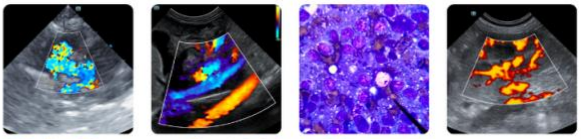


PATIENT

Onyx Ahuja

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

9 Years 6 Months

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

Dr. Averil Almeida

INVOICE

15272

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Attending reports main concern is (new) seizure activity. P had multiple seizures One episode of vomiting last night 11 pm then seizure at home. No known toxin ingestion. 3 seizures just after 4am - midazolam 4 times. enema and hypertonic bolus. dexamethasone, gabapentin, acepromazine

Abnormal PE/Chem/CBC/UA Results: CBC wnl Chem ALT 698 ALP >2000 TBil 18 Lac 3.78

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 minor urine sediment. No evidence of mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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. The left kidney measured 5.4 cm in length. The right kidney measured 5.0 cm in length. Focal cranial cortical infarct versus emerging mineralization was present in the right kidney.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.37 cm width in 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

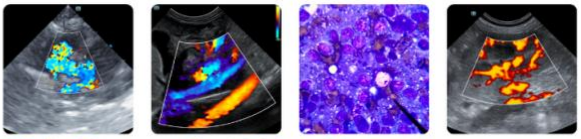
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & 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 adequate in appearance without signs of congestion. A discrete caudal liver intraparenchymal hypoechoic nodule was present measuring 0.81 cm in diameter.

The gallbladder was non distended in size with mild gravity dependent primarily caudal lumen and gallbladder nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented with an intact wall. The stomach exhibited moderate distention with retained mildly echogenic fluid and nonshadowing pyloric chyme. No evidence of obstruction to pyloric outflow.

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

- Hepatopathy exhibiting discrete intraparenchymal nodule and adequate vascular volume.
- Nonorganized gallbladder debris (non-mucocele).
- Nonobstructive hypomotile stomach, sonographically normal empty small intestine.
- Normal kidneys with right cranial cortex infarct versus emerging mineralization.
- Mild urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar / cholestatic hepatopathy, inflammatory/infectious/immune mediated disease, hyperplasia, hepatotoxicosis, toxic hepatopathy (i.e. copper), other with occult neoplasia thought less likely. No overt intrahepatic or extrahepatic macroscopic shunt is visualized.

Bile acid profile is recommended if evidence if hepatic dysfunction. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels. Leptospirosis titers / PCR may be considered if clinically indicated. Core or surgical biopsy may be required for definitive diagnosis.

No evidence of adrenal disease as a contributing factor. Probable metabolic or functional gastric ileus without obstructive criteria is present. Gastrointestinal support and monitoring of gastric motility is recommended.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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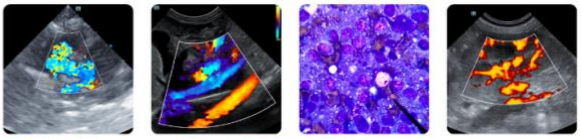

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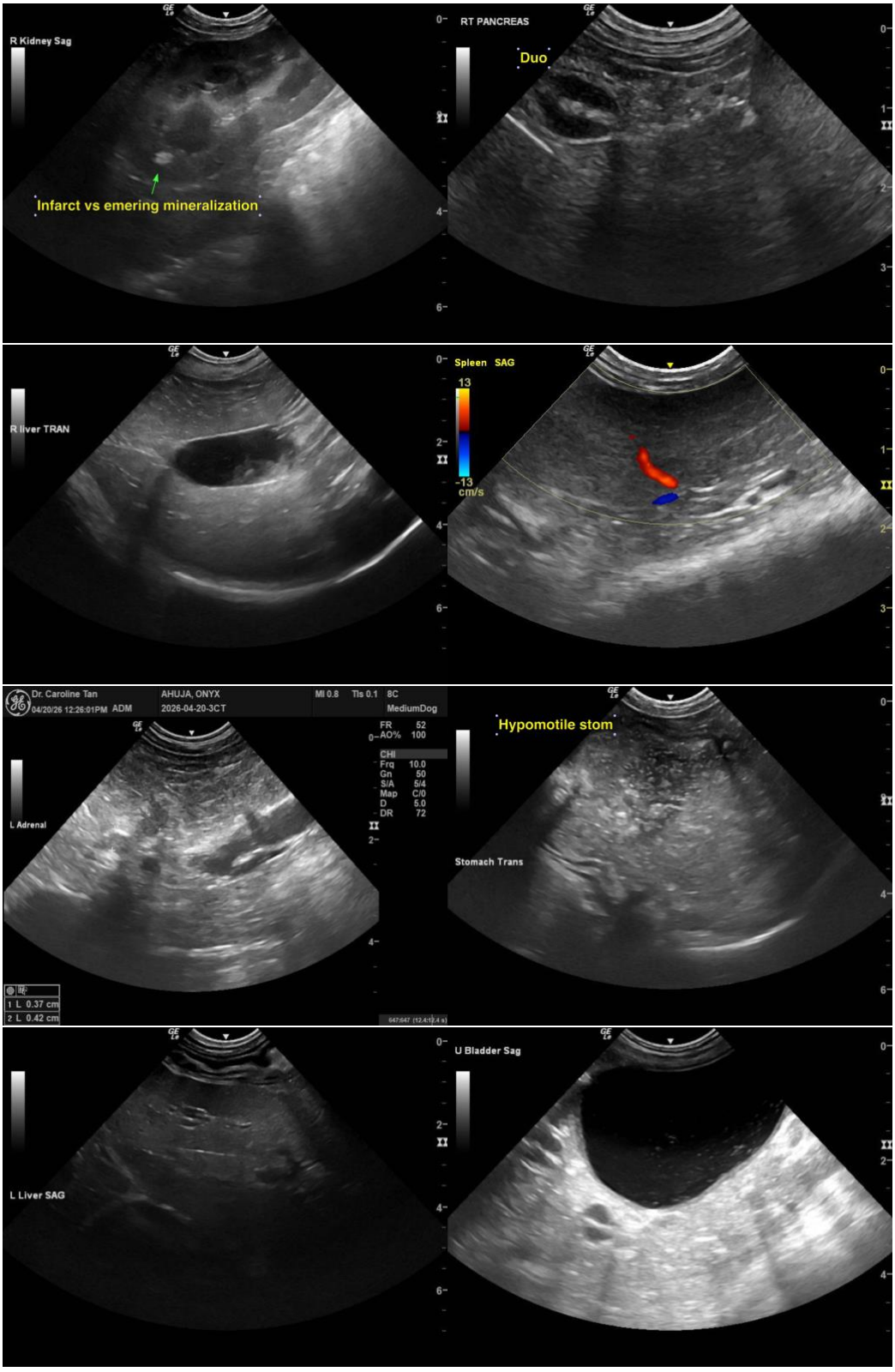

