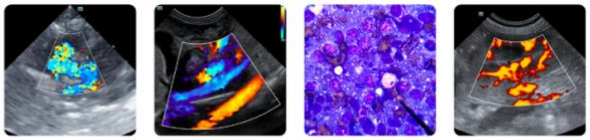


PATIENT

Rassi Barr

SPECIES

Canine

BREED

Papillion

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.71 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

16038

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Presented Sunday 5/10 at 8:30p for falling over and vomiting. P vomited 5x and has continued to vomit. small amount of loose stool with blood noted in it yesterday. starting to twitch and P is having ataxia. PE;EENT/oral: Injected moist to hypersalivating mm, crt <2s H/L: No a, ss pulses, clear lung sounds, eupneic, gr V/VI bilateral murmur Abd: Mild to moderate discomfort on palpation, tense and drawn up Integ: Healthy coat; live fleas seen

CBC: lymph 6.05 Chem: Glu 19, alb 2, TP 5.1, chol 60 EPOC: Glu 31, phos (3.5), Na 144, BE -9.2 L Drug test: neg Parvo: neg Rads The stomach is empty. The small bowel is primarily fluid and gas filled no evidence of dilation, plication, or an obstructing radiopaque FO. The descending colon contains a large amount of gas. The liver and spleen appear normal in size and shape with no evidence of a mass effect. The urinary bladder appears normal. There is no evidence of free fluid or free gas in the peritoneal space. There are no definitive abnormalities of the pulmonary vasculature suggestive of distention or other abnormalities. The lung parenchyma appears normal. 5/10 ON:BP: 1a- 112, 6a-118 BG: 1a- 96, 3a- 74, 4a- 74, 6a-83 Cortisol: <0.5 PT/PTT: 20.6/112.9 (H/n) ACTH stim pending

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. Cortices are hyperechoic with a loss of corticomedullary distinction and normal cortex to medulla ratio. Mild dystrophic mineralization is present throughout. No significant pyelectasis or pelvic dilation. Minimally irregular renal capsules. The left kidney measures 2.95 cm. The right kidney measures 2.85 cm.

Adrenal Glands

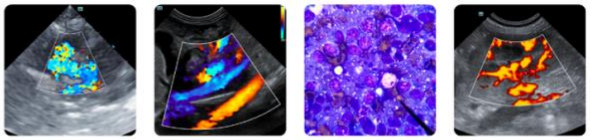
The adrenals are thin and flattened with an isoechoic parenchyma and normal phrenic vasculature. The left adrenal gland measures 0.33 cm x 0.90 cm. The right adrenal gland measures 0.32 cm x 1.2 cm.

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 0.70 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.



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Gastrointestinal

The stomach is largely non-distended with a minimal amount of echogenic luminal fluid. The pylorus and pyloroduodenal junction appear patent. There is a fleeting view of a focal region of what is suspected to be gastric fundus, which has slightly irregular wall layering. This may represent normal rugal folds on a non-distended stomach. However, a possible gastric wall mass lesion can't be definitively excluded on these images.

The small intestine is largely non-distended with a minimal amount of echogenic luminal fluid and gas. There's no significant small intestinal dilation. There appears to be subjectively decreased peristaltic activity. Small intestinal walls are normal in thickness with maintenance of overall normal wall layering. The colon contains normal shadowing feces.

Pancreas

The 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

Mildly prominent mesenteric lymph nodes with normal length to width ratio and isoechoic parenchyma.

No significant free peritoneal effusion is identified.

ULTRASONOGRAPHIC FINDINGS

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pyelectasis.
- Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.
- Non-distended gastric lumen with possible gastric wall lesion versus normal rugal folds.
- Mild functional ileus. However, an occult mechanical small intestinal obstruction can't be definitively excluded.
- The slightly prominent mesenteric 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

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism. Continue supportive care and therapy for suspected hypoadrenocorticism pending the results of the ACTH stimulation test and additional diagnostics.

