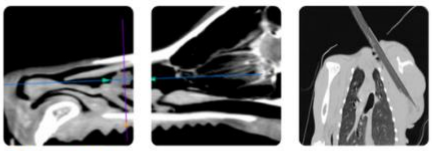


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Jessie Cousens

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

~ 7 Years

WEIGHT

21.4 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

Dr. Diane Ho

INVOICE

12174

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Rescued from South Korea about 3 months ago, presented for anorexia, diarrhea, vomiting, lethargy. Reg DVM saw her 3 days ago for decreased appetite and suspected pain. PE appreciated some back pain, dispensed Metacam and Gabapentin and was told to feed patient anything that she would actually eat to get Metacam into her - owner offering eggs, kibble, chicken and cat food. Started with vomiting and hematochezia yesterday, now ver quiet and dull. On PE today dull, tachycardia noted 180 bpm, normotensive (doppler 130mmHg), delayed CRT, MM pink and tacky, AFAST saw free fluid score of 0/4 suspected mild fluid filled SI loops. Start Maropitant and sedation to place feeding tube.

Abnormal PE/Chem/CBC/UA Results: Normal mature neuts with suspected band neutrophilia, severe lymphocytosis, severe monocytosis and eosinopenia, mild hyperphosphatemia, mild hypocalcemia, mild hyponatremia, mild hypochloremia, severe hyperalbuminemia (57) normal Globulin, mildly elevated T Bili, elevated resting Cortisol (286) low normal T4. U/A from voided sample USG 1.026, proteinuria, mild hematuria, hyaline and nonhyaline casts.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The bladder mucosa is slightly thickened and irregular with a minimal amount of suspended echogenic debris within the lumen. The trigone and pelvic urethra are unremarkable with no evidence of obstruction. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 6.2 cm. The right kidney measures 6.52 cm.

Adrenal Glands

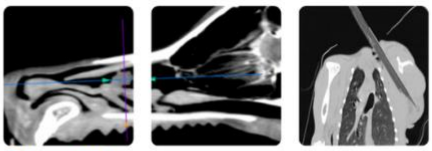
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.82 cm x 2.1 cm. The right adrenal gland measures 0.56 cm x 2.4 cm.

Spleen

There is an ill-defined rounded heterogenous lesion that is isoechoic to the remainder of the splenic parenchyma that measures approximately 2.16 cm x 2.47 cm at the cranial aspect of the spleen. The remainder of the parenchyma is slightly mottled and heterogenous with a otherwise smooth splenic capsule. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. The spleen measures 1.4 cm at the hilus.

Liver

The liver is poorly visualized but subjectively normal in size, contour and structure. There is no overt mass lesions. The parenchyma is naturally coarse and hypoechoic to the spleen. The vasculature appears within normal limits.



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The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is nondistended with normal wall thickness and maintenance of normal wall layering. The pylorus and pyloroduodenal junction are patent and free of evidence of mechanical outflow obstruction. The small intestine is diffusely mild to moderately distended with anechoic to mildly echogenic fluid. A shadowing small intestinal foreign object is not discretely visualized, however, cannot be ruled out at this time. The small intestine is within normal limits for thickness with maintenance of normal wall layering. The colon is also distended with echogenic fluid. The ileocecocolic junction is patent.

Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There is no significant lymphadenopathy or overt free fluid.

ULTRASONOGRAPHIC FINDINGS

- There is thickening of the cranioventral and craniodorsal urinary bladder wall with mucosal changes and echogenicity consistent with suspended debris. This is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathology but is not overtly suspected based on this pattern.
- The heterogenous ill-defined splenic mass likely represents a benign change such as lymphoid hyperplasia or extramedullary hematopoiesis, however, infiltrative disease such as round cell neoplasia or hemangiosarcoma cannot be definitively excluded.
- The distended gastrointestinal tract is likely secondary to an underlying gastroenteritis such as acute hemorrhagic diarrhea syndrome, however, a mechanical obstructive lesion cannot be definitively ruled out at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis. Consider a gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis. Consider continued supportive care as clinically indicated for an underlying gastroenteritis or hemorrhagic diarrhea syndrome.

