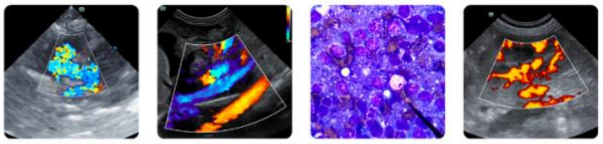


PATIENT

Finnian Harris

SPECIES

Canine

BREED

Mini Dachshund

SEX

Neutered Male

AGE

15 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Vet Hospital

REFERRING VET

Dr. Harris

INVOICE

15582

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Chronic liver enzymes elevations which have slowly progressed. Clinically normal. On hepatic support. No proteinuria

Abnormal PE/Chem/CBC/UA Results: ALP 532, ALT 199

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 4.9 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia or mineralization. The left adrenal gland measured 0.63 cm width in the caudal pole. The right adrenal gland measured 0.78 cm width in the caudal pole.

Spleen

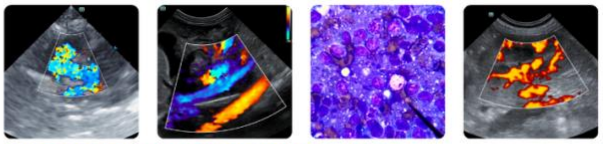
The spleen presented normal in size with primarily symmetrical contour and minor heterogeneous splenic parenchyma. A mildly expansive isoechoic nonhomogenous centrally cystic mid splenic nodule was present with mild associated symmetrical medial capsule distortion. No evidence of capsular escape. The nodule measured 1.4 cm in diameter. Concurrent intermittent noncapsule deforming well demarcated hyperechoic splenic nodules were present most consistent with benign myelolipomas.

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 was non distended in size with normal wall. Mild echogenic, nonmineralized, non-dependent biliary sludge is present. The biliary sludge is congealed without organization. No signs of peripheral inflammation.

Gastrointestinal



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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

- Chronic benign hepatopathy pattern.
- Immature gallbladder mucocele.
- Bilateral mildly enlarged nonhomogenous adrenal glands.
- Mildly expansive nonhomogenous cystic splenic nodule with concurrent probable intermittent myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to mildly progressive vacuolar/cholestatic, inflammatory hepatopathy or combination is favored. No evidence of hepatic neoplastic criteria. Adrenal workup is warranted if clinical signs are non-reported or arise. The adrenal glands are suggestive of probable benign hyperplasia or adenomatous change. Given patient is non-clinical, hepatosupportive medications with sonographic monitoring of the gallbladder with progressive hepatopathy as well as the bilateral adrenal glands for evidence of progressive enlargement would be reasonable.

Potential etiologies for the mildly expansive splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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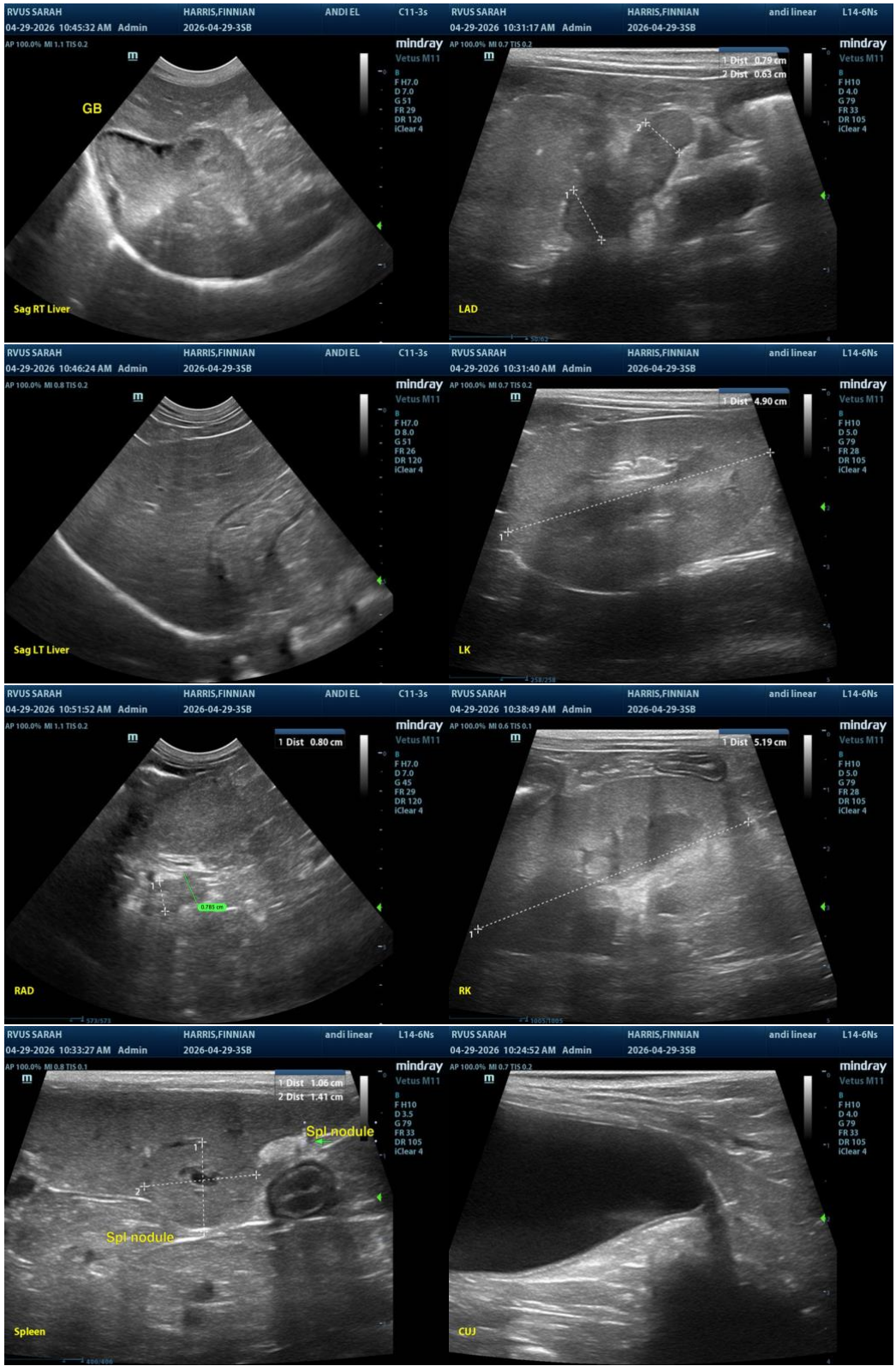

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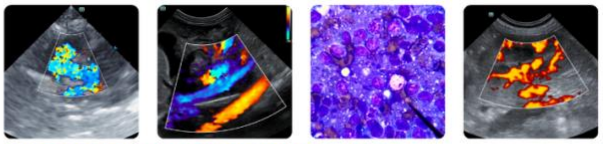

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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