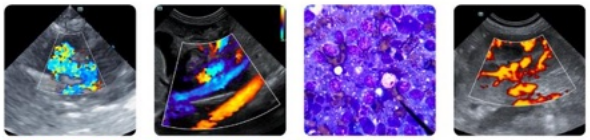


PATIENT

James Hurst

SPECIES

Canine

BREED

Border Terrier

SEX

Male, neutered

AGE

12 Yrs. 3 months

WEIGHT

20.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Wojcik

INVOICE

13336

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Repeat ultrasound, initial ultrasound on 11/6 sent through Sonopath. Concerning area in the stomach and ileus. Patient still having vomiting, not wanting to eat, concern for having gastroesophageal reflux. Owner also reported that patient has started having black stools and is vomiting up everything he tries to eat. Diagnostics done on 11/6 at ER facility: Abnormal PE/Chem/CBC/UA Results: CBC -- HCT 49.2%, WBC 23.67K, Neut 18.11K, Mono 2.24K, Chem -- ALT 259 EPOC -- HCT 51% Pancreatic lipase -- <30 Radiographs -- The abdominal serosal detail remains good. The stomach contains a mild volume of gas and fluid but remains of normal shape and size. The small intestines are mildly prominent containing fluid/ingesta and a mild volume of gas. The colon contains formed feces. The gastrointestinal tract remains within normal limits for size. The liver, spleen, kidneys, bladder are of normal appearance. The musculoskeletal structures are unremarkable. Summary: -No segmental distention of small intestines or gastric dilatation observed. - No masses appreciated. NiBP -- 144/106 (113) Abnormal PE/Chem/CBC/UA Results: CBC/Chem with Lytes PENDING

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.20 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. Renal vasculature is normal.

The right kidney is normal in size (4.80 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. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

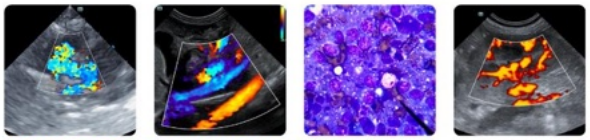
The right adrenal gland is normal in size (0.71 cm at cranial pole) (0.47 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.42 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal



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lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall is borderline thickened (up to 0.50 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly distended with ingesta. The remaining small intestinal segments are empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gastric wall changes are suggestive of gastritis with a lower possibility of emerging neoplasia. Minor gastric fluid retention is present.
- The gallbladder changes are suggestive of a developing mucocele.

Secondary Findings:

- Minor geriatric hepatic and renal changes

*There is no obvious evidence of a gastrointestinal foreign body/obstruction in the available images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia is recommended (if not already performed).
2. Also consider a GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level. Ultimately, an upper GI endoscopy with biopsies may be necessary to get a definitive diagnosis. In the meantime, continued supportive care for gastroenteritis as well as empirical treatment for gastric ulceration (i.e., sucralfate, proton pump inhibitor) is recommended.
3. Regarding the gallbladder changes, consider initiation of Ursodiol therapy once the patient is no longer vomiting. Serial sonographic monitoring (i.e., every 6-8 weeks) of the patient's gallbladder

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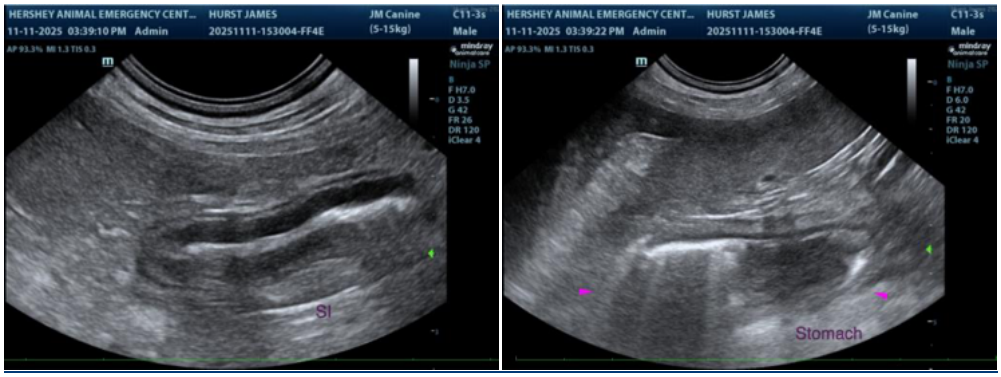
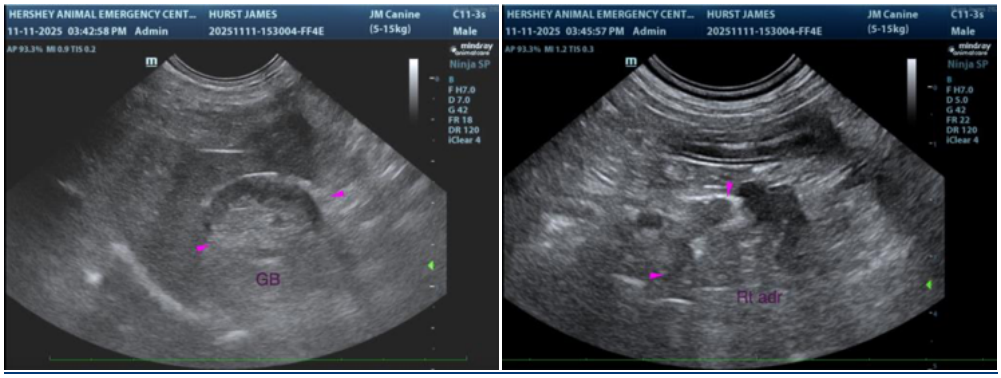
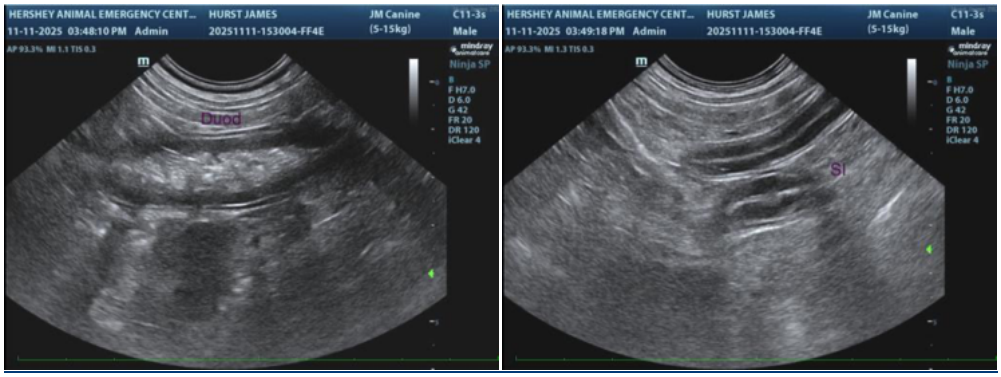
is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be indicated.







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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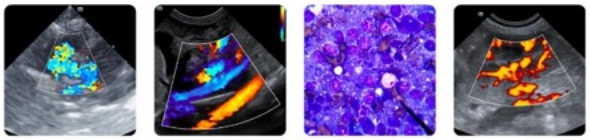

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