Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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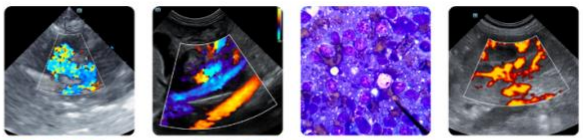

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Dixon Perry

SPECIES

Canine

BREED

German Shepherd

SEX

Male Neutered

AGE

10

WEIGHT

88 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH Summerville

REFERRING VET

Dr Ashton Ott

INVOICE

22886

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Presented April 15 for inappetence and slightly soft stool. Bloodwork from February unremarkable. Fecal performed February 15 was negative. Has a history of heart disease and is on pimobendan. Also, on GI enzymes for historical EPI but not currently getting due to inappetance. Had presented April 9 for episodes of vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly 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 (0.43 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 (9.06 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 (7.17 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 left adrenal gland is subjectively normal in length with a slightly flattened contour (0.49 cm at cranial pole) (0.51 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.06 cm at cranial pole) (0.67 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 (1.83 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 1.52 x 0.88 cm irregular hypoechoic nodule is observed at the medial aspect, approximately mid-body. 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 gastric lumen is severely fluid-distended and hypomotile. The gastric wall and pylorus are normal in

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thickness with a normal layering pattern. The duodenal lumen is mildly- to moderately fluid-distended. Several jejunal segments are mildly fluid-distended. Some are segmentally dilated with gas. In one segment, an approximately 1.8 cm shadowing structure is visualized. The jejunal walls are normal- to mildly thickened (up to 0.50 cm) with retention of the normal layering pattern. Discrete masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph Nodes
One- to two prominent mesenteric lymph nodes are visualized (one measuring 0.61 x 0.31).

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief visualization of the heart reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastrointestinal ileus with small intestinal wall changes suggestive of enteritis, with a lower possibility of emerging neoplasia. The shadowing structure within the jejunal lumen may represent transient foreign material. It appears nonobstructive at the time of this study.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to atrophy (i.e., resulting from hypoadrenocorticism).
- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor cannot be completely excluded. The diffuse splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat baseline bloodwork (including a CBC, chemistry panel, urinalysis, and T4) is recommended to assess overall metabolic function.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- A GI panel including serum cobalamin and folate, TLI and PLI should also be considered.

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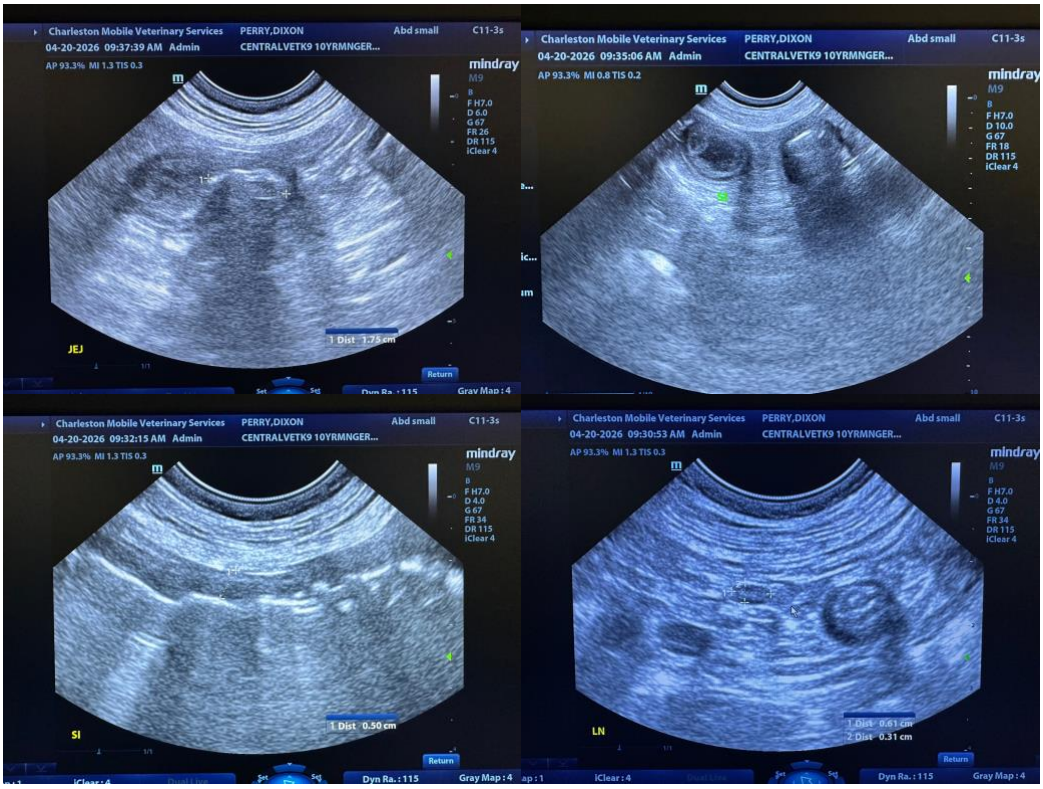
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Repeat thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the splenic nodule, consider a recheck ultrasound in 4-6 weeks to assess for growth.
- In the meantime, symptomatic care, including a promotility agent, is recommended.



