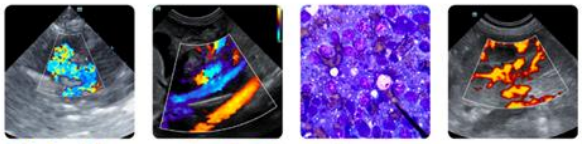


PATIENT

Moira Karen

SPECIES

Canine

BREED

Mixed Breed

SEX

FS

AGE

12yr

WEIGHT

4.63kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

East Bradford Veterinary Hospital

REFERRING VET

Meghan McGrath, DVM

INVOICE
24924

DATE
05/22/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate weight loss and decreased appetite. History of Chronic DVD Stage B2. Physical exam revealed cardiac murmurs, cataracts, dental disease, and neck lesion. Grade 3/6 left sided systolic murmur, grade 2/6 right sided systolic murmur. Other previous Hx of elevated LES that resolved and cough.

Meds: Denamarin 90mg, Cerenia 24mg, Sildenafil 20mg, Ursodiol 250mg, Vetmedin 1.25mg, Gabapentin 100mg, Entyce 0.5 mL daily, Ondansetron 4 mg (half tablet as needed)

Abnormal PE/Chem/CBC/UA Results: Prev Echo (8/4/25): Chronic DVD Stage B2 April 2026: mini chem - NSF

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral minor pyelectasia, pinpoint medullary mineral and cortical cysts. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

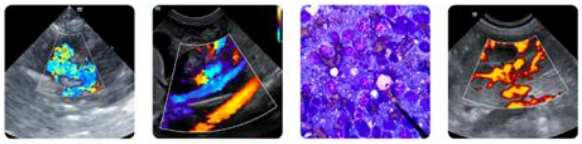
The bilateral adrenal glands were normal in size. Isoechoic non-homogenous parenchyma compared to adjacent omentum. The left adrenal gland measured 0.44 cm width. The right adrenal gland measured 0.59 cm width.

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. A small, non-obstructive to emerging intrasplenic vein thrombus was present. Adequate splenic vascularity.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. A caudal thinly walled intraparenchymal cyst containing anechoic fluid was present measuring ~ 1.5-2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic,



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irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

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 pancreas base and right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract.
- Chronic pancreatitis/ fibrosis
- Hepatomegaly with benign intraparenchymal cyst
- Early immature gallbladder mucocele
- Chronic renal changes exhibiting minor pyelectasia, medullary mineral, and cortical cysts
- Emerging to small, non-obstructive splenic vein thrombus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with UA +/- renal staging to include screening C/S or baseline UPC level is recommended. Overall liver and hepatic cysts are consistent with benign criteria. Monitoring of liver enzymes for evidence of recurrent hepatopathy or cholestasis with as needed hepatosupportive medications are recommended. The small to emerging splenic vein thrombus is likely incidental and non-clinical. Clotting status is suggested with sonographic monitoring. The gastrointestinal signs may be secondary to chronic pancreatitis and fibrosis. Correlation with a GI panel to include PLI/TLI/Cobalamin/ to assess for concurrent non-structural intestinal disease is recommended. Recheck three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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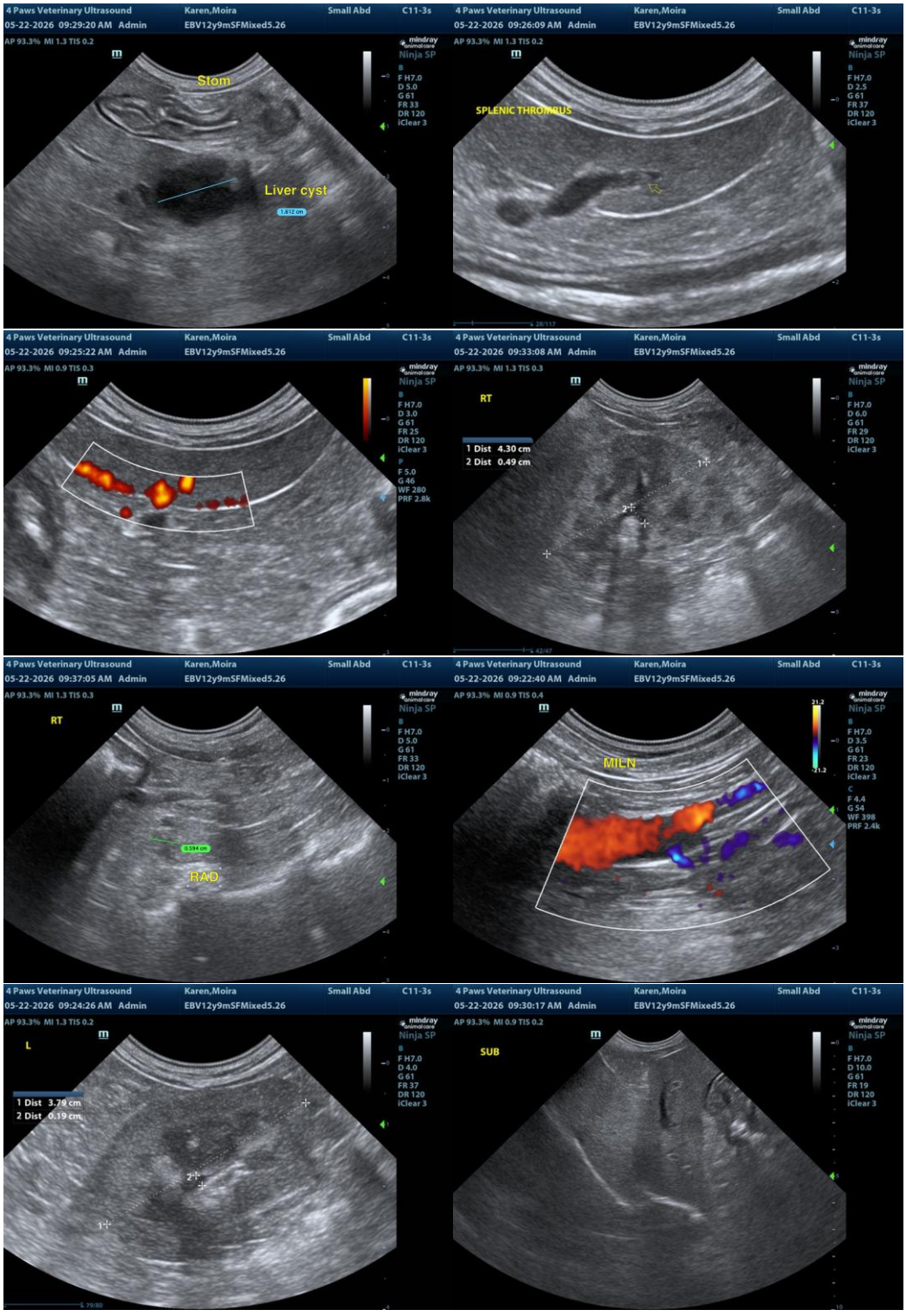