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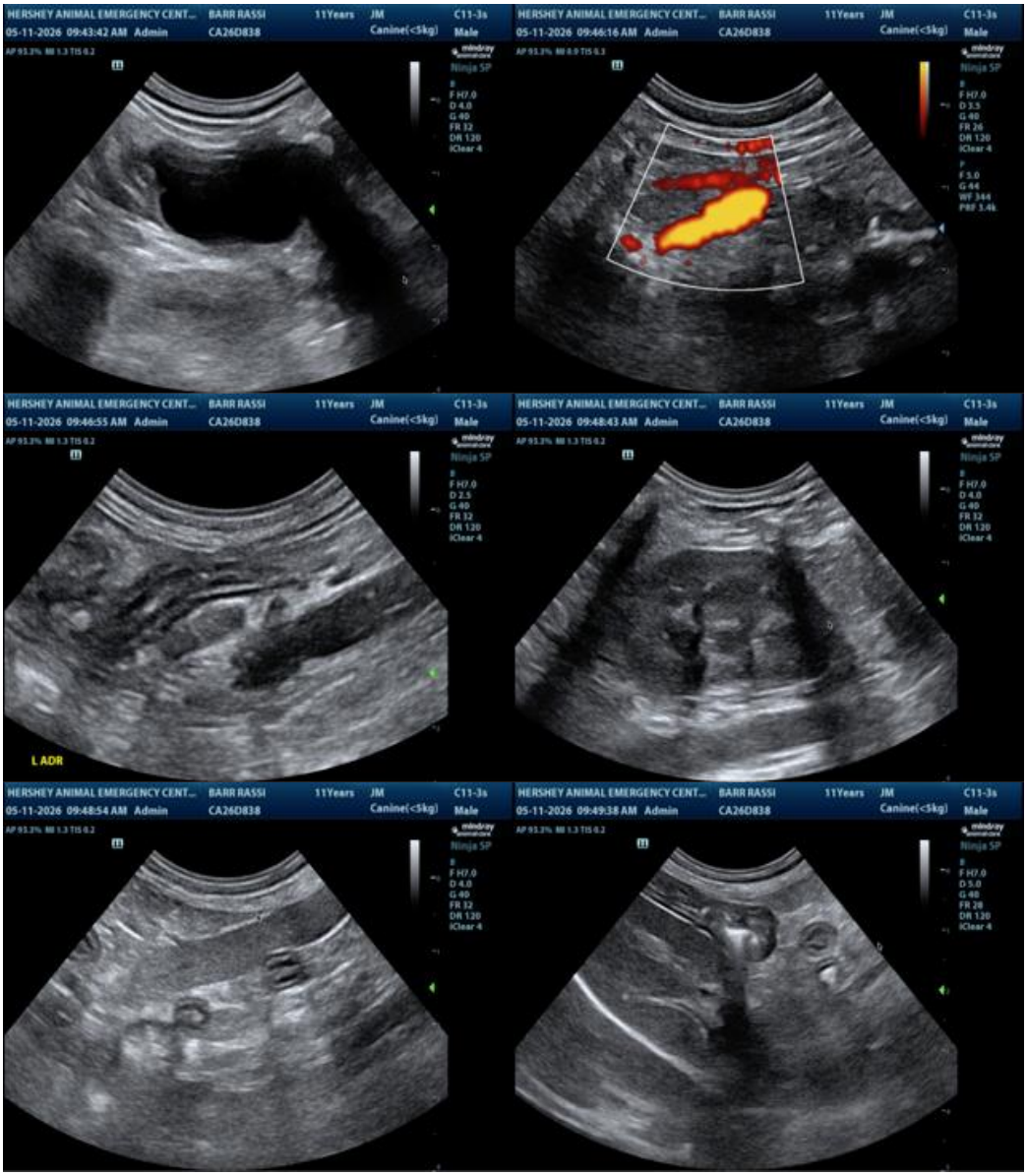

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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