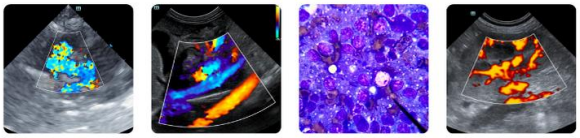

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PATIENT

Winston Webb

SPECIES

Canine

BREED

Labrador X

SEX

MN

AGE

11Y

WEIGHT

71.12lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Hello Vet for Pets Wellness Center

REFERRING VET

Dr. Christensen

INVOICE

75046

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
PE WNL except for neuro deficits in hind end, multiple SQ masses
ABNORMAL Labwork Values
Diagnostic Findings:
CHEM Abnormal Findings. See diagnostic results for full report. ALT 523, AST 79, ALP 161, Chol 428
Current Medications
Rejensa, Carprofen, Gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 6.6 cm in length. The right kidney measured 6.8 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. The left adrenal gland measured 3.0 cm length x 1.4 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length x 1.1 cm width in the caudal pole.

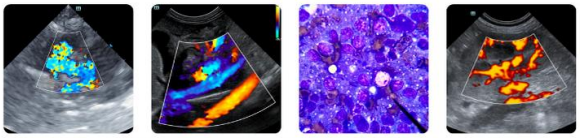
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent hyperechoic nodules were present. An example of a nodule measured 1.3 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 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. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver/gallbladder – consistent with nonspecific benign hepatopathy.
- Hyperechoic splenic nodules – most consistent with benign criteria i.e., myelolipomas.
- Mild chronic renal changes.
- Mild bilateral adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include inflammatory, infectious, or immune mediated hepatopathy, toxic hepatopathy i.e. copper, vacuolar hepatopathy, or other with occult hepatic neoplasia considered less likely. No overt evidence of intrahepatic or extrahepatic macroscopic shunt.

Further assessment may include, assuming normal clotting status, screening FNA cytology primarily to assess for evidence of inflammation given elevated ALT/AST combination. Gold standard hepatic biopsy with histopathology and copper assessment required for definitive diagnosis.

Adrenal screening and workup warranted if clinical signs are consistent with Cushing's syndrome. Leptospirosis titers/PCR could be considered if clinically indicated.

Hepatosupportive medications including Denamarin, Ursodiol, and Vitamin E may prove beneficial assuming patient is nonclinical with monitoring and sonographic reassessment if evidence of progressive hepatopathy.

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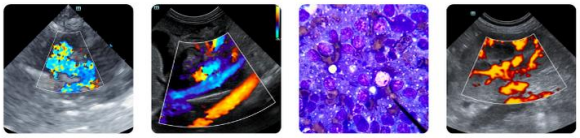

