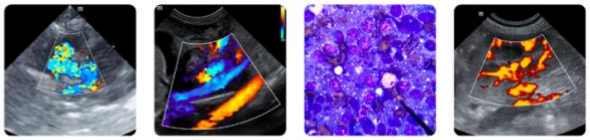


PATIENT

Magnolia Lawrence

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

9 Years 9 Months

WEIGHT

74.2 Pounds

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary Clinic

REFERRING VET

Dr. Warner

INVOICE

35082

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Magnolia presented for annual wellness exam 12/10, noted weight gain by owner, urinary accidents are occurring with increased frequency of urination and sometimes wet bedding. Panting alot. BAR and appears normal.

Abnormal PE/Chem/CBC/UA Results: Overweight (BCS 7.5/9), with juvenile vulva but no signs of urine leakage. Potbellied appearance. 12/12 Senior wellness w/4dx and FEC: - thyroid 0.8 (low normal 1) -will recheck w/panel after US report - ALP elevation 749 (high normal 160) - BUN 6 (low normal 9) TCO2 29 (high normal 27) - Initial CBC very lipemic, mild anemia (HCT 39) which resolved with fasted recheck 12/22 (HCT 48.9). D/t lipemia, several other values could not be run that day but were normal at fasted recheck. - UA active sediment w/bacteria, started Clavamox - 4DX only anaplasmosis positive (historic).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a diffuse thickened and irregular appearance of the wall. The wall measured up to 0.9 cm. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.5 cm. The right kidney measured 6.7 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.92 cm in length x 0.6 cm and 0.59 cm in width. The right adrenal gland measured 0.47 cm in width.

Spleen

Normal size (1.8 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. Incidental myelolipomas were present.

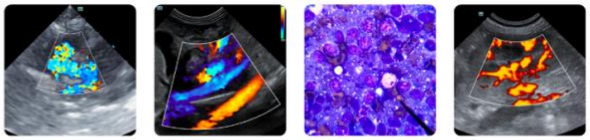
Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder pathology would be bacterial cystitis, as per the patient's history, with emerging neoplasia a less likely differential diagnosis.

Further assessment of the urinary bladder that could be considered would be BRAF analysis and/or a catheter assisted aspirate/biopsy of the wall for cytology/histopathology and culture.

Although the liver and adrenal glands appear ultrasonographically normal, an underlying hepatopathy and/or emerging pituitary dependent cushings disease should still be considered. Further assessment would be urine cortisol to creatinine ratio (once the bacterial cystitis has resolved), and if abnormal, then adrenal function testing (ACTH stimulation/LDDST) would then be indicated. If cushings disease has been excluded, then further assessment of the elevated ALP activity would be FNA cytology of the liver, however, a tru-cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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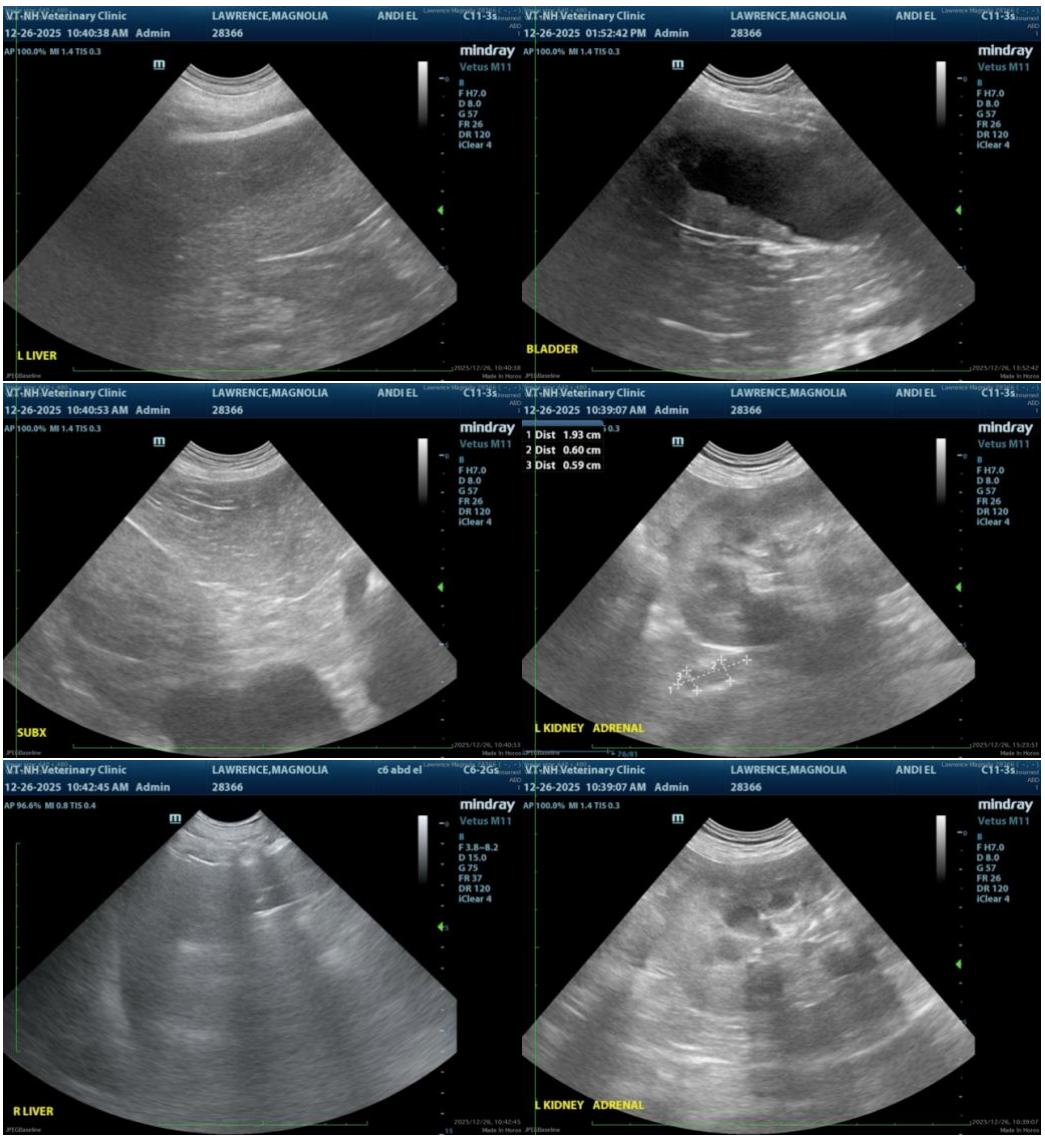