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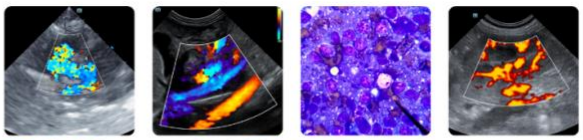

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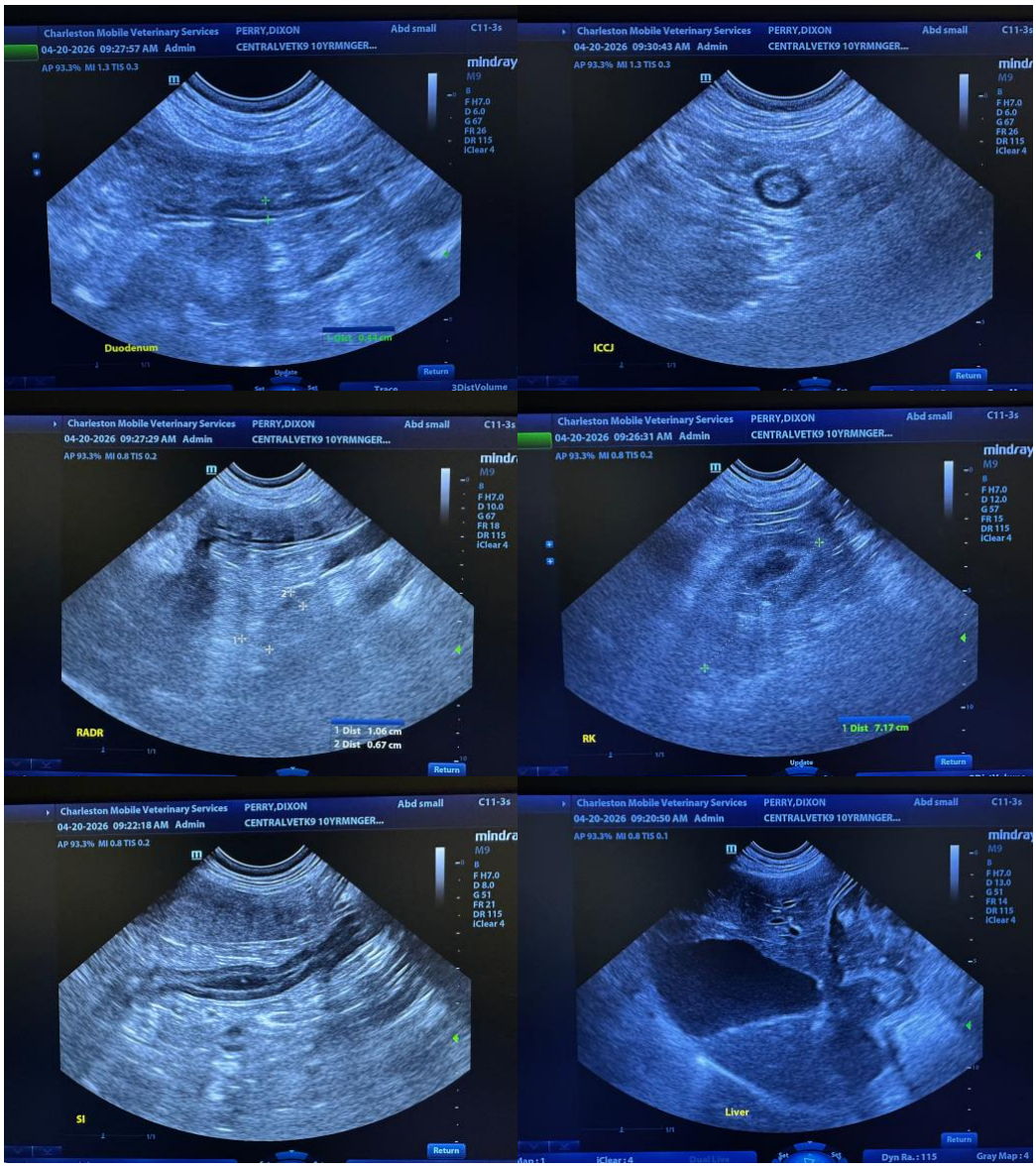

