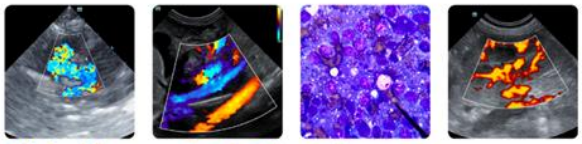


PATIENT
Roxy Phipany

SPECIES
Canine

BREED
Border Collie Mix

SEX
FS

AGE
14

WEIGHT
50

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

IMAGING PERFORMED BY
Christensen

HOSPITAL NAME
Tranquility Veterinary Clinic

REFERRING VET
Castellani

INVOICE
25130

DATE
06/17/2026

PRESENTING CLINICAL SIGNS

Reason for Scan: _Multitude of reasons, but the most recent was FNA diagnosis of SQ mass being Sarcoma. Staging prior to surgery for removal. Chronic non-healing wounds on elbow callous and left hind paw pressure sore intermittently opens. Previous pancreatitis flares (last was March 2026) and gastritis.

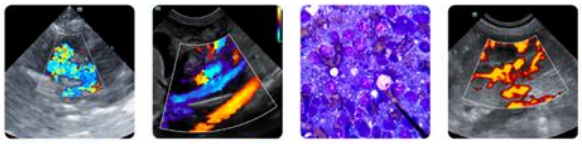
Abnormal PE/Chem/CBC/UA Results: Current medications: Gabapentin 2 capsules (100 mg each) BID Galaprant 1 pill 60 mg Probiotic Proviable - 1 capsule Muscle supplement 1 chewable Ursolyx Joint supplement 1 & 1/2 pills (Osteo VRS) Diagnostic abnormalities: _See Attached. Pre or non-regenerative anemia, increased gobulins, positive for anaplasmosis, previous ALP increase, etc. _

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO M-mode	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	--	1.5	36	68	0.3
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.9	0.85	50	3.3	3.3	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related to degenerative changes that are not clinically significant at this time with adequate extension in systole and union in diastole and without evidence of valvular prolapse. Mild centralized to eccentric MR present on Doppler. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated mild thickening with mild TR on Doppler. No clinical pulmonary hypertension. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window. Possible bradycardia.



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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 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 6.2 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.48 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement, primary symmetrical contour and homogenous parenchyma. No visualized masses or nodules were present.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform to remodeled and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, variably echogenic intraparenchymal nodules as well as variably sized cysts with the largest intraparenchymal cyst in the caudate liver lobe measuring ~ 7.2 cm in diameter. Subjective ill-defined isoechoic non-homogenous focally cystic mass right lateral to caudate liver measuring 6.0 cm in diameter. An example of a hyperechoic nodule measured 2.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and moderate congealed yet non-organized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

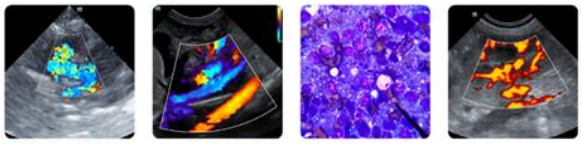
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure/ function with age-related myocardial changes.
- Mild mitral /tricuspid insufficiency - not hemodynamically significant.
- Hepatomegaly exhibiting variably echogenic intraparenchymal nodules, variably sized cysts and subjective ill-defined non-homogenous focally cystic right lateral /caudate lobe mass.
- Congealed non-organized gallbladder debris-possible early immature mucocele.
- Mild splenomegaly.
- Age-related renal / adrenal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt structural or functional cardiomyopathy with mild atrioventricular insufficiency not considered hemodynamically significant. No indication for cardiac medications. Anesthetic risk is considered mild. Recheck echo suggested in 6- 12 months, sooner if clinically indicated.

Overall hepatomegaly with intraparenchymal nodules and ill-defined potentially cystic mass may indicate variably echogenic nodular hyperplasia, lipogranulomas, hematopoiesis, primary vs emerging metastatic neoplasia or combination. Splenomegaly secondary to non-reported sedation, hyperplasia, hematopoiesis, inflammation, or likewise occult neoplasia, all potentials.