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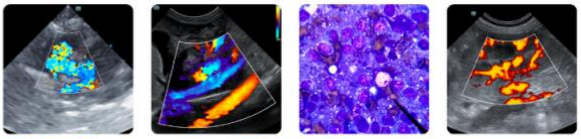

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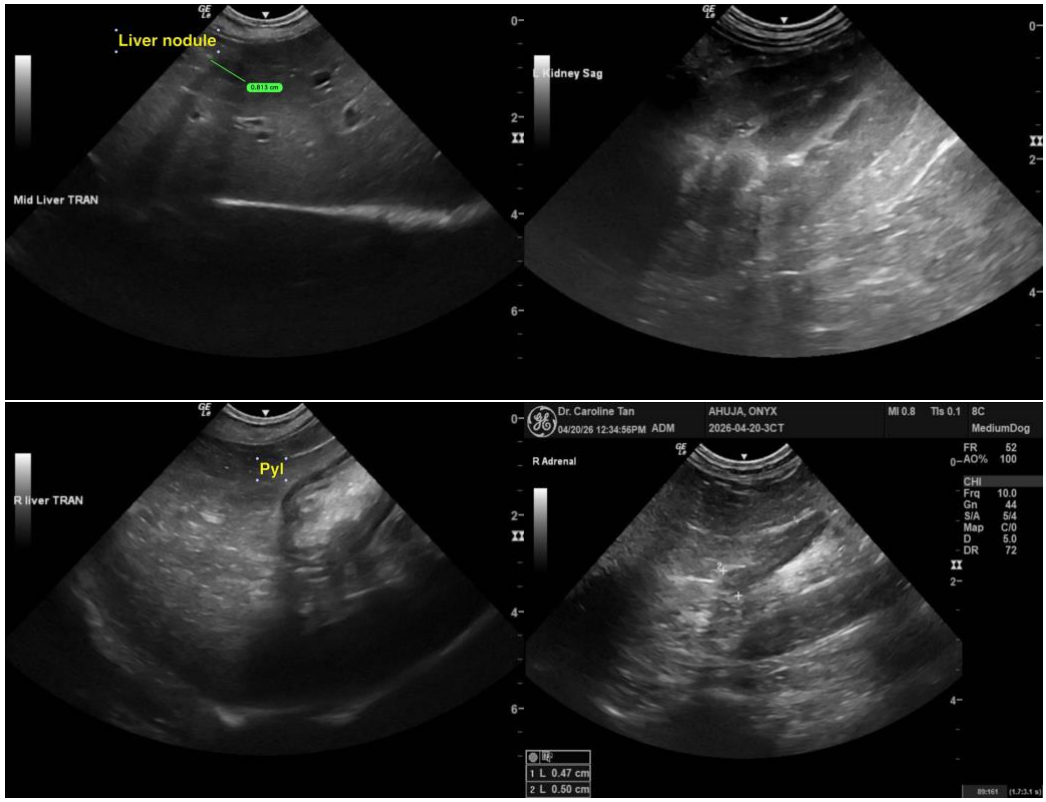

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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