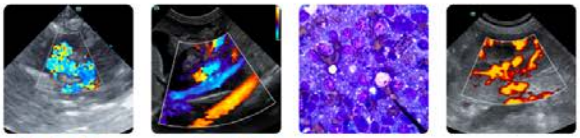

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Mapa McAdams

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

7 Years

WEIGHT

22 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Q Street Animal Hospital

REFERRING VET

Dr. Bretschneider

INVOICE

72370

DATE

12/5/25

PRESENTING CLINICAL SIGNS

Normal Physical exam but has intermittent GI pain and loss of appetite- infrequent. Will happen for a couple days every few weeks. Meds: Cerenia as needed.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem

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. There is mild dystrophic mineralization, with appropriate cortex to medulla ratio and mildly hyperechoic corticomedullary rim or band present. No significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 4.58 cm. Right kidney measures 4.28 cm.

Adrenal Glands

The right adrenal gland is visualized and has 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 is slightly flattened, with an isoechoic parenchyma. Left measures 1.87 cm x 0.36 cm. Right measures 1.29 cm x 0.52 cm.

Spleen

The spleen (1.66 cm at the hilus) 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 amount of echogenic ingesta. There is no shadowing foreign material or concern for pyloric outflow obstruction. The gastric wall measures normal in thickness with maintenance of normal wall layering.

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The small intestine is non-distended, with overall normal wall thickness. There are focal regions with slightly prominent muscularis layer that mildly distorts the normal 1:3 muscularis to mucosa ratio. There is no shadowing material evident or gastrointestinal mechanical obstruction.

The colon contains normal shadowing feces.

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

- Medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

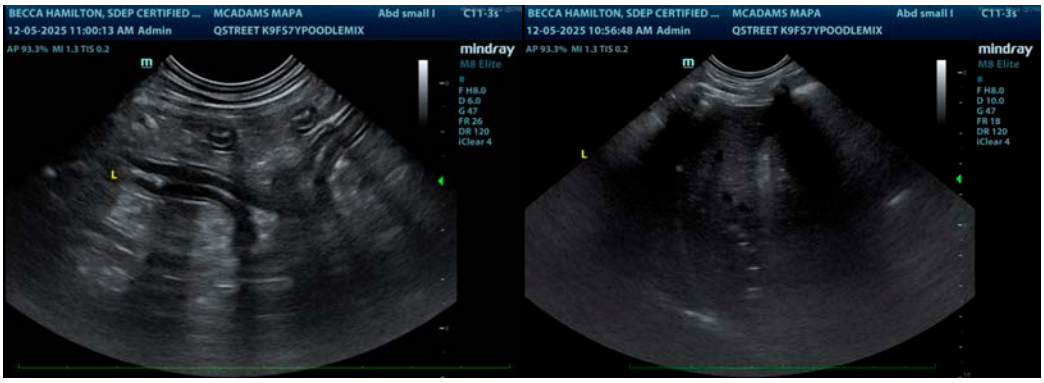
- The focal regions of prominent muscularis layer within the small intestine may represent infiltrative gastrointestinal disease such as inflammatory bowel disease or other chronic enteropathy. Early infiltrative neoplastic disease such as round cell neoplasia can't be definitively excluded.

- The absence of significant abnormalities to the pancreas does not definitively excluded intermittent or chronic pancreatitis as an underlying etiology of the reported clinical signs.

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. A urine protein to creatinine ratio is indicated if there is evidence of proteinuria on urinalysis.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.



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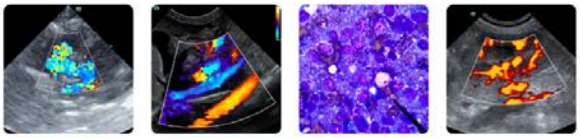

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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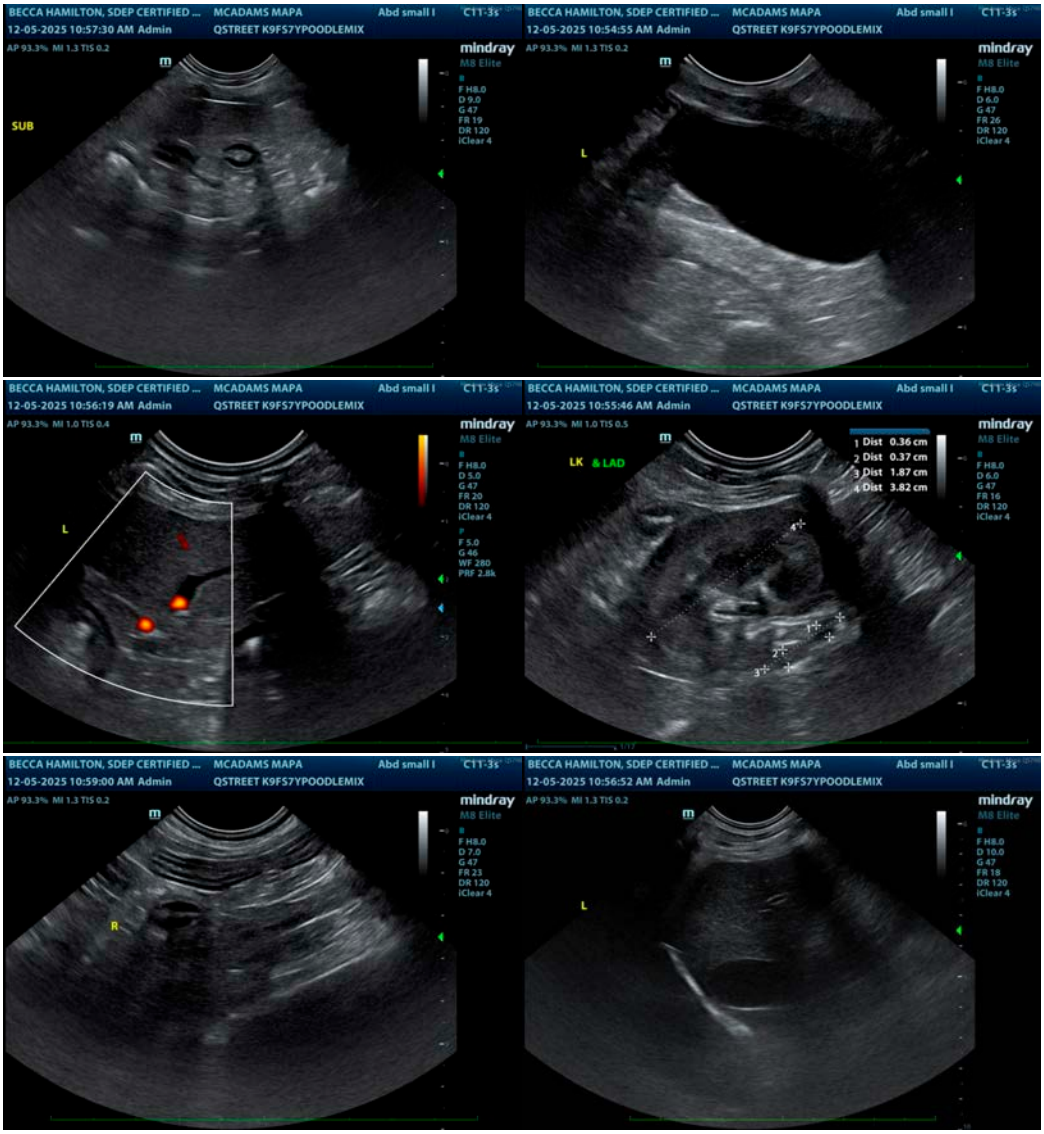

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Residency trained in cardiology

info@SonoPath.com