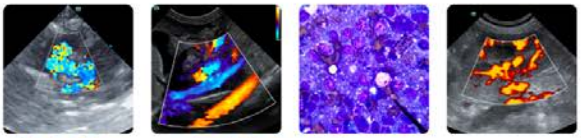

PATIENT

Cameron Norwood

SPECIES

Canine

BREED

Mini Dachshund

SEX

Neutered Male

AGE

2 Years

WEIGHT

16.5 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Animal Hospital of Sussex County

REFERRING VET

Dr. Lovell

INVOICE

72868

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Chronic recurrent vomiting and diarrhea Physical exam wnl Medications: W/D diet, Tylan powder Abnormal PE/Chem/CBC/UA Results: Decreased folate (7.6) Normal B-12 (376) CBC/Chem/T-4/UA/Cortisol = all WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

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. Left kidney measures 3.96 cm. Right kidney measures 4.14 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. Left measures 0.47 cm x 1.45 cm. Right measures 0.57 cm x 1.84 cm.

Spleen

The spleen measures 1.17 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. 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 contains a mild to moderate amount of echogenic contents most consistent with normal ingesta. Correlate with most recent meal. There is no evidence of pyloric outflow obstruction. The small intestines are normal with adequate peristaltic activity. No significant dilation noted. Small intestinal wall is normal in thickness with maintenance of normal wall layering. There is no shadowing small intestinal foreign material or evidence of a mechanical obstruction. The colon contains normal shadowing feces.

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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

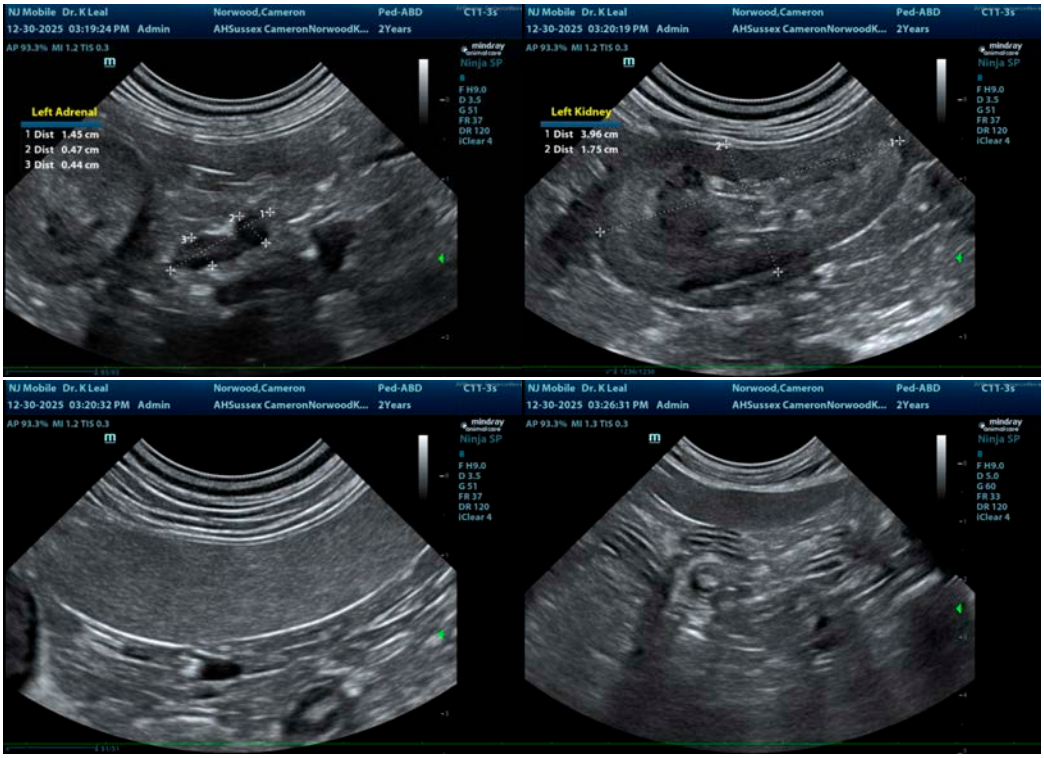
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- This study is most consistent with a normal abdomen. The gastric contents likely represents a recent meal. No overt underlying etiology of the chronic clinical signs noted at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronicity of clinical signs, gastrointestinal biopsies are likely indicated to further evaluate for potential occult infiltrative disease such as inflammatory bowel disease or other chronic enteropathy. Give the folate value, a complete gastrointestinal profile with PLI, TLI, B12 and folate has already been performed. However, if this has not been performed, it should be done prior to gastrointestinal biopsy.



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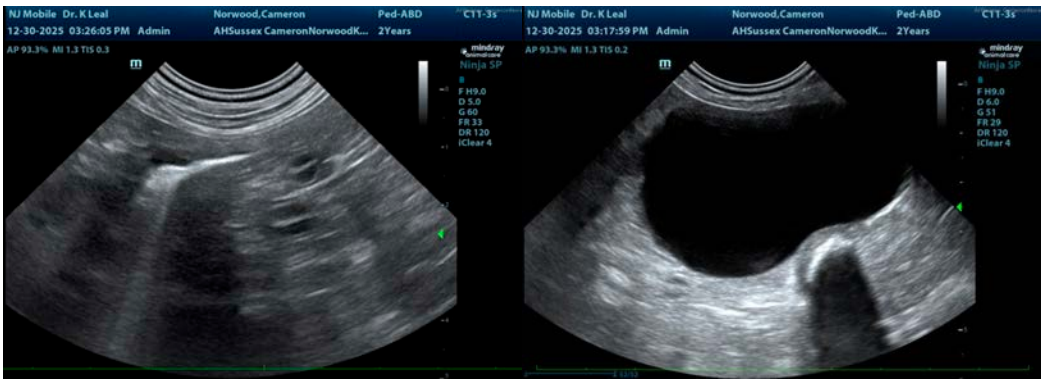

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com