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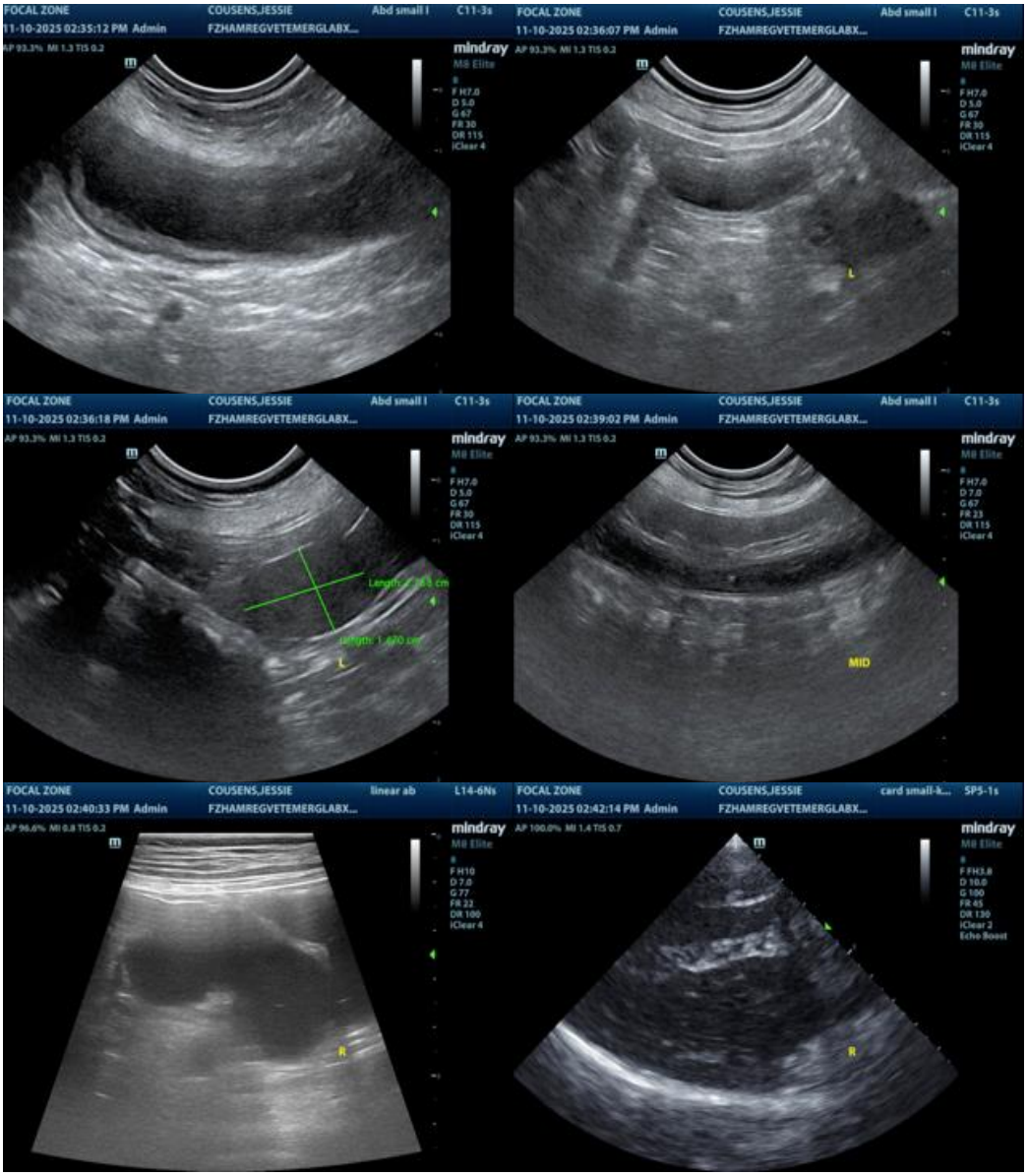
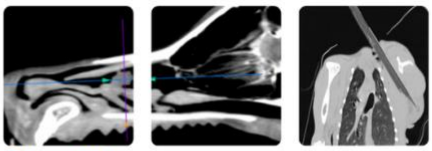


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com



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