Assuming normal clotting status, using 25ga needle, hepatic ill-defined mass, accessible hepatic nodule and screening splenic FNA cytology warranted for further clarification. Hepatosupportive medications may prove beneficial given historical elevated hepatic enzymes and if cholestasis is present.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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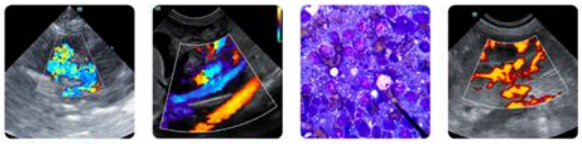

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Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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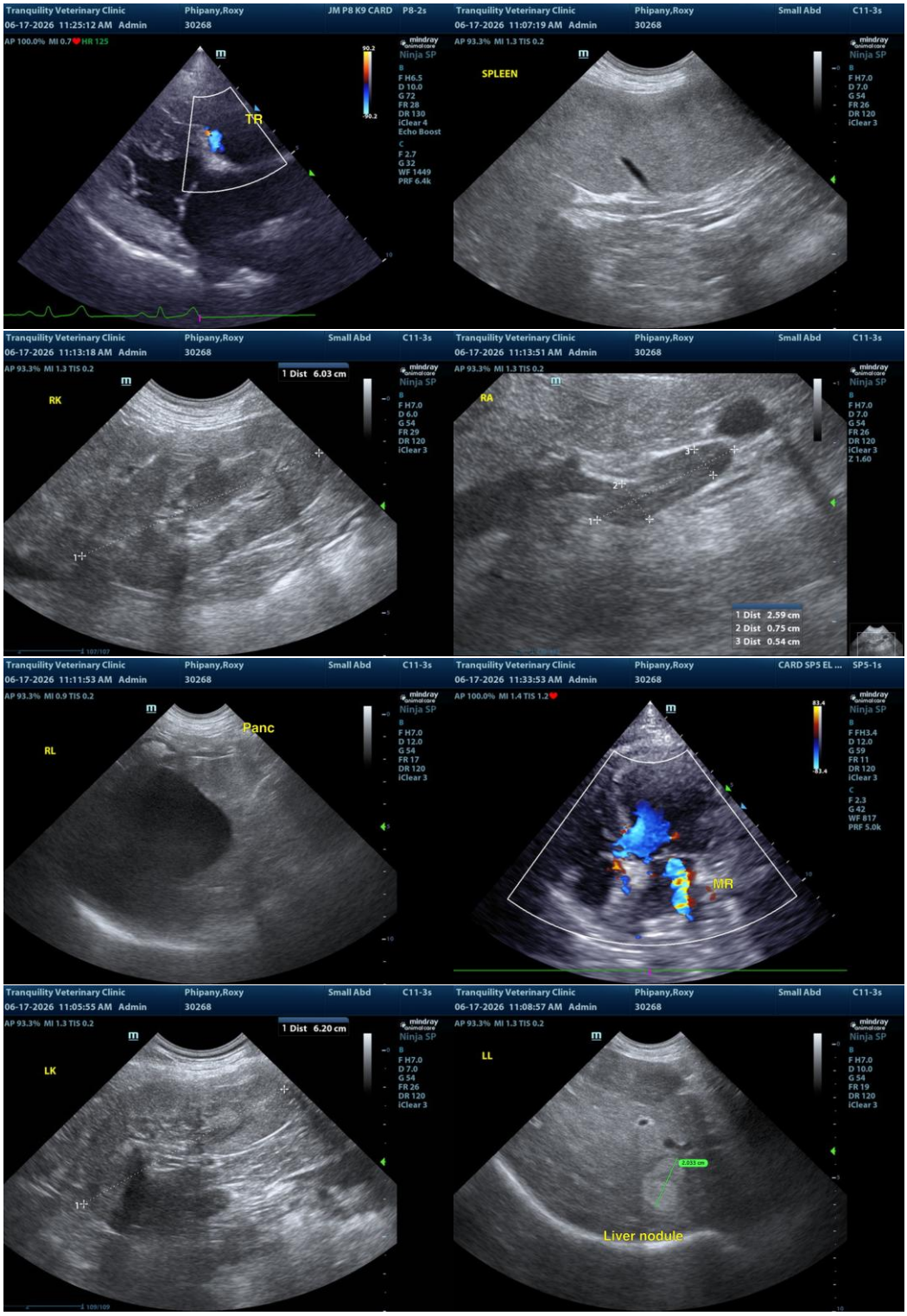

