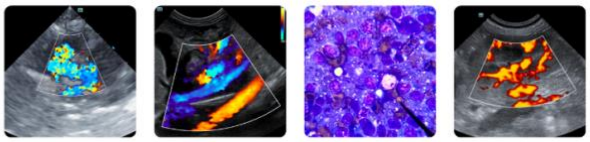


PATIENT

Layla Bogedin

SPECIES

Canine

BREED

German Shepherd

SEX

Female Spayed

AGE

9

WEIGHT

95.6

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Sophia Riscavage

HOSPITAL NAME

North Winds Vet Svcs

REFERRING VET

Maxwell

INVOICE

22409

DATE

1-19-26

PRESENTING CLINICAL SIGNS

- P has been straining, producing a small amount of diarrhea, occasional blood in the stool for about a month
- Over the last 10 days, clinical signs have worsened.
- occasional vomiting
- Has lost 5lbs over the last week
- has been on a bland diet, Metronidazole, Diagel, Forti Flora, and Tylan powder, with no improvement.

Abnormal PE/Chem/CBC/UA Results: PE- tense abdomen, rectal exam unremarkable CBC: unremarkable, Chem (Low ALT) together both unremarkable Radiographs: no overt obstructive pattern, hazy opacity in cranial abdomen, formed stool in colon, suspected D+ in distal colon, enlarged liver/spleen suspected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (8.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.58 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The right adrenal gland is normal in size (1.22 cm at cranial pole) (0.80 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

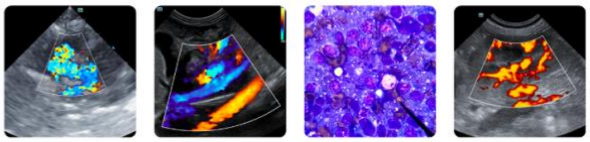
Spleen

The spleen is prominent-in-size (2.31 cm in width at the level of the hilus) with scalloping of the medial margin, and rounding at the poles. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal
The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
(See ***"Free abdomen"*** category).

Lymph Nodes
A few prominent lymph nodes are observed near the aortic trifurcation (one measuring 1.28 x 1.02 cm).

Free Abdomen
The mesentery in the cranial- to mid-abdomen is hyperechoic-to-heterogenous in appearance. A small amount of free fluid is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic changes could be consistent with emerging neoplasia (i.e., round cell tumor) or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.
- Cranial- to midabdominal peritonitis, the cause of which is unclear. It may be secondary to splenic pathology, pancreatitis, other.

Secondary Findings

- The prominent caudal abdominal lymph nodes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, emerging neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the spleen, +/- the free fluid within the abdominal cavity (if accessible and if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Also consider three-view thoracic radiographs to assess cardiopulmonary status.
- Other diagnostics considerations include the following:

1. Fecal evaluation for ova and Giardia along with prophylactic deworming with fenbendazole
2. GI panel including serum cobalamin and folate, TLI and PLI and resting cortisol level
3. Three-to-four-week limited antigen or hydrolyzed protein diet
4. +/- endoscopic or surgical GI biopsies

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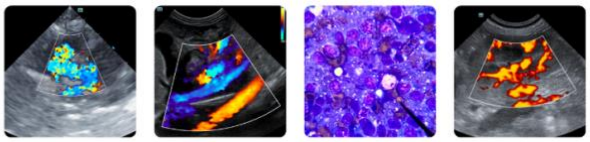

