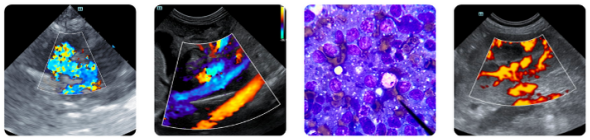


PATIENT

Cairo Swift - Hill

SPECIES

Canine

BREED

Min Pin

SEX

Male Neutered

AGE

1y

WEIGHT

3.26 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Little Creek

REFERRING VET

Dr. Sadler

INVOICE

13400

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Pre Sx BW showed elevated ALT, post prandial BA were elevated as well

Abnormal PE/Chem/CBC/UA Results: attached

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, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 1.8 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 3.7 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

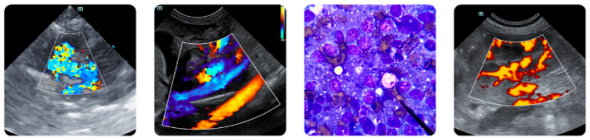
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at 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.

Liver

The liver exhibited possible borderline subnormal size with symmetrical contour and homogeneous parenchyma. Subjective adequate vascular volume. The portal vein exhibited possible subnormal size compared to the caudal vena cava yet with visualized normal appearing cranial portal vein branching. Color doppler assessment revealed laminar flow both in the portal vein and caudal vena cava. Portal vein diameter measured ~0.42-0.45 cm. The gallbladder was non distended in size with minor, non-organized, non-dependent, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Discrete, segmental, hyperechoic duodenojejunal mucosal speckling. 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

Intermittent, normal in size to mildly prominent jejunal nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured – cm width.

PRIMARY FINDINGS

- Possible borderline subnormal size exhibiting subjective adequate hepatic vascular volume, normal cranial portal vein branching
- Normal gallbladder with minor gallbladder debris
- Normal kidneys and urinary bladder - no evidence of renal or urinary bladder mineral/calculi
- Normal to mildly prominent jejunal lymph nodes – consistent with benign criteria, i.e. mild hyperplasia or immunologic immaturity

SECONDARY FINDINGS

- Nonspecific, discrete intestinal mucosal speckling
- Mild benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of intrahepatic or extra hepatic macroscopic shunt. Primary parenchymal disease or portal vein hyperplasia/microvascular dysplasia possible. Correlation with bile acid profile is recommended (attached bile acids not visible). If clinical signs consistent with hepatic dysfunction and concerning level of post prandial bile acid elevation, Gold Standard CT with contrast for definitive clarification may be considered. Hepatic FNA cytology to assess for potential inflammatory cell type or hepatic biopsy for histopathology may be required for definitive diagnosis. Hepato-supportive medications may prove beneficial. Monitoring of BUN, cholesterol, albumin and glucose levels as parameters for hepatic function is recommended.

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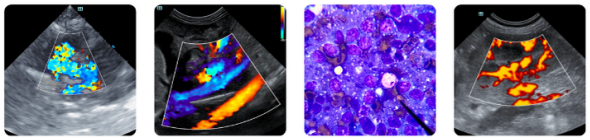

