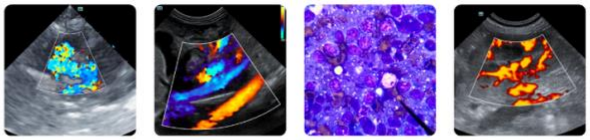


PATIENT

Opie Wright

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

5 Years 6 Months

WEIGHT

15.6 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

16235

DATE

06/01/26

PRESENTING CLINICAL SIGNS

Acute onset lethargy, anorexia, decreased water intake, hyperthermia (41.0°C), and a reported neurologic episode consisting of rhythmic head swaying lasting approximately 3–4 minutes followed by lethargy and decreased responsiveness. Recent history of urinary incontinence/dribbling while resting for approximately 1–2 weeks.

PE: BCS: 5/9 - T: 41.0 °C, P: 120 bpm, R: 40 bpm, MM: pink/moist. CRT < 2sec. Hydration: Estimated dehydration approx 5-6% based on PE Marked leukopenia with severe neutropenia and suspected left shift Mild thrombocytopenia Elevated lactate (6.2 mmol/L) Mild ALT and ALP elevation Urinalysis consistent with significant urinary tract inflammation/infection (pyuria, hematuria, bacteriuria, casts) Blood and urine cultures pending Hyperthermia improved with treatment

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. The cortices are hyperechoic with a loss of corticomedullary distinction. There is a cystic lesion within the cortex of the right kidney. There is no significant pyelectasis with normal cortex to medulla ratio bilaterally. The renal cortices are smooth without significant irregularity. The left kidney measures 5.76 cm. The right kidney measures 6.09 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 0.59 cm x 2.49 cm.

The caudal pole of the right adrenal has a swollen and slightly irregular capsule with a heterogeneous parenchyma. There is no evidence of capsular expansion or vascular invasion identified. The right adrenal gland measures 0.79 cm x 2.06 cm.

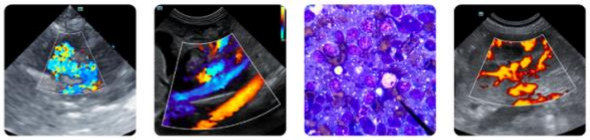
Spleen

The spleen is subjectively diffusely enlarged with a mildly heterogeneous or mottled reticular pattern. The spleen measures 2.17 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 contains a mild amount of suspended echogenic debris and dependent sediment. 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



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The stomach contains a mild amount of fluid and echogenic ingesta. The pylorus and pyloroduodenal junction are patent. The small intestine is non-distended with overall normal wall thickness and diffusely prominent muscularis layer. The ileocecocolic junction is patent. 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

There is no free peritoneal effusion noted. There are mildly prominent jejunal and sublumbar lymph nodes with isoechoic parenchyma and normal length to width ratio.

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. There is no evidence of pelvic dilation present.
- The focal right renal cortical cyst may represent early age-related degeneration, however, renal abscess cannot be definitively excluded.
- The caudal pole of the 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 mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely but cannot be definitively excluded.
- 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 slightly prominent jejunal and sublumbar lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
- The prominent muscularis layer of the small intestine may represent early infiltrative disease such as inflammatory bowel disease or other chronic enteropathy. Infiltrative neoplastic disease cannot be definitively excluded.

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.

