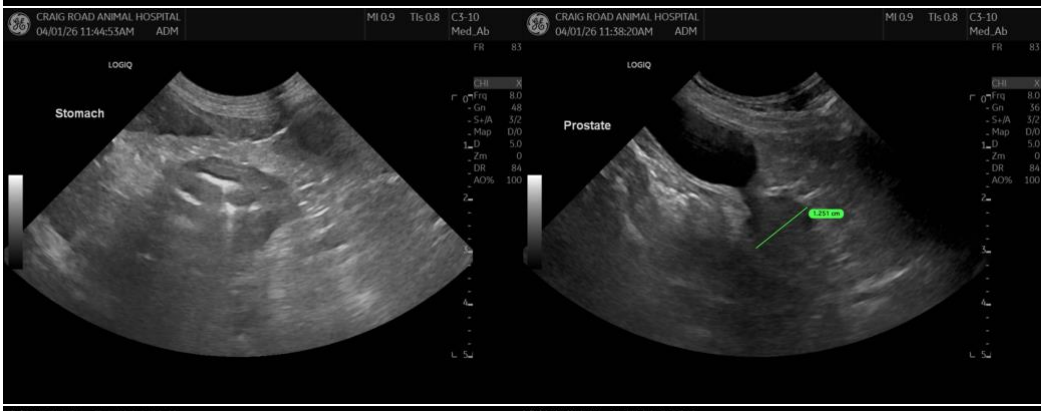

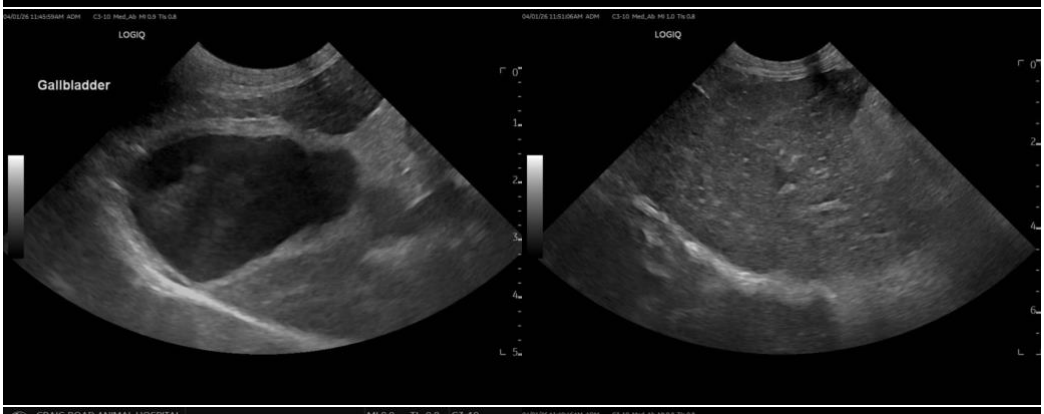

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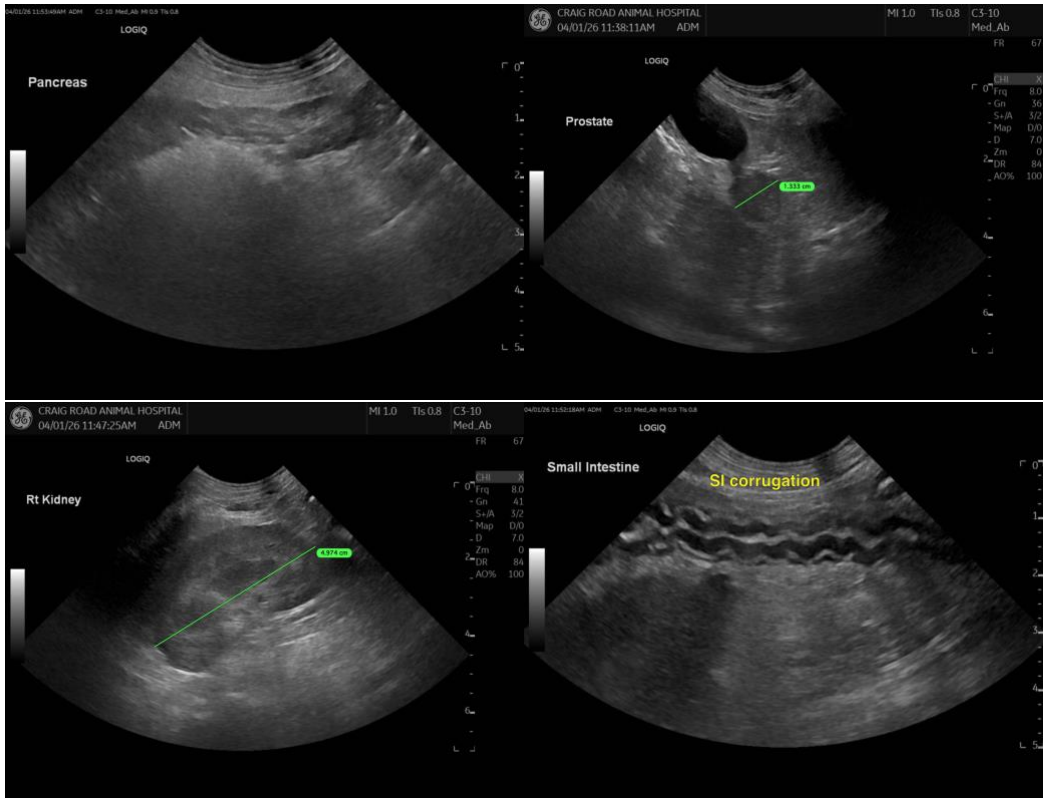

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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