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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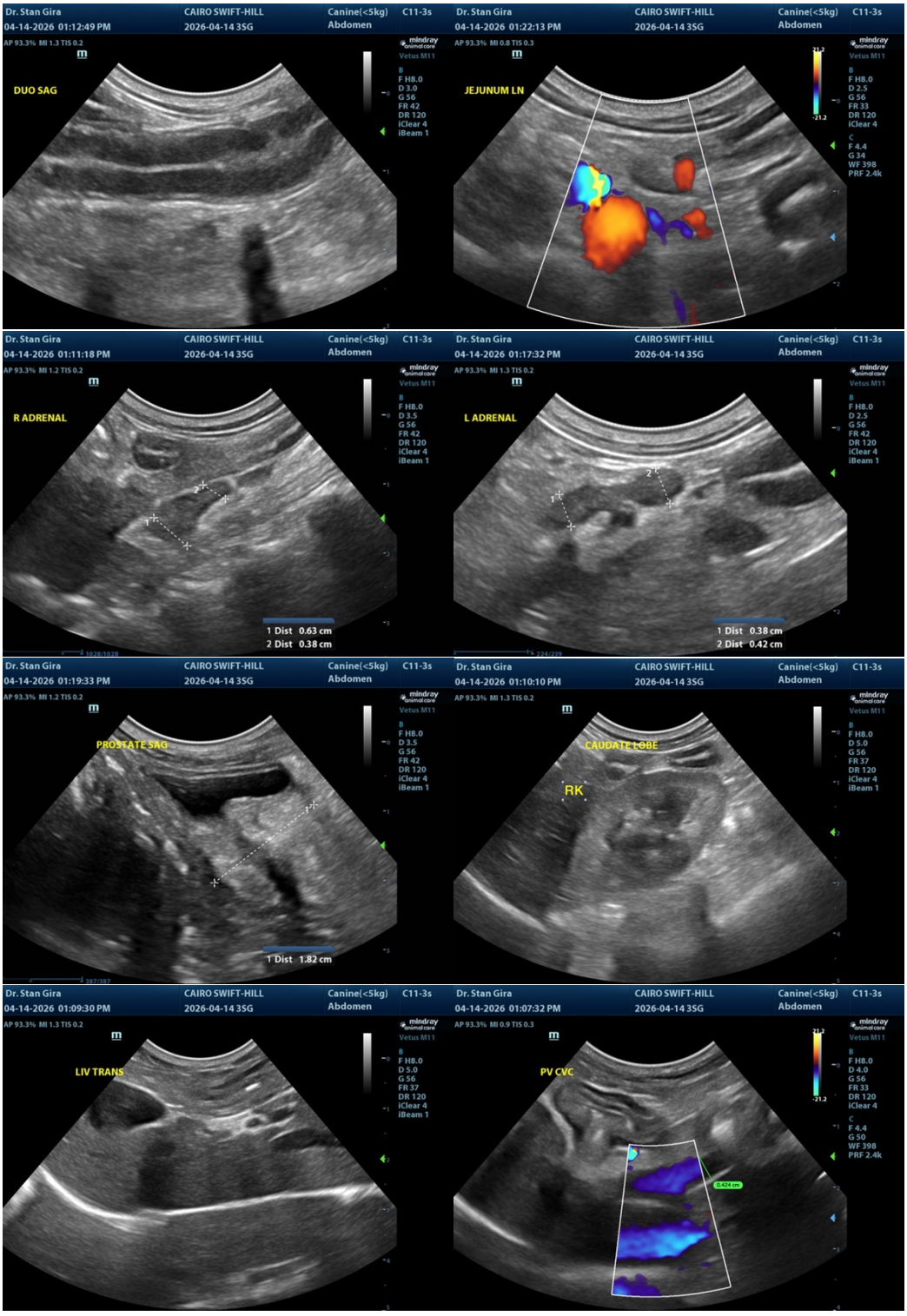

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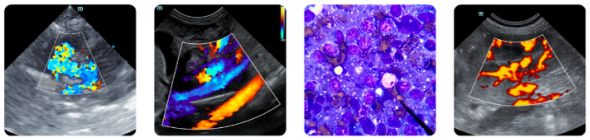

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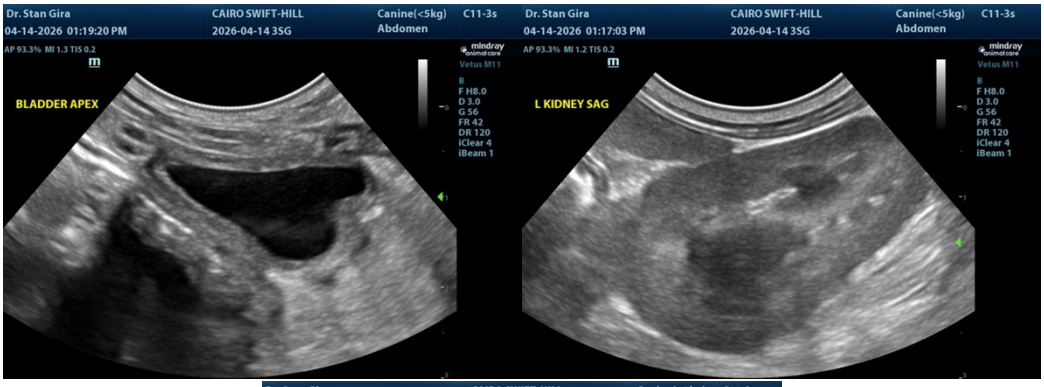

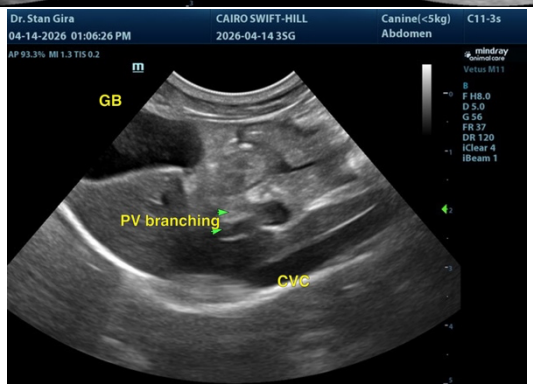

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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