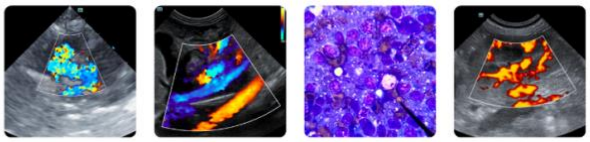

PATIENT

Kuume Wilson

SPECIES

Canine

BREED

Havanese

SEX

Male

AGE

1

WEIGHT

11.2

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Harrs

INVOICE

22250

DATE

11-13-25

PRESENTING CLINICAL SIGNS

History: diarrhea and vomiting r/o fb
Abnormal PE/Chem/CBC/UA Results: ALT 447 GGT 29 6-8% dehydrated

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 and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (4.79 cm in length) 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. Renal vasculature is normal.

The right kidney is normal in size (4.87 cm in length) 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. 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 (1.21 cm at cranial pole) (0.27 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 (1.07 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 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.

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. There is no 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.

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Lymph Nodes
A 2.35 x 0.73 cm mesenteric lymph node is visualized.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

The prominent mesenteric lymph node could be consistent with immunologic immaturity, lymphoid hyperplasia, lymphadenitis, or less likely, emerging neoplasia.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a primary hepatopathy (i.e., cholangiohepatitis, Leptospirosis, hepatotoxicosis), primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), other. There is no obvious evidence of gastrointestinal foreign body/obstruction in the available images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated ALT, consider pre- and postprandial serum bile acids, as well as Leptospirosis testing (i.e., blood and urine PCR, serology). Depending on the results, hepatic tissue sampling (i.e., aspirates or biopsies) may be indicated.
- Other considerations include the following:

1. Fecal evaluation for ova and Giardia
2. +/- GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
3. +/- GI biopsies

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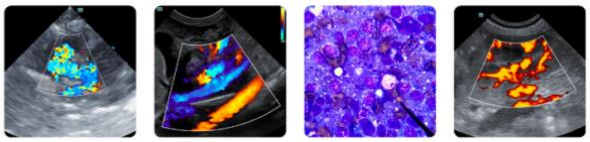

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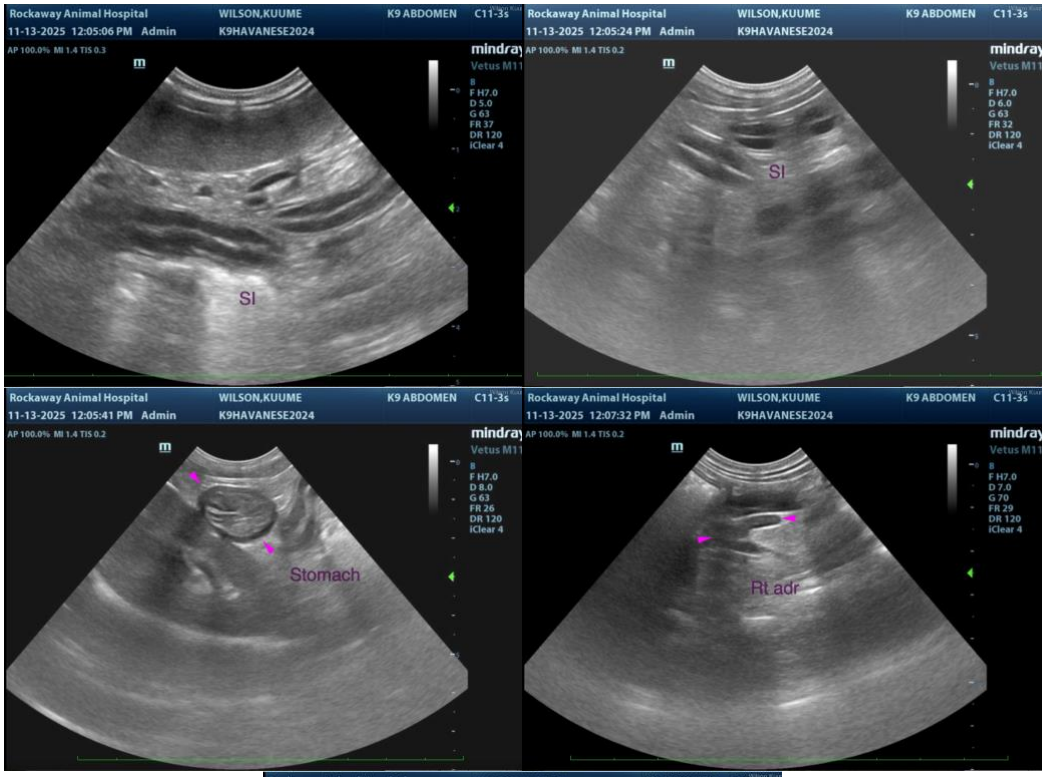

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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