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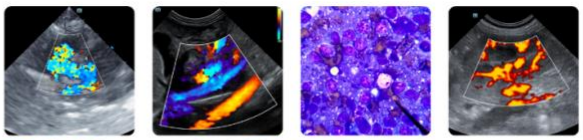

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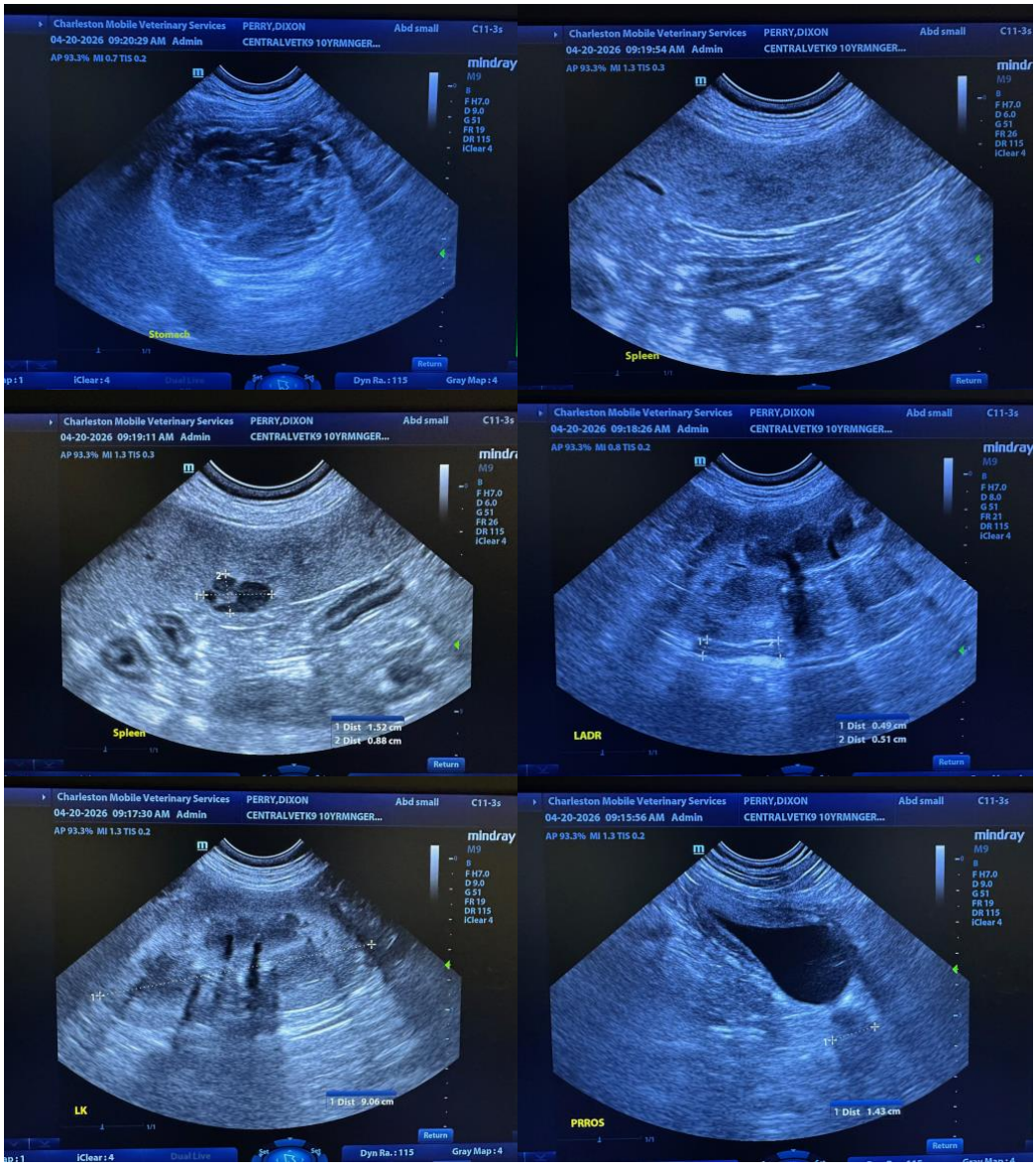

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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