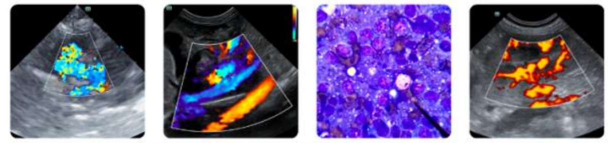


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Rona Barton

SPECIES

Canine

BREED

Bernese Mountain Dog Mix

SEX

Spayed Female

AGE

7 Years 3 Months

WEIGHT

30.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

15641

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Chronic kidney disease (stable/mild azotemia). Recent marked elevation in liver enzymes (ALT 451, ALP 235). Recent episode of vomiting (bile). Previous history of suspected pancreatitis (~1 year ago) Currently on renal diet + intermittent liver supplements. Otherwise eating and drinking well

Vital Signs: Temperature [Celsius]:38.0, Heart Rate/min (HR):112, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: panting, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec ,Mentation: BAR ,Hydration: Adequate , BCS (scale 1 to 5): 3/5, LAB SUMMARY Creatinine: 181 µmol/L elevated SDMA: 19 elevated ALT: 451 U/L elevated (marked) ALP: 235 U/L elevated Mild hypoalbuminemia

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 aortic trifurcation was free of pathology.

Normal size 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 to moderate indistinct corticomedullary border demarcation. Areas of asymmetrical margination and potential cortical infarcts. The left kidney measured 7.0 cm in length. The right kidney measured 5.1 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 0.45 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 0.46 cm width at the caudal pole.

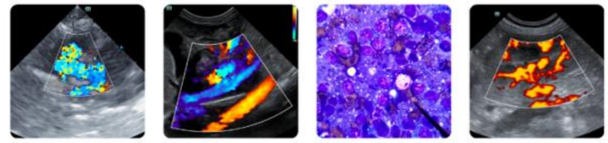
Spleen

The spleen presented normal in size and contour with mild heterogeneous generalized splenic parenchyma exhibiting intermittent discrete hypoechoic noncapsule deforming nodules with an example measuring 0.70 cm in diameter.

Liver & Gallbladder

The liver presented possible borderline subnormal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental ileus pattern is present without obstruction or foreign material.

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

Pancreas

The pancreas was normal to mildly prominent in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting possible borderline subnormal size.
- Normal gallbladder.
- Discrete hypoechoic splenic nodules.
- Heterogeneous remodeled pancreas.
- Chronic renal changes with suspect possible cortical infarcts.
- Mild nonspecific enteritis pattern with mild to moderate gastric gas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, acute or acute on chronic hepatopathy is favored with considerations including non-specific hepatitis (viral, bacterial, leptospirosis, toxin) given primarily elevated ALT, vacuolar/nonobstructive cholestatic hepatopathy or combination with acute hepatic neoplasia thought less likely.

Further assessment may include (assuming normal clotting status) FNA cytology +/- leptospirosis titers/PCR or bile acid profile if clinical hepatopathy or evidence of hepatic dysfunction. Pancreatic remodeling owing to previous pancreatitis or persistent mild chronic pancreatitis is possible. Assessment for cranial abdomen or subxiphoid discomfort on palpation in correlation with a spec cPL and full GI panel to include PLI, TLI, cobalamin and folate given concurrent non-specific enteritis pattern is suggested.

Hepatorenal and gastrointestinal support with clinical monitoring would be reasonable. Recheck sonogram is indicated if progressive hepatopathy, azotemia or gastrointestinal signs. Urinalysis +/- screening culture/sensitivity and UPC level for renal staging may be considered if not recently done.

