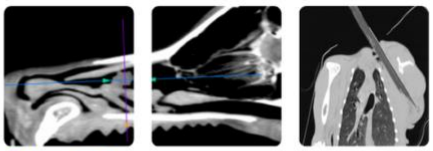

PATIENT

Sam Nykamp

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

45 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Beatties SC

REFERRING VET

Dr. Davis

INVOICE

12969

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

Mentation: Lethargic and quiet, which is uncharacteristic for him. Wt: -41.8kg- BCS: -6-/9 T: 38.5 °C P: -100- R: Panting MM: Dry, tacky. CRT < 2sec. Hydration: Mildly dehydrated based on dry/tacky MM. Abdominal: Tense and painful on palpation. The patient is guarding his abdomen.

Current Medications sulcrate, metronidazole, gabapentin, Cerenia

ABNORMAL Labwork Values BW - NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal in size (6.93 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (7.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.63 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.3 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen measured 1.8 cm thick at the hilus.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a moderate amount of echogenic nonshadowing luminal contents and gas consistent with normal ingesta as well as several almost square appearing hypoechoic densities consistent with pieces of kibble or potentially pills although small foreign bodies or objects cannot be definitively ruled out. There is no evidence of obstruction or infiltrative disease involving the stomach visible in these images at this time.

In the right cranial abdomen, there is a 5.5+ cm long area of small bowel with a hypoechoic thick wall measuring 1.3 cm thick and loss of layering. This area is surrounded by enhanced hypoechoic mesenteric fat. The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The right cranial bowel mass appears to potentially be proximal small bowel and could be resulting in some delayed gastric emptying resulting in the remaining gastric contents. Differentials for the focal thickening/mass include infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus other as well as benign inflammatory process. The loss of layering is concerning for infiltrative neoplasia, but a benign process cannot be ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Fine needle aspirates of the focal bowel wall thickening could be considered if patient's coagulation status is appropriate but if that is not possible or a cytologic diagnosis is unable to be obtained, ultimately, biopsies of the area may be necessary for a definitive diagnosis.
- 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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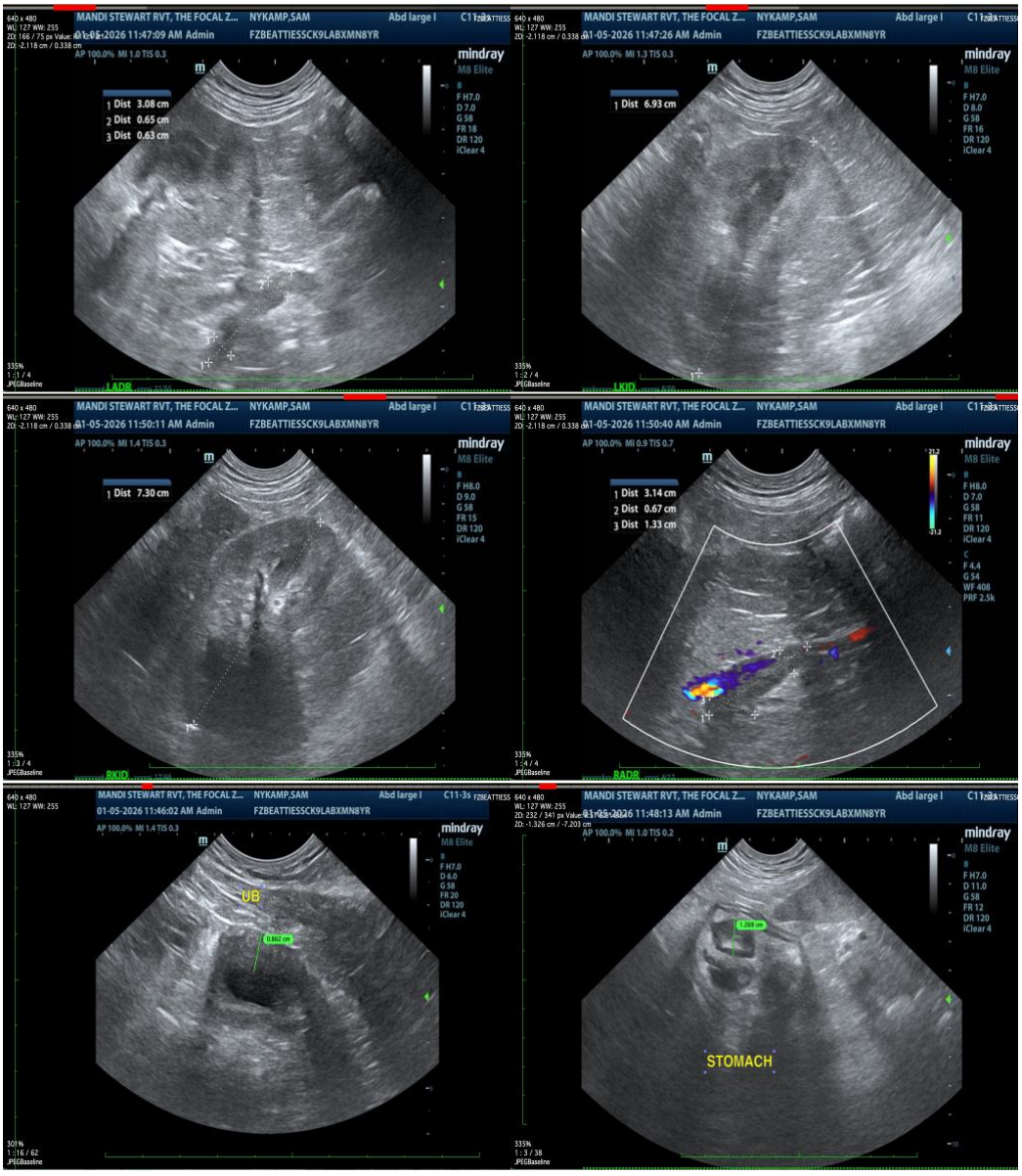
- Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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