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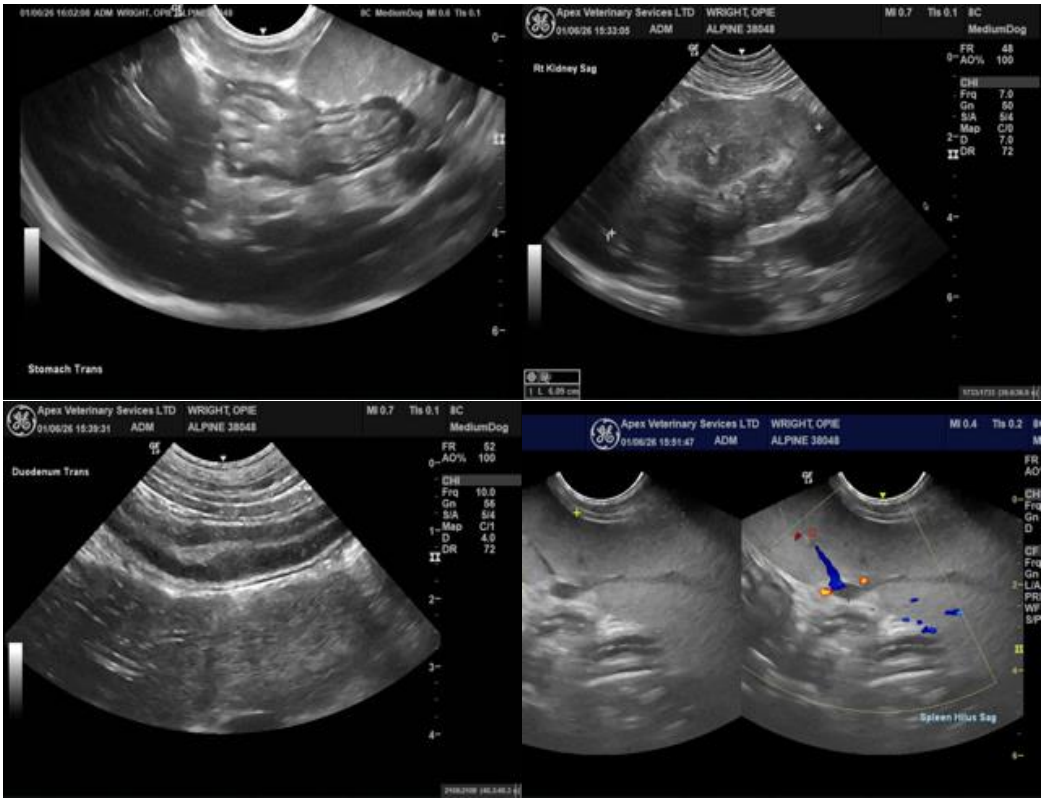
An ACTH stimulation test and low dose dexamethasone suppression test are indicated to evaluate for potential dependent hyperadrenocorticism.

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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.



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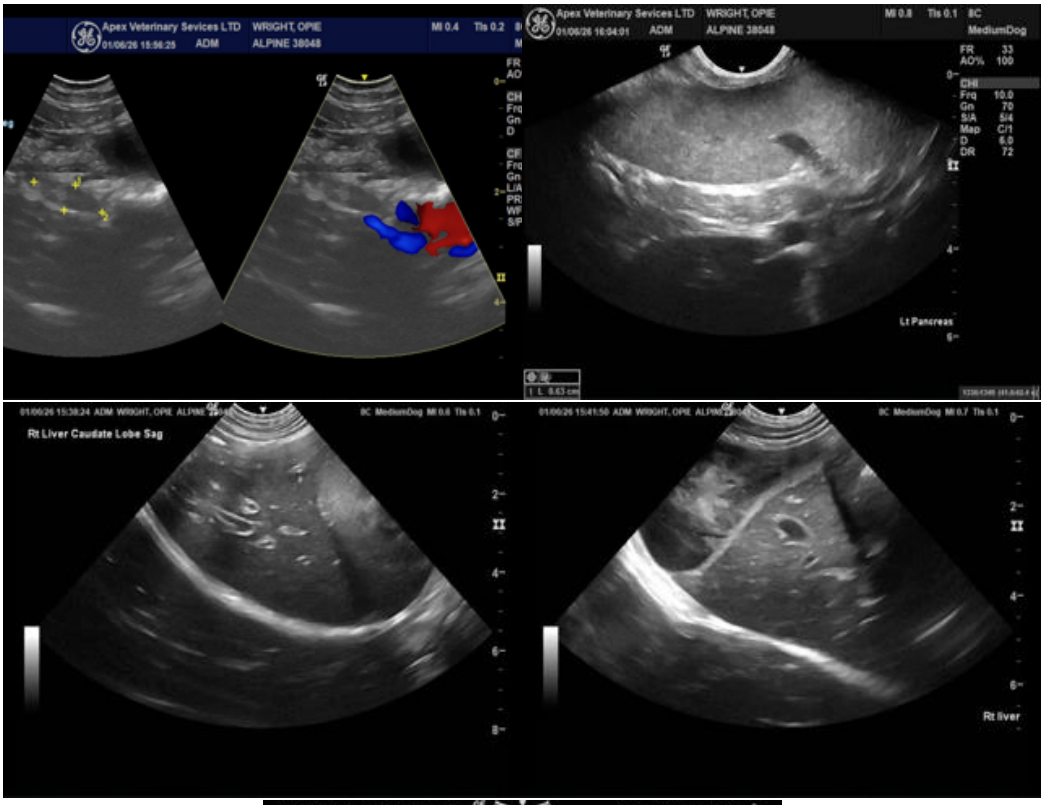

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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