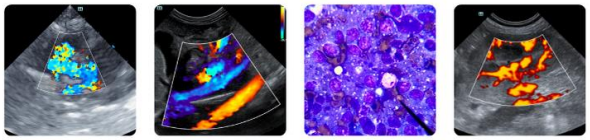


PATIENT

Baylee Vint

SPECIES

Canine

BREED

Maltese

SEX

M/N

AGE

10 yrs

WEIGHT

13.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

10930

DATE

5/29/26

PRESENTING CLINICAL SIGNS

P came in for pre anesthetic bloodwork and had elevated liver enzymes
- P BAR, No V/D/C/S

Abnormal PE/Chem/CBC/UA Results: TP - 7.5, Globulin 3.8, AST - 121, ALT - 900, ALKP - 798, GGTP - 55, Percision PSL - 193

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent, particulate, mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of mild medullary mineral were noted. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

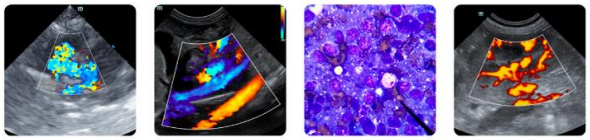
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented hepatomegaly with symmetrical rounded contour with nonhomogeneous parenchyma. Intermittent, discreet, hypoechoic, nonhomogeneous intraparenchymal nodules were present. An example of the liver nodules measured 1.4 cm diameter. Normal hepatic vascular volume was present. Mild to benign parenchymal remodeling was noted. 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 without evidence of retained ingesta, fluid, or foreign material.



PATIENT

Baylee Vint

SPECIES

Canine

BREED

Maltese

SEX

M/N

AGE

10 yrs

WEIGHT

13.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

10930

DATE

5/29/26

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 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogeneous subtle nodular liver
- Normal gallbladder
- Normal area of pancreas and generalized gastrointestinal tract
- Chronic renal changes with medullary mineral
- Mild urine sediment

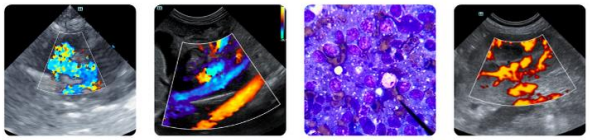
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include vacuolar / cholestatic hepatopathy, inflammatory, immune-mediated or infectious hepatopathy, hyperplasia, fibrosis, hepato-toxicosis, i.e., copper, with occult neoplasia thought less likely (or other). If the patient is nonclinical, non-obvious adrenal disease as a contributing factor may be considered less likely.

Further assessment may include hepatic FNA cytology, assuming normal clotting status, +/- leptospirosis titer / PCR. Gold standard hepatic biopsy with histopathology and copper assessment are required for a definitive diagnosis. Hepatosupportive medications, i.e., Denamarin, vitamin E and Ursodiol may prove beneficial.

Anesthetic risk is likely mild if there is evidence of adequate hepatic function, i.e., normal BUN/glucose/Albumin and cholesterol levels.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Baylee Vint

SPECIES

Canine

BREED

Maltese

SEX

M/N

AGE

10 yrs

WEIGHT

13.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

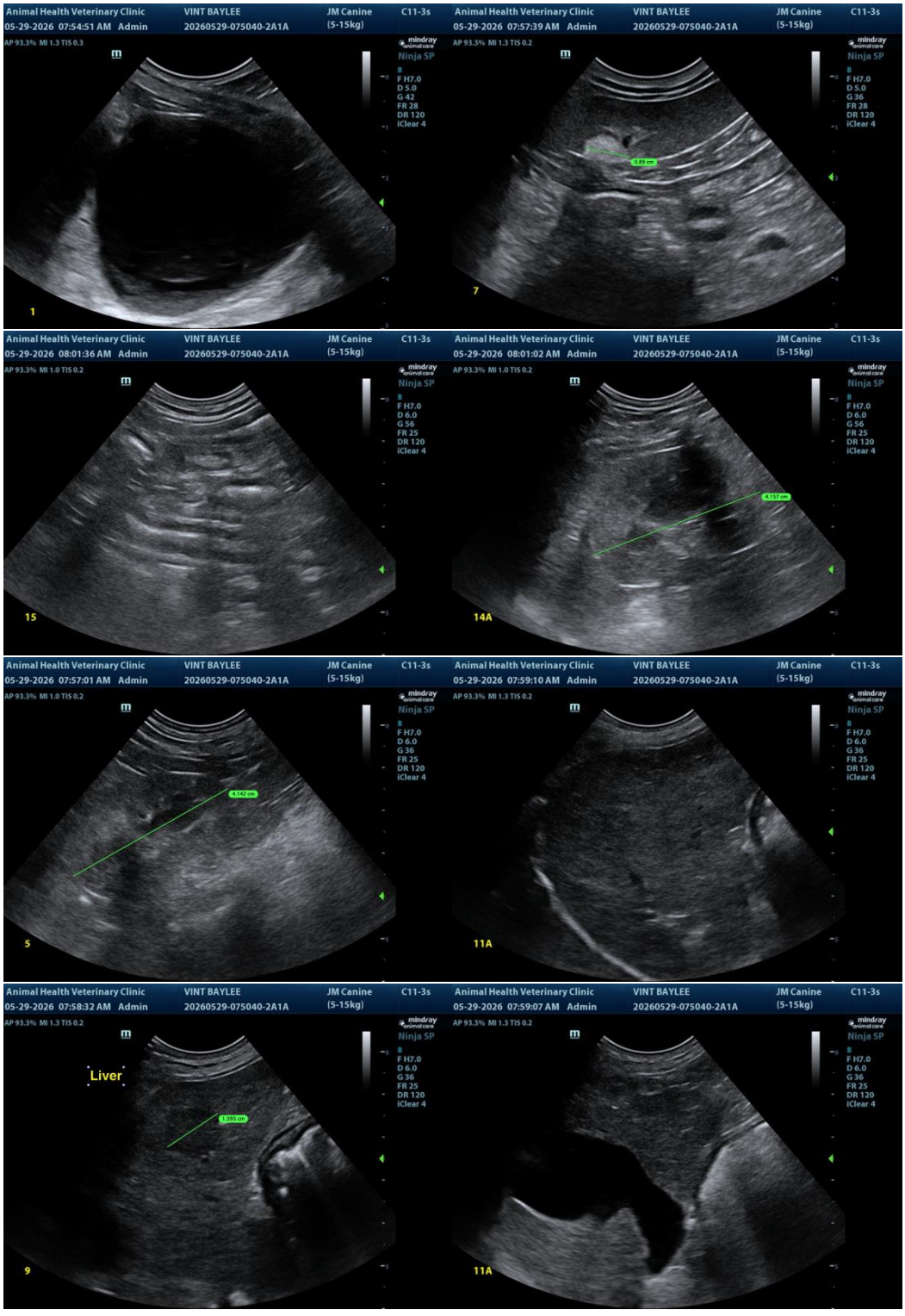
Dr. Rodriguez

INVOICE

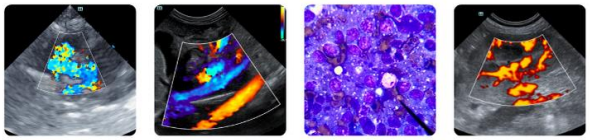
10930

DATE

5/29/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Baylee Vint

SPECIES

Canine

BREED

Maltese

SEX

M/N

AGE

10 yrs

WEIGHT

13.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

10930

DATE

5/29/26

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