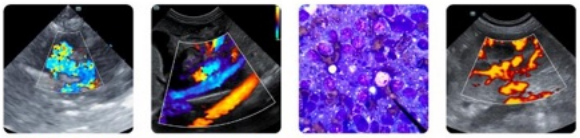


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Kiwi Leonard

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

5.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Rensema

INVOICE

13355

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Acute hemorrhagic diarrhea; no other ABNORMAL Labwork Values - Mild anemia with low red blood cell count - White blood cells within normal range overall but some values lower than expected, especially for a stressed dog - Creatinine mildly elevated at 1.7 (normal up to 1.5) - BUN markedly elevated at 147 (normal up to 31), which is concerning for possible GI bleeding given the discrepancy with creatinine - Phosphorus elevated at 9.7 (normal up to 6), can indicate kidney disease or other metabolic issues but calcium is normal - Some electrolyte abnormalities noted - 1 pancreatic enzyme mildly elevated - Thyroid low, likely euthyroid sick syndrome secondary to current illness rather than true hypothyroidism - Resting cortisol is normal - Urine is mildly dilute but quiet sediment Current Medications 13mg/kg metronidazole PO BID + Probiotics Radiographic Findings none

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 is normal.

The left kidney is normal in size (2.62 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. Several varying sized cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.27 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm at cranial pole) (0.43 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.

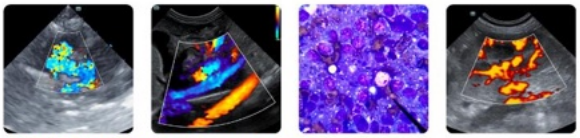
The right adrenal gland is normal in size (RaAN cm at cranial pole) (RaAN cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature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

Spleen

The spleen is normal in size (0.65 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.98 x 0.71 cm multi-septated cystic nodule is observed within the parenchyma. 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small 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 mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. 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 small intestinal mucosal speckling could suggest an inflammatory process.
- Minor retained gastric ingesta
- The cystic splenic lesion could represent an emerging tumor (i.e., hemangioma, hemangiosarcoma). Alternatively, a benign cyst is possible.

Secondary Findings:
- Bilateral nonspecific age-related renal changes with non-obstructive nephrolithiasis and left cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:
  1. A fecal evaluation for ova and Giardia along with a fecal PCR infectious disease panel
  2. Consider prophylactic deworming with fenbendazole.
  3. Aggressive supportive care for acute hemorrhagic gastroenteritis is recommended. If clinical signs persist despite medical management, further workup may be indicated.
- Regarding the splenic lesion, consider the following:
  1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  2. Recheck ultrasound in 3-4 weeks to assess for growth of the lesion.

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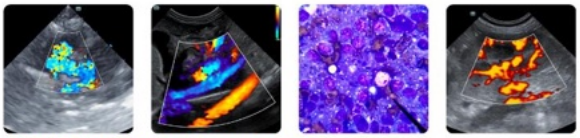

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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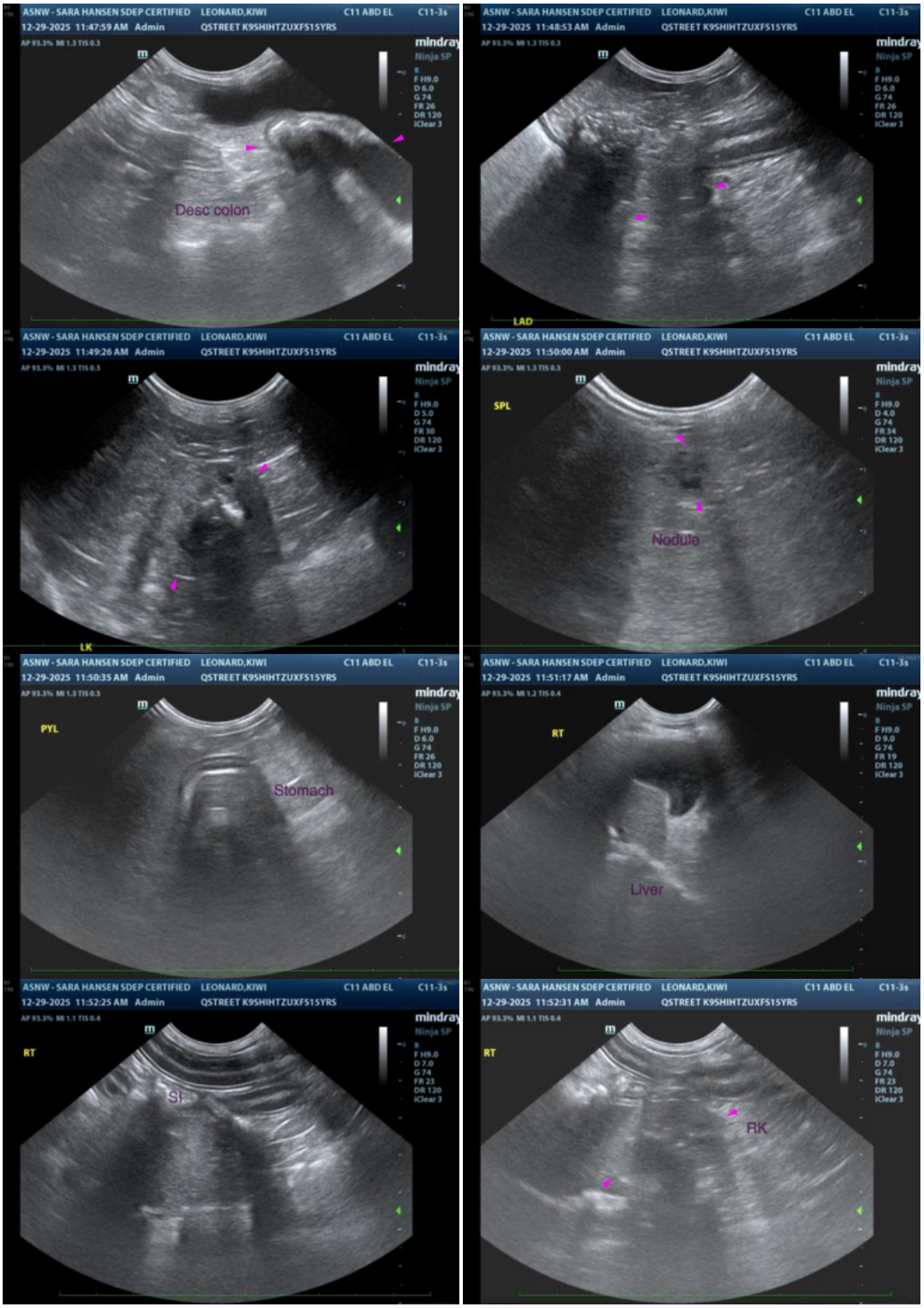
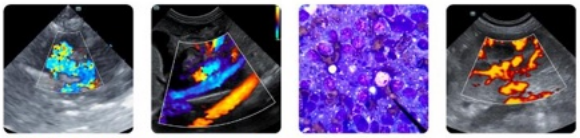


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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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