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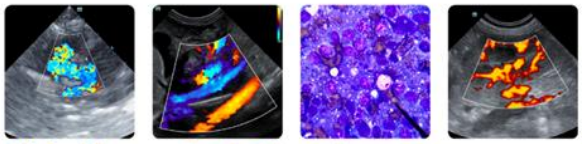

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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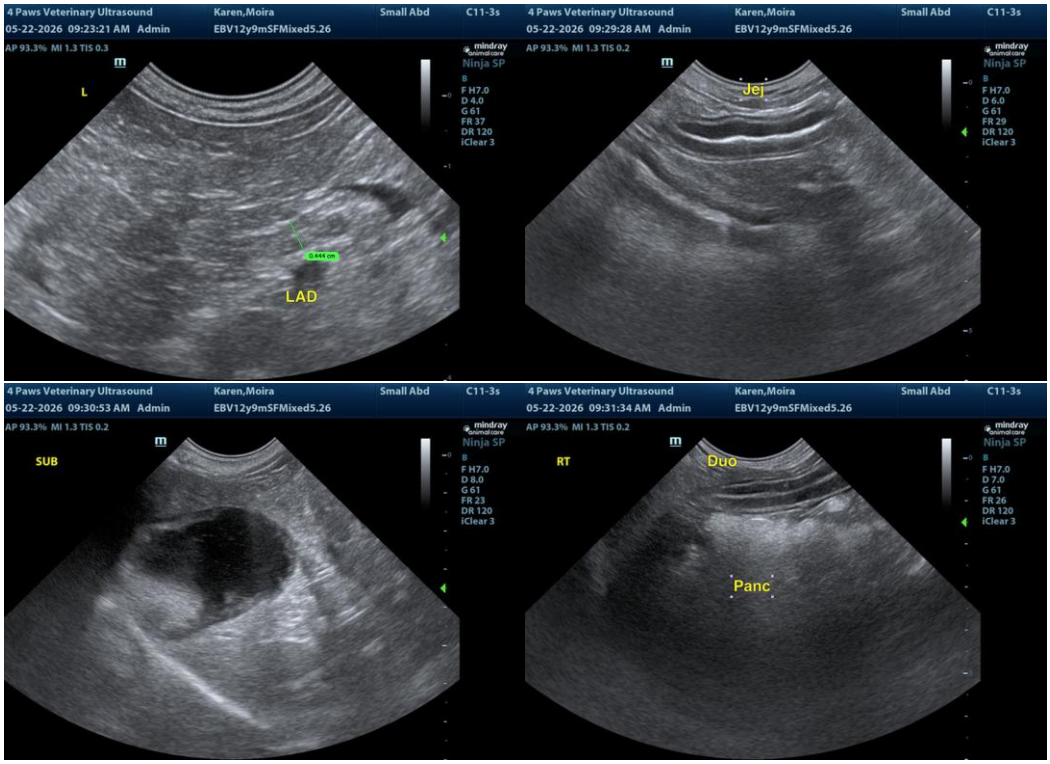

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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