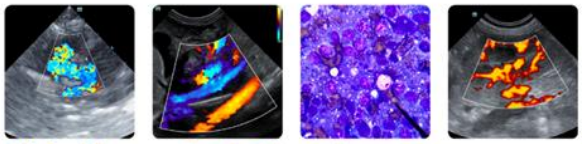

PATIENT
Max Glessner

SPECIES
Canine

BREED
Boxer

SEX
MN

AGE
11yr

WEIGHT
31.7kg

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

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

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PRESENTING CLINICAL SIGNS

Echo to further evaluate a previous grade 2/6 heart murmur (no longer appreciated) and intermittent irregular arrythmia with mismatched and dropped pulses. Also, further evaluating recent seizure-like episodes (cardiac vs neurological in origin). Evaluated in ER on 5/5/26 for 7 tonic-clonic seizures over a 4 day period. First seizure-like episode occurred in Feb 2026. On ER PE, No murmur noted, new inconsistent arrhythmia difficult to auscult due to panting but there are dropped pulses, lungs auscult clear, eupneic. rDVM also noted arrythmia as Irregular heartbeat, washing machine rhythm, difficult to auscult over panting, asynchronous bounding femoral pulses, no murmur ausculted.
Seizure-like episodes last about 5 mins, some less, described as tonic-clonic, post-ictal phase duration about 30-45 mins)
AUS to further evaluate seizure-like episodes, progressive elevation of ALP (normal ALT/AST), and organomegaly on palpation.
Meds: Keppra ER BID (new)
Sedation: Butorphanol + Alfaxalone for ultrasounds.
Abnormal PE/Chem/CBC/UA Results: Blood Pressure on arrival: 180, 200 mmHg - stressed. BP more relaxed: 120, 117, 115 mmHg See attached ECG's ER Diagnostics: Radiographs - no obvious nodules nor mediastinal mass or lnn enlargment. Heart does not appear enlarged. PCV/TS - 47/7.0 EPOC - Glu - 138, normal ionized calcium, Lac - 3.14, pH - 7.355 rDVM: - Chem: ALP 1030 H, normal ALT/AST, Glob 3.7 mild H, PSL 467 H - CBC: Hct 51%, plts 421 H, remainder NSF - T4: 1.1-n - 4Dx: Neg x 4

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

Normal size and margination were 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. No evidence of mineral or calculi. The left kidney measured 7.0 cm in length. The right kidney measured 7.4 cm in length.

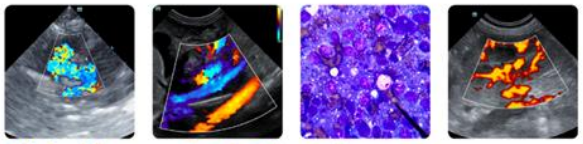
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 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 0.55 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well demarcated hyperechoic spleen nodule was present in the craniomedial parenchyma measuring 1.36 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no



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evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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.

Gastrointestinal

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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable normal volume liver
- Normal gallbladder
- Hyperechoic splenic nodule most consistent with benign criteria such as myelolipoma
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology as an obvious contributing factor to the patient's seizure episodes. No evidence of decreased hepatic volume or vascular anomaly with overall benign hepatic presentation. Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for non-obvious inflammation although idiopathic vacuolar changes or non-obstructive hepatic cholestasis is suspected in conjunction with ALP elevation.

No evidence of adrenal pathology or sonographic evidence of pancreatitis.

Hepatosupportive medications may prove beneficial.

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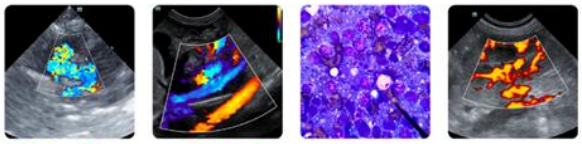

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Educational Teleconsultation Services™