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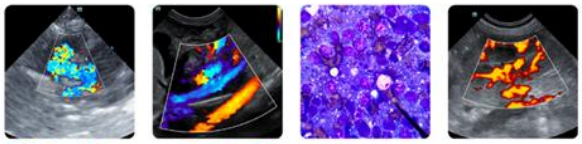

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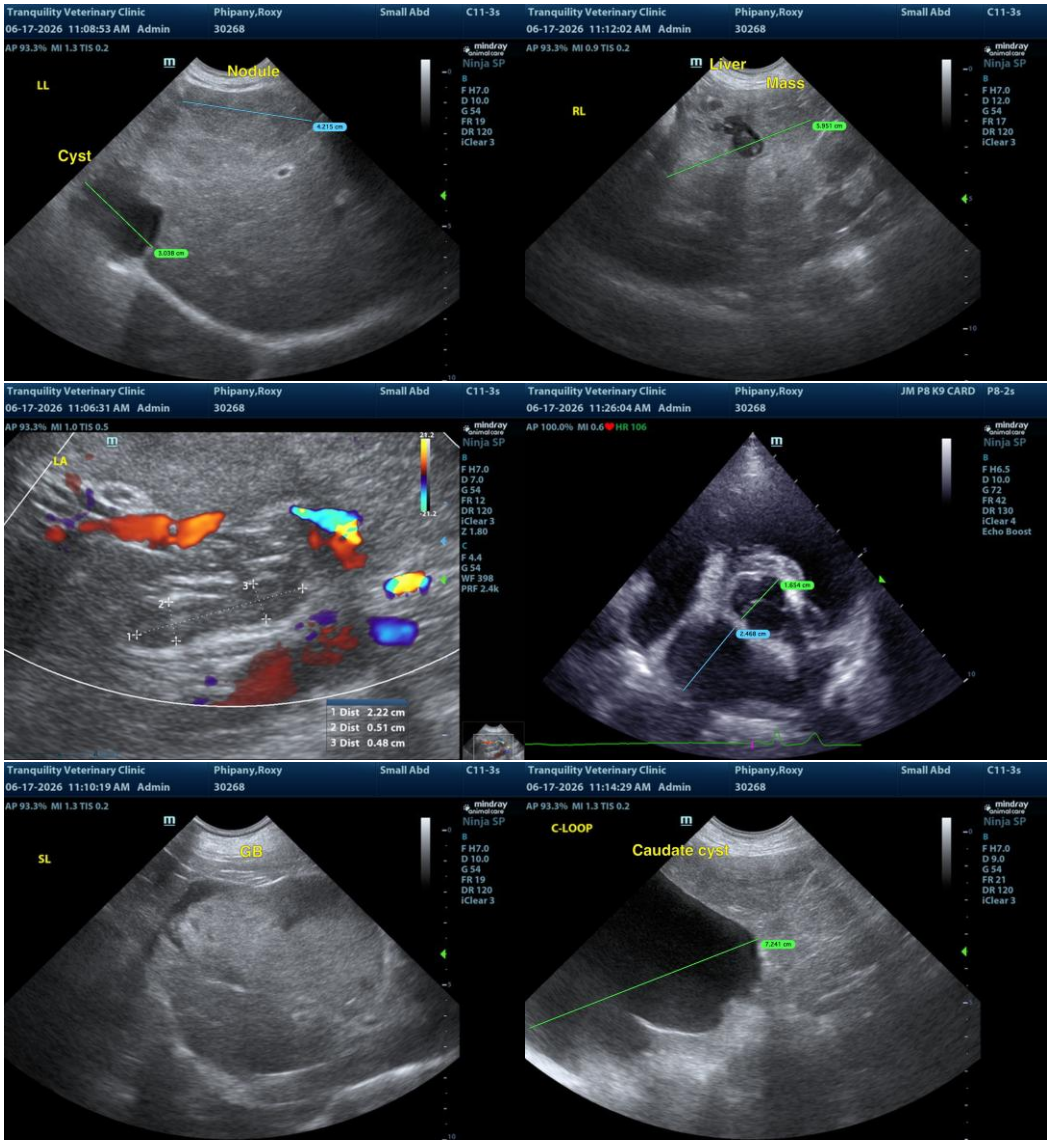

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com