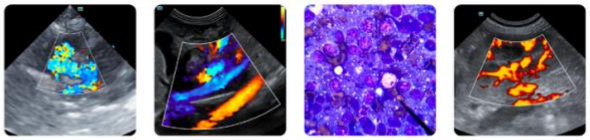


PATIENT

Marsha Glaeser

SPECIES

Canine

BREED

American Pitbull Terrier Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

59.5 pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Arielle Roldan CVT

HOSPITAL NAME

Milford Animal Hospital

REFERRING VET

Dr. Aleksandra Ascione DVM

INVOICE

12877

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Presented today for vomiting last week, now diarrhea with streaks of blood persisting for the past few days. Normal appetite.

Abnormal PE/Chem/CBC/UA Results: Fecal negative in house today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The left kidney has a hyperechoic renal cortex with a decrease in corticomedullary junction definition and mild renal cortical cysts. There is no significant pyelectasis or pelvic dilation and the cortex to medulla ratio is appropriate. The left renal capsule is minimally irregular. The left kidney measures 5.96 cm.

The right kidney was not visualized.

Adrenal Glands

Both adrenal glands were not visualized.

Spleen

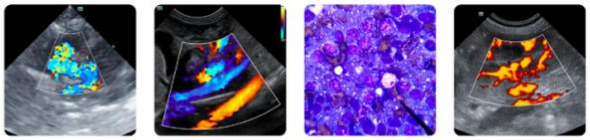
The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.41 cm at the hilus.

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 is moderately to severely distended with echogenic partially shadowing content. The pylorus and pyloroduodenal junction are not visualized and there is concern for potential pyloric outflow obstruction given the amount of gastric content. This may also represent normal gastric ingesta and moderate gastric stasis, however, the absence of fluid, significant gastric fluid gives concern for potential foreign material and pyloric outflow obstruction. The small intestine is multifocally distended with gas and echogenic ingesta. There is no overt shadowing foreign material,



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however, given the presence of gastric content, an occult mechanical small intestinal obstruction cannot be definitively ruled out. The colon contains normal shadowing feces.

Pancreas

The pancreas is hypoechoic and mildly irregular with mixed hyper- and hypoechoic nodular changes, There is a minimal amount of regional hypoechoic mesentery or omental fat.

Free Abdomen

There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour in the left kidney. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age-related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.
- The gastric content is concerning for potential gastric foreign material, however, gastric stasis with normal gastric ingesta cannot be excluded.
- There is evidence of mild small intestinal ileus with no overt small intestinal mechanical obstruction, however, occult obstruction cannot be definitively excluded.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.

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. Consider abdominal radiographs for further evaluation of the gastric contents and correlate this with most recent meal ingestion. If the patient has eaten within the last 3-6 hours, consider hospitalization with fasting and serial abdominal radiographs to monitor for movement of or passage of gastric content. Alternatively, if the patient has not eaten recently, an exploratory laparotomy could also be considered for further evaluation of the gastrointestinal tract, however, given the potential for negative exploratory laparotomy, it may be prudent to withhold on further therapy until serial imaging has been performed. In the meantime, supportive care for gastroenteritis and/or pancreatitis should be considered as clinically indicated.

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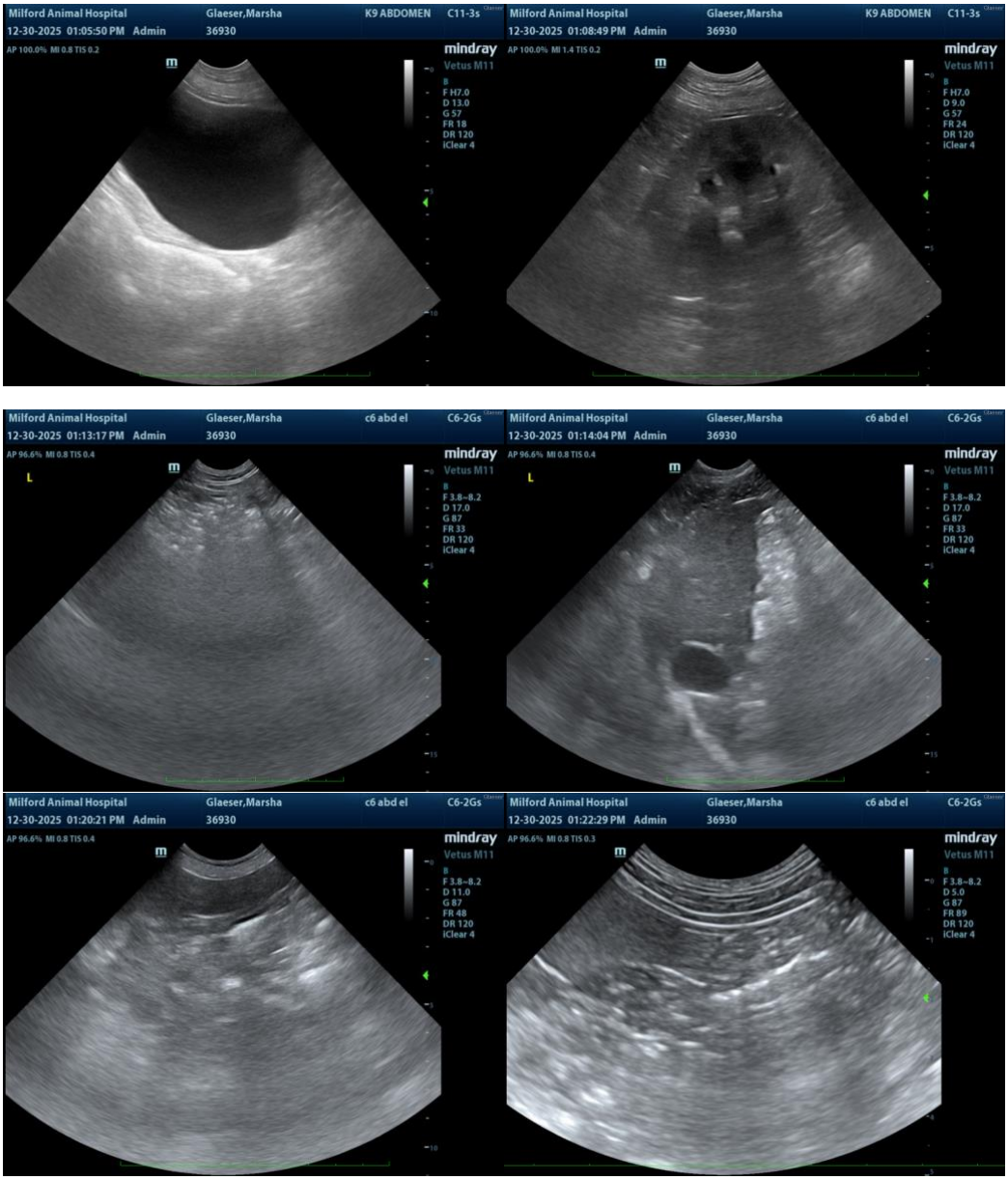

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com