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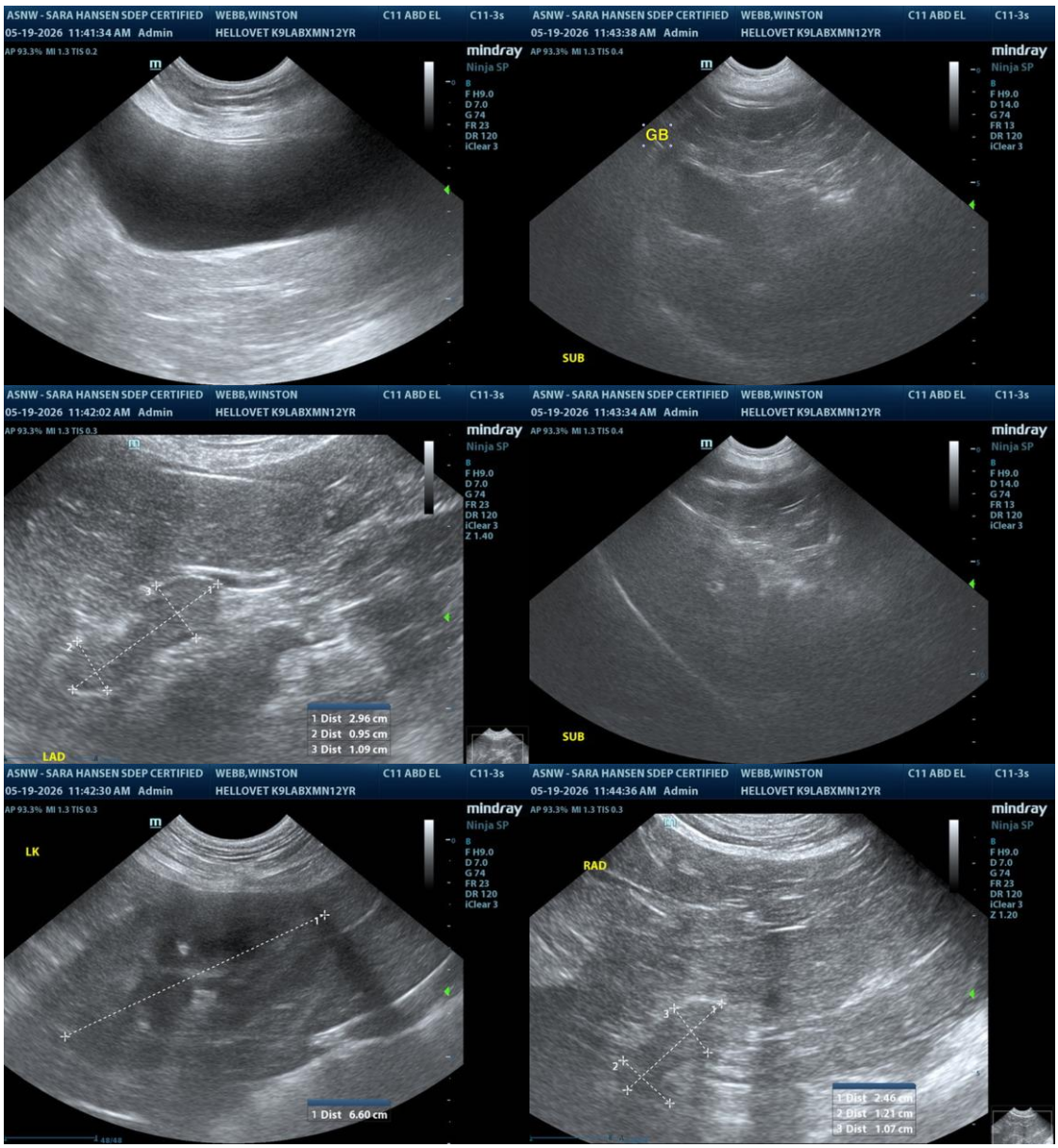

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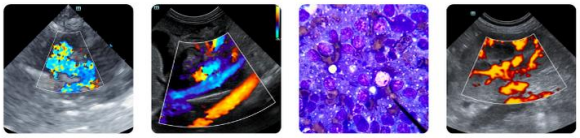

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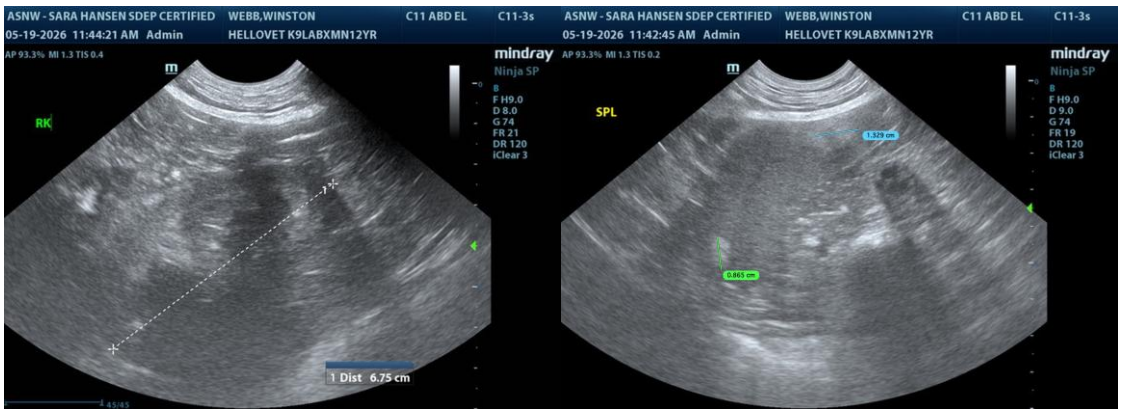

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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