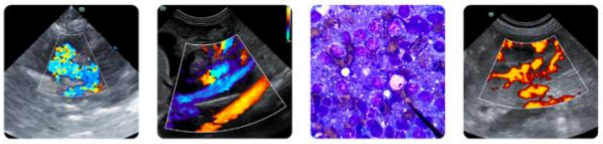

PATIENT

Bolt Lavallee

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Harris

INVOICE

16395

DATE

05/20/26

PRESENTING CLINICAL SIGNS

Recheck AUS to monitor hepatomegaly, urinary growth, GB debris

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size 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. Previously noted small sessile-based wall lesion in the ventral trigone and cystourethral junction measuring approximately 1.0 cm x 0.61 cm. Possible mild progression compared to adjacent lesion measurement, although potential for measurement variability. No evidence of mineralization. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 0.66 cm in diameter.

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. Mild medullary mineral was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Symmetrical left adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.64 cm width at the caudal pole.

The right adrenal gland was borderline prominent in size with normal contour and with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size with mild non-homogenous hyperechoic parenchyma compared to adjacent omentum. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses were evident.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with a mild amount of irregularly congealed debris in the area of gallbladder neck and caudal lumen. The cystic and common bile ducts were normal. No overt debris blood flow on power doppler.

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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 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 pancreas was normal in size and contour with mild 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.

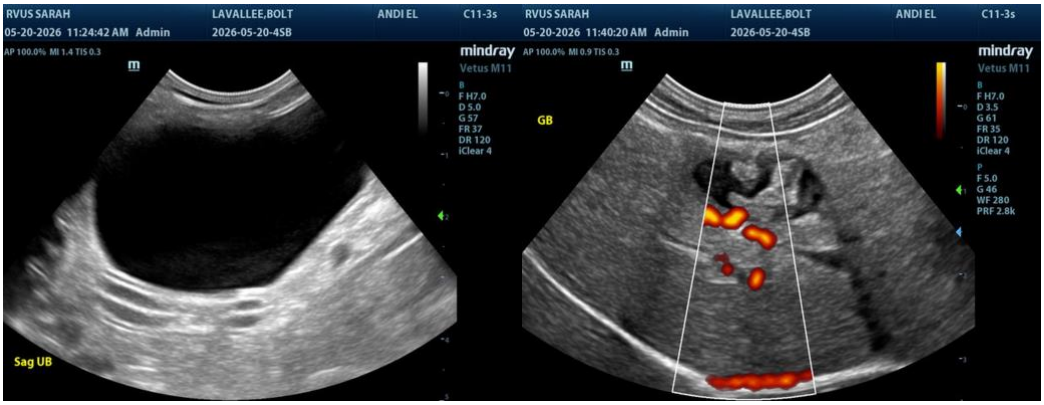
ULTRASONOGRAPHIC FINDINGS

- Static to possible mildly progressive ventral trigone/cystourethral junction lesion.
- Mild left adrenomegaly with borderline prominent right adrenal gland.
- Static age-related renal changes with mild medullary mineral.
- Static hepatopathy exhibiting mild parenchyma hyperechogenicity.
- Probable congealed irregular caudal gallbladder lumen debris- potential for atypical gallbladder polyp or mass thought less likely.
- Mildly prominent heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given previous negative BRAF assay, continued serial monitoring of the urinary bladder lesion for evidence of progression with consideration for rechecked BRAF assay, if continued or suspect lesion progression. The static hepatopathy continues to suggest probable benign criteria.

Adrenal workup is warranted if clinical signs are consistent with Cushing's syndrome. Hepatosupportive medications, including Denamarin and ursodiol may prove beneficial. Concurrent as needed sonographic monitoring of the liver if progressive hepatopathy or cholestasis is indicated. Chronic pancreatitis may be suspected if concurrent gastrointestinal signs or evidence of cranial abdomen/subxiphoid discomfort on palpation.