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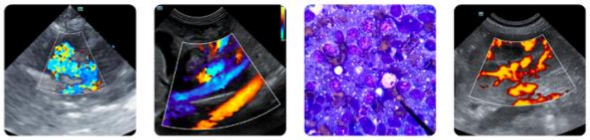

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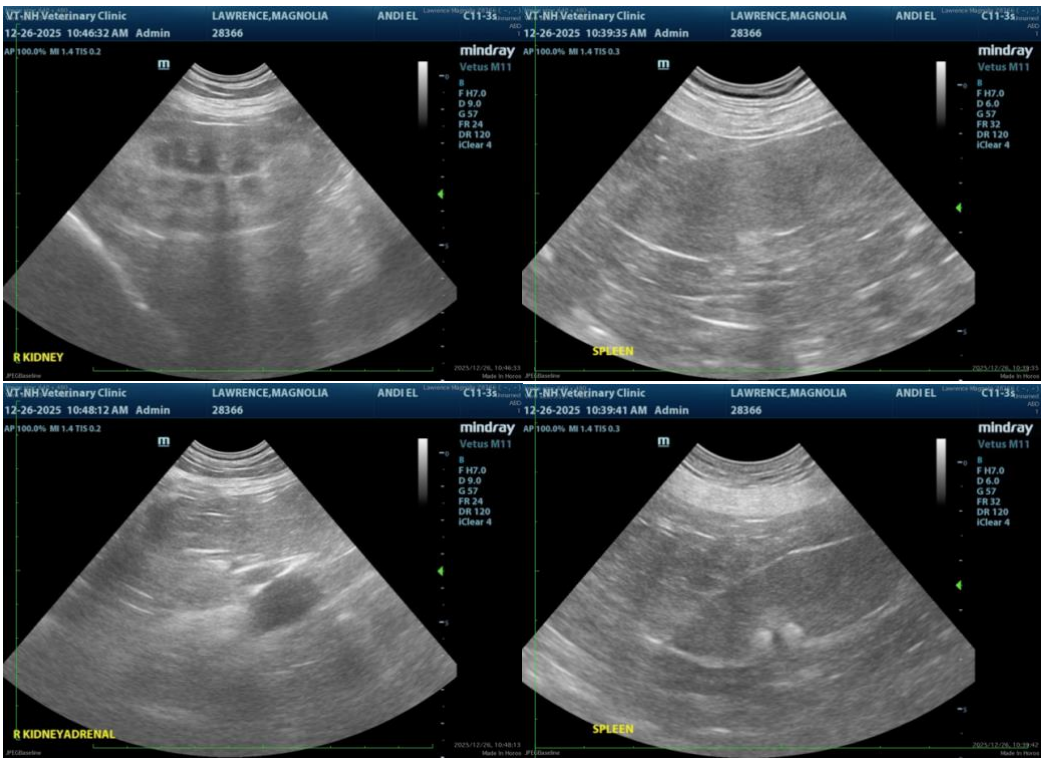

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com