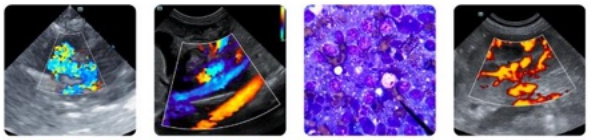

PATIENT

Kuno Axt

SPECIES

Canine

BREED

Rottweiler

SEX

Male

AGE

11 months

WEIGHT

102 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Dubos

INVOICE

13609

DATE

6/9/26

PRESENTING CLINICAL SIGNS

History: hematemesis, hematochezia , lethargy fluid filled stomach, not eating , on raw diet r/o obstruction Abnormal PE/Chem/CBC/UA Results: CPL 1016 CBC/Chem WNL Baseline Cortisol 5.3

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 mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left 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. Renal vasculature is normal.

The right kidney is normal in size (7.49 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 left adrenal gland is normal in size (0.47 cm at cranial pole) (0.50 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.

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

Spleen

The spleen is normal in size (2.03 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The visible small intestinal segments are normal in thickness with a normal layering pattern. The small intestinal lumen appears empty. In the mid-abdominal region, a few fluid-filled bowel segments are visualized. These are thought to represent colon +/- cecum, however small intestine cannot be completely excluded. Discreet masses are not identified. The colonic wall is normal.

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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
2-3 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 2.23 x 0.84 cm.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

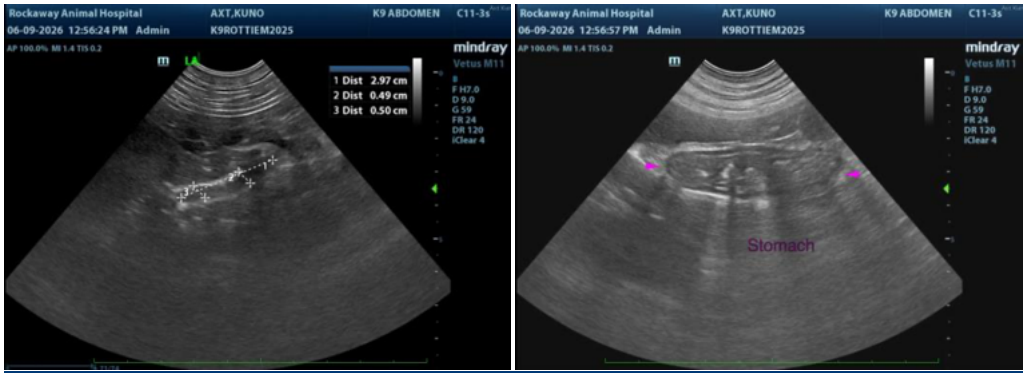
- Suspected fluid-filled colon and/or cecum. However, small intestinal fluid-dilation cannot be excluded.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia as well as a fecal PCR infectious disease panel are recommended.
2. Prophylactic deworming with fenbendazole should also be considered.
3. If the patient's clinical signs are chronic in nature, also consider a GI panel including serum cobalamin, folate, TLI and PLI.
4. Aggressive supportive care for acute hemorrhagic gastroenteritis/colitis is recommended. Consider a recheck ultrasound in 12-24 hours to reevaluate the fluid distended segments, given that it is not completely clear whether they represent large vs small intestine.
5. Depending on the results of the above diagnostics/therapeutics, further GI workup (i.e., biopsies) may be indicated.



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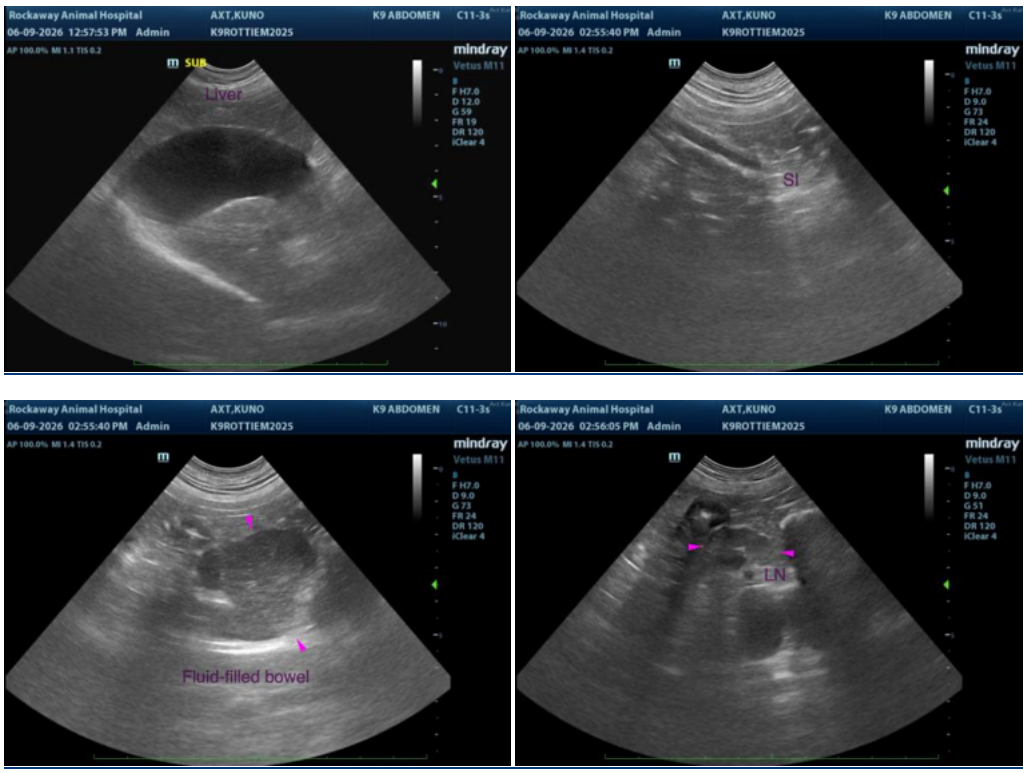

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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