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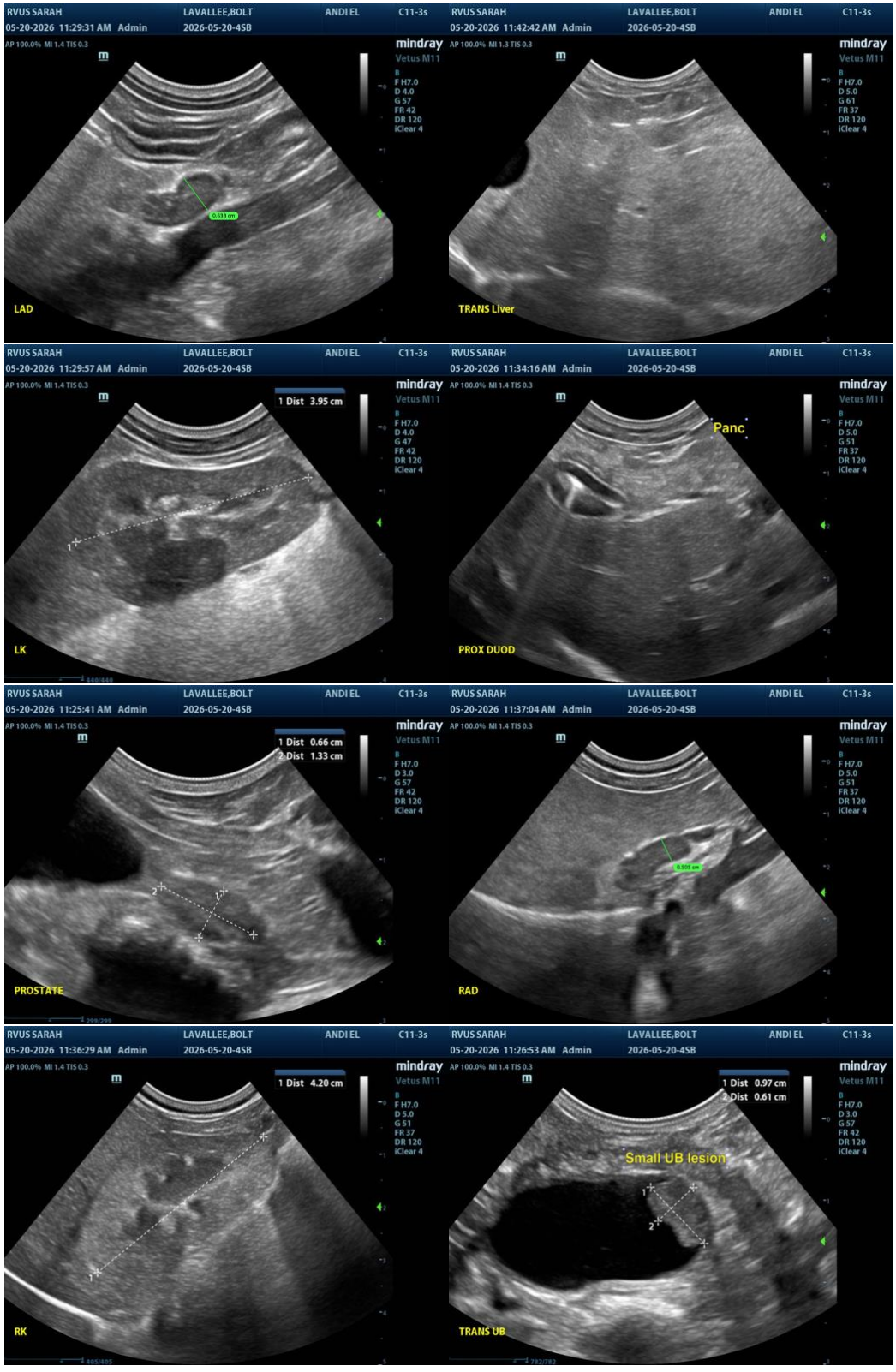

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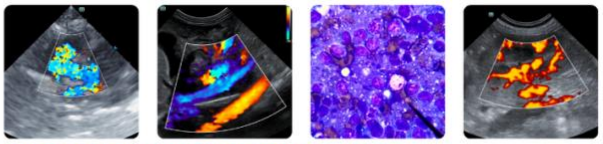

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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