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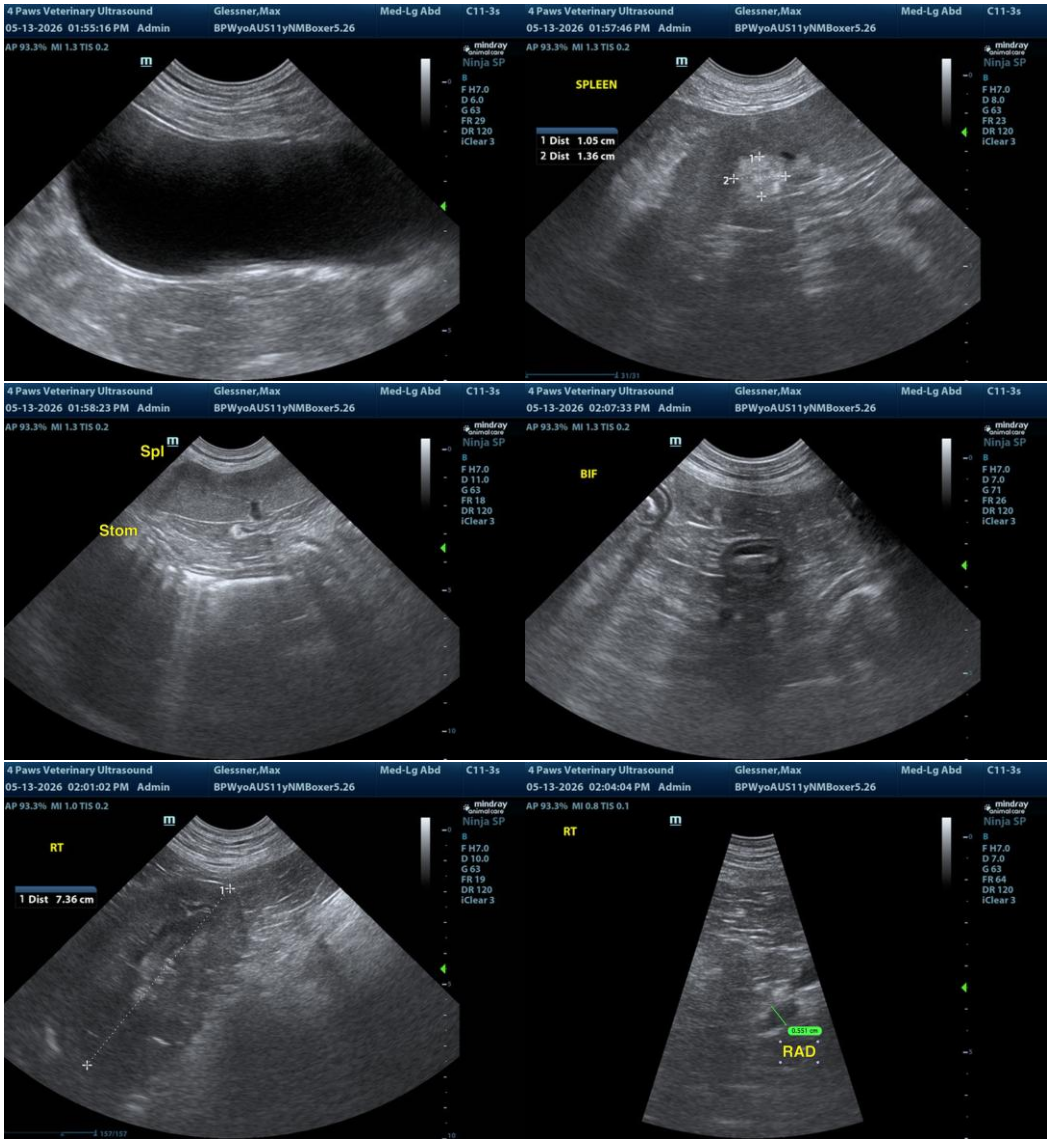

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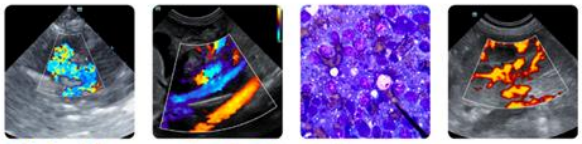

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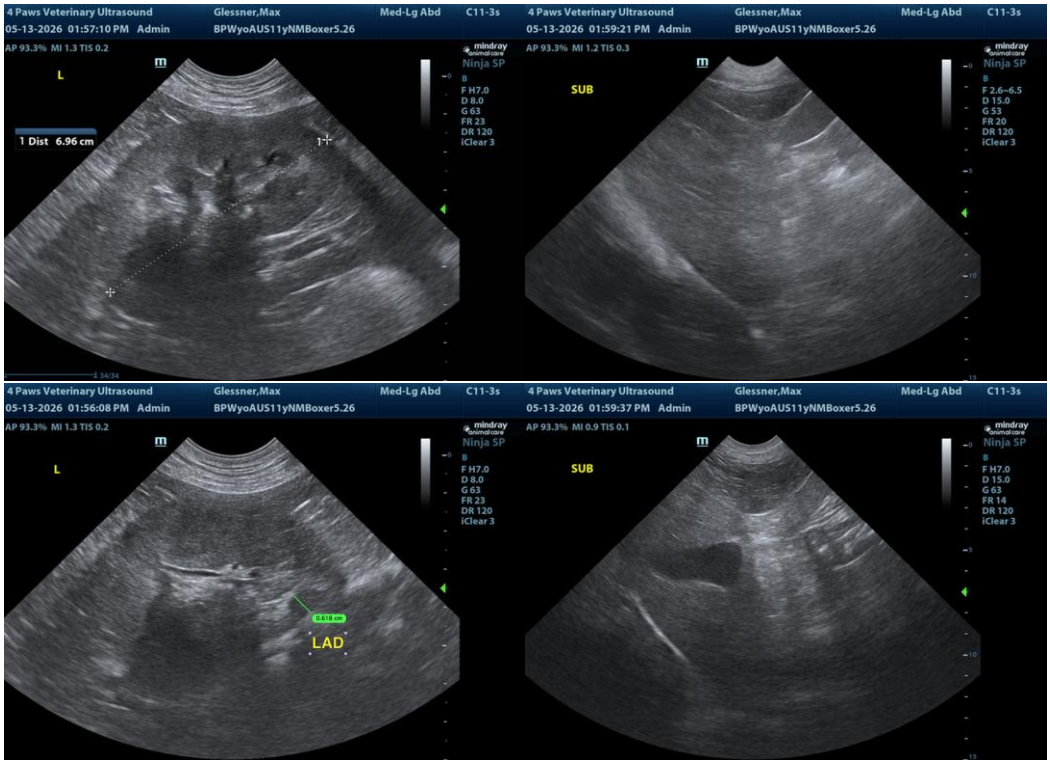

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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