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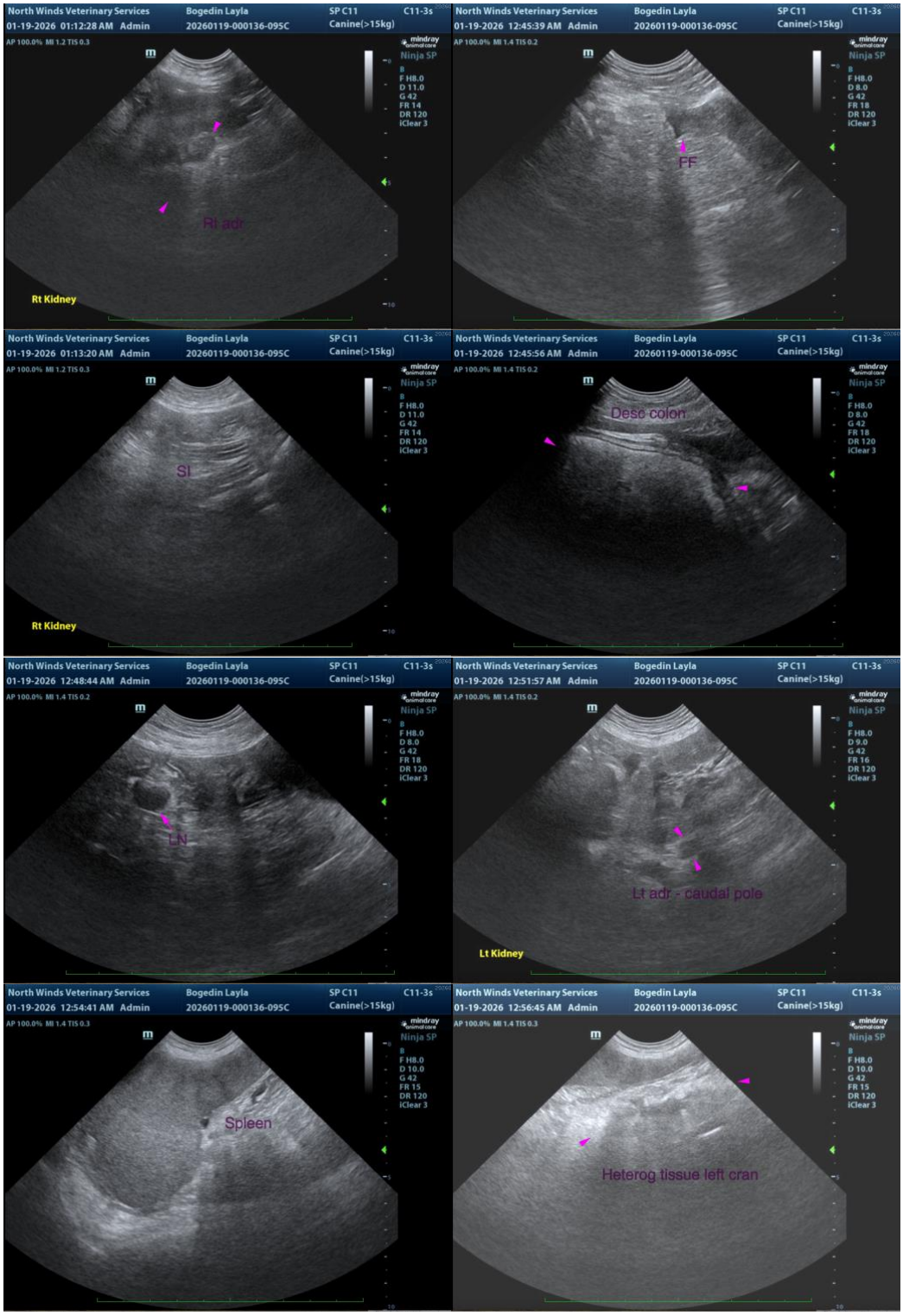

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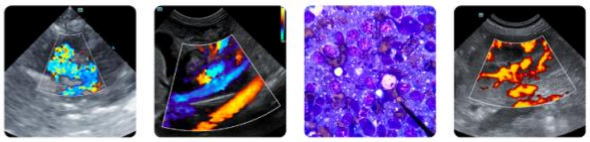

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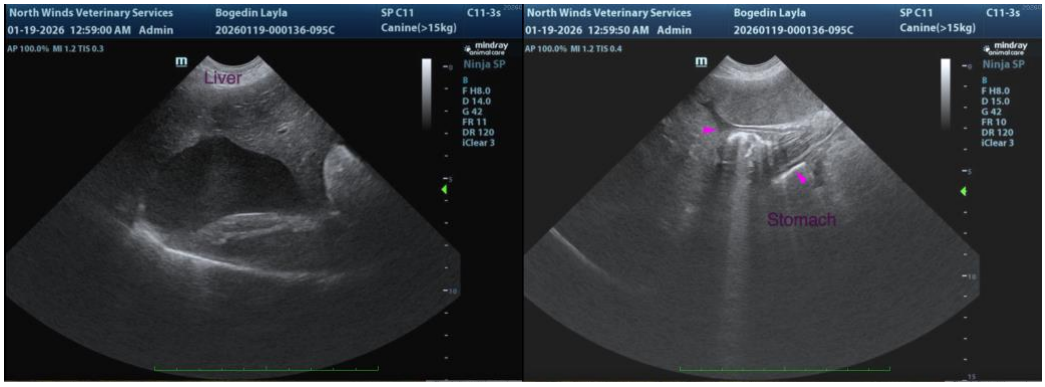

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com