Potential etiologies for the splenic nodules 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 nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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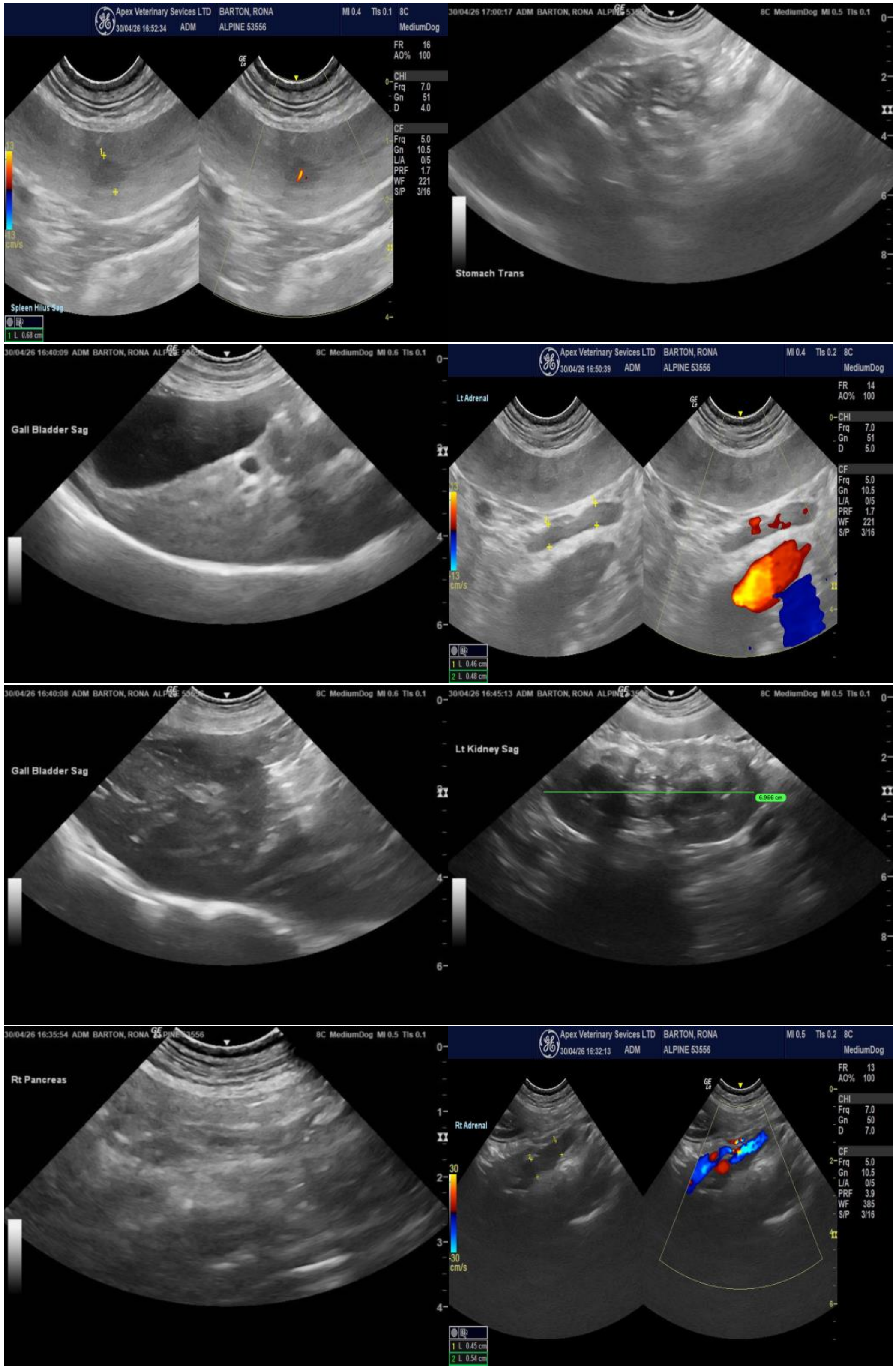

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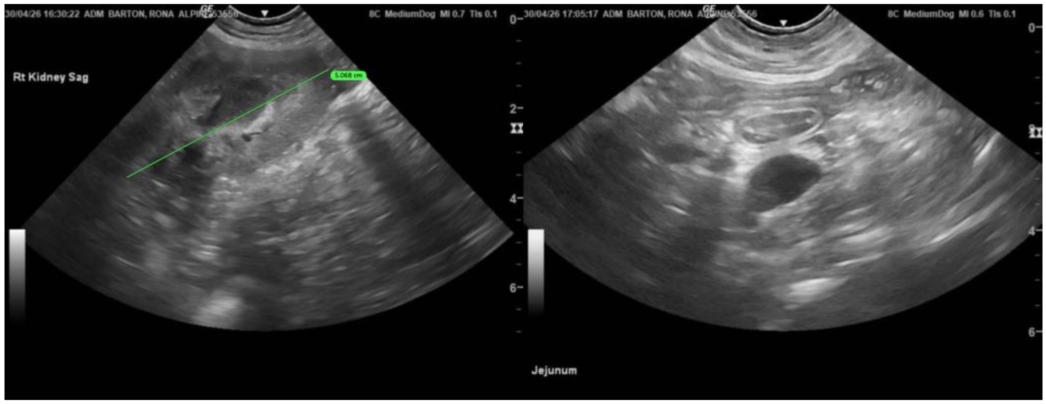

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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