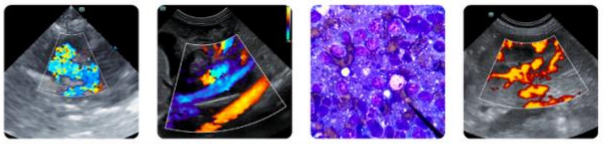

PATIENT

Shluffy Weiner

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

15 Years 11 Months

WEIGHT

3.76 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Krane

INVOICE

16190

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Vocalizing and not eating well. Hx of Addison's - on - Prednisone 1mg PO SID - Proviable 1 cap PO SID - Solliquin: 1 chew PO q12h-Percorten.

Bloodwork unremarkable one month ago. CPL 484 ng/mL one month ago.

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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary border demarcation was also present. Pinpoint to focal areas of medullary mineral were present. The left kidney measured –4.0 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized, consistent with patient's history.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several to multiple variably sized yet noncapsule deforming well demarcated hyperechoic nodules were present with an example measuring 0.75 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver & Gallbladder

The liver revealed generalized hepatomegaly with symmetrical to mildly rounded contour and mild nonhomogenous hyperechoic hepatic parenchyma exhibiting mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hypoechoic intraparenchymal nodules were present.

The gallbladder was non distended in size with moderate gravity dependent to nondependent yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. The gastric body wall measured 0.33 cm wall width.

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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 pancreas was mildly prominent in size with capsule asymmetry and heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

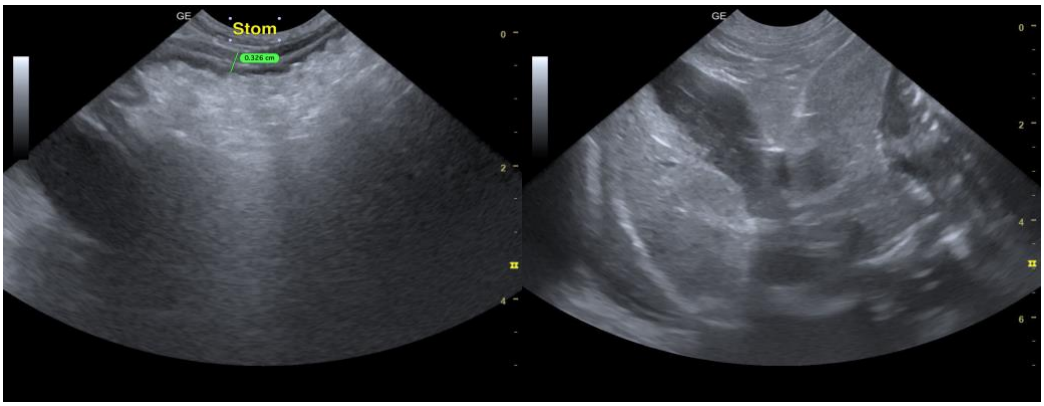
ULTRASONOGRAPHIC FINDINGS

- Enlarged, mildly hyperechoic liver with discrete hypoechoic nodules- suggestive of vacuolar/steroid hepatopathy given patient history, potential for non-obstructive cholestasis, lipidosis, fibrosis, hyperplasia, less likely neoplasia or inflammation.
- Non-organized gallbladder debris (non-mucocele).
- Chronic pancreatitis pattern with remodeling.
- Benign splenic nodules- most consistent with benign myelolipomas, potential for hyperplasia or emerging mineralization.
- Normal gastrointestinal tract with gastric ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended. If documented NPO, given reported decreased appetite, some degree of non-obstructive or metabolic gastric ileus or delayed gastric emptying is possible. No evidence of mechanical pyloric outflow obstruction.

Gastrointestinal support including empirical therapy for chronic pancreatitis if gastrointestinal signs are present would be reasonable. Concurrent hepatosupportive medications including Denamarin and ursodiol with sonographic monitoring of the liver and gallbladder if progressive hepatopathy or cholestasis is recommended. Overall, largely geriatric abdomen consistent with patient's history. Correlation with neurological exam is recommended.



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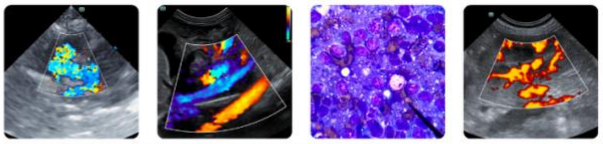

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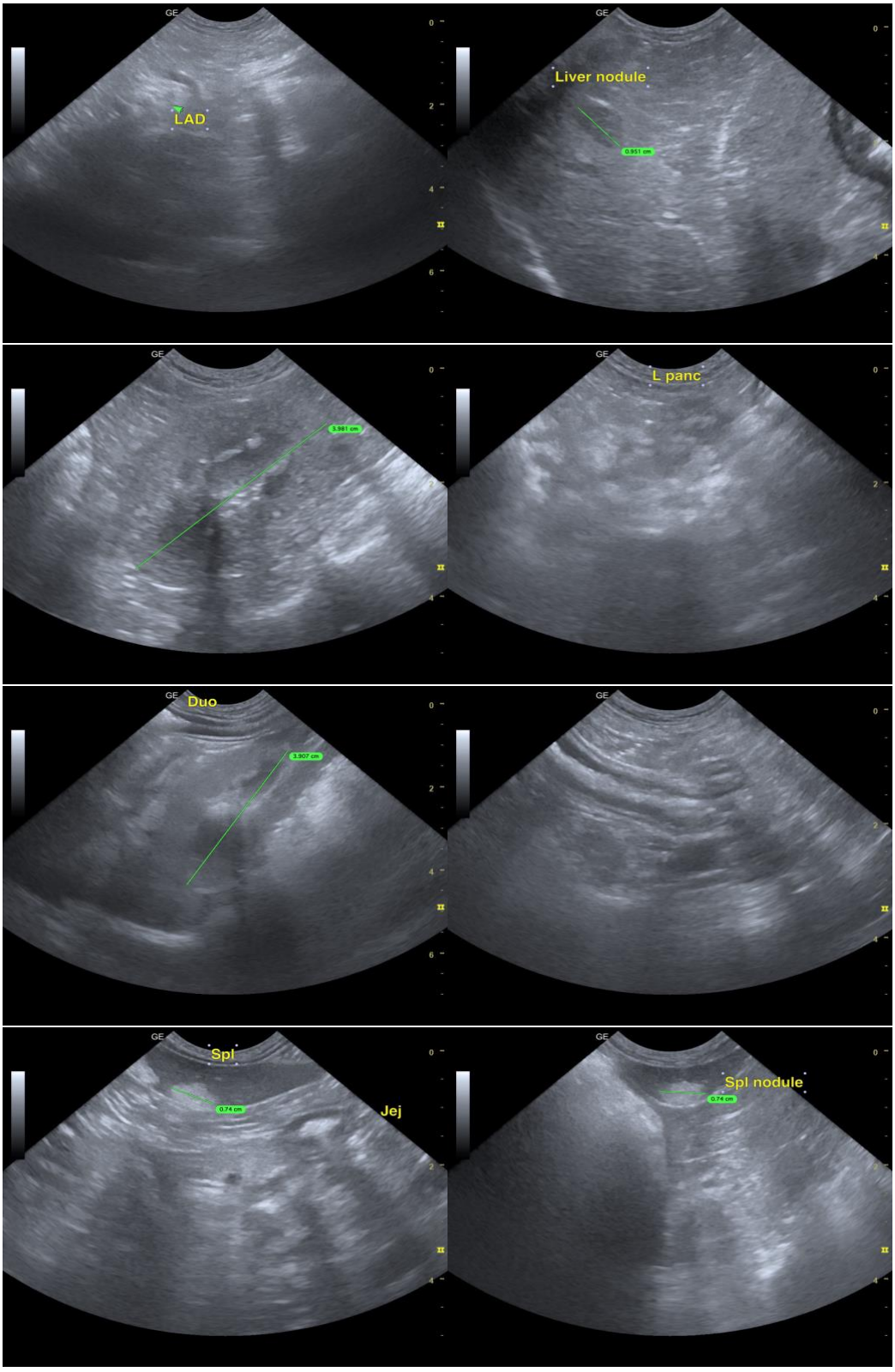

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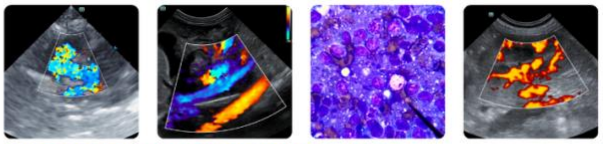

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com