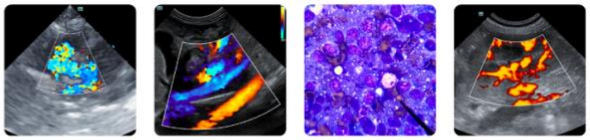


PATIENT

Heidi Smith

SPECIES

Canine

BREED

Entlebucher Mtn. dog

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

17.6 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS, Ltd.

REFERRING VET

Lake Bonavista AC/Dr. Erin O'Brien

INVOICE

35924

DATE

2/20/26

PRESENTING CLINICAL SIGNS

- Acute worsening of chronic diarrhea with hematochezia and weight loss in patient with history of soft tissue sarcoma and recent bloodwork changes consistent with suspected protein-losing enteropathy (PLE). Rule out severe IBD vs GI lymphoma vs metastatic disease.
- Relevant Medical History: Grade 2 soft tissue sarcoma (left stifle), recurrent Sept 2025, re-excised (narrow margins), Grade 3 soft tissue sarcoma (left neck), excised Sept 2025, On chlorambucil (recently discontinued), No current evidence of external tumor recurrence.
- Abnormal PE/Chem/CBC/UA Results: Clinical Signs Chronic diarrhea (1 month), markedly worsened past 24 hrs Large amounts of blood in stool ("jelly-like," blackish-red) Recent vomiting Decreased appetite Progressive weight loss Known history of IBS Recent Diagnostics (Feb 17, 2026) CBC: Marked eosinophilia (6.10) Mild thrombocytopenia Chemistry: Hypoalbuminemia (20) Hypoproteinemia Hypocholesterolemia (2.17) Renal values normal Findings supportive of Protein Losing Enteropathy

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 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 5.15 cm. The right kidney measures 5.20 cm.

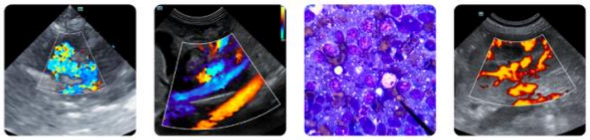
Adrenal Glands

The left adrenal gland is 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 0.63 cm x 2.01 cm cm.

The cranial pole of the right adrenal gland measures 1.03 cm in width and has a heterogenous parenchyma with a swollen capsule. There is no evidence of capsular escape or vascular invasion identified. The phrenic vasculature is normal. The right adrenal gland measures 0.52 cm x 2.16 cm.

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 1.87 cm at the hilus.



PATIENT

Heidi Smith

SPECIES

Canine

BREED

Entlebucher Mtn. dog

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

17.6 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS, Ltd.

REFERRING VET

Lake Bonavista AC/Dr. Erin O'Brien

INVOICE

35924

DATE

2/20/26

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. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

The gallbladder contains a mild to moderate amount of suspended echogenic debris. The gallbladder wall is appropriately thin. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach is mildly distended with echogenic fluid. The pylorus and pyloroduodenal junction are patent with no evidence of mechanical obstruction. The small intestine is nondistended and the gastrointestinal has a diffusely thickened wall with maintenance of overall normal wall layering. The muscularis layer is diffusely prominent with no overt masses identified. The ileocecocolic junction is patent, and the colon contains a mild amount of echogenic fluid consistent with the history of diarrhea.

Pancreas

The visible base and limbs of the pancreas are 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 are several prominent jejunal lymph nodes with normal length to width ratio and idoechoic parenchymal echotexture. No free fluid is identified.

ULTRASONOGRAPHIC FINDINGS

- The cranial pole of the right adrenal gland was enlarged with a swollen capsule and mild heterogenous parenchymal changes. This is most consistent with hyperplasia or an adenoma. Capsular expansion was noted without capsular escape or vascular invasion.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding, or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The diffusely thickened gastrointestinal wall with prominent muscularis layer is indicative of chronic infiltrative disease. Inflammatory bowel disease or other chronic enteropathy are considered a possibility, however, infiltrative neoplastic disease, such as round cell neoplasia, can't be definitively excluded.
- The slightly prominent jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

Heidi Smith

SPECIES

Canine

BREED

Entlebucher Mtn. dog

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

17.6 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS, Ltd.

REFERRING VET

Lake Bonavista AC/Dr. Erin O'Brien

INVOICE

35924

DATE

2/20/26

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.

An ACTH stimulation test and low dose dexamethasone suppression test are indicated to evaluate for potential adrenal dependent hyperadrenocorticism.

PATIENT

Heidi Smith

SPECIES

Canine

BREED

Entlebucher Mtn. dog

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

17.6 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS, Ltd.

REFERRING VET

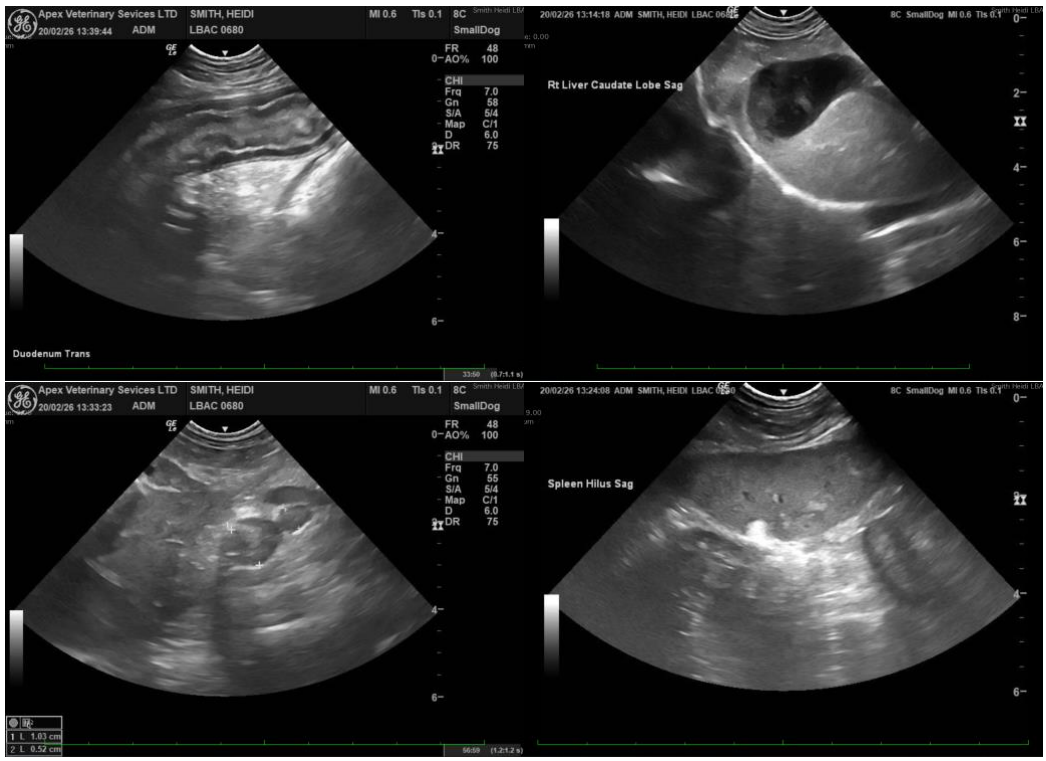
Lake Bonavista AC/Dr. Erin O'Brien

INVOICE

35924

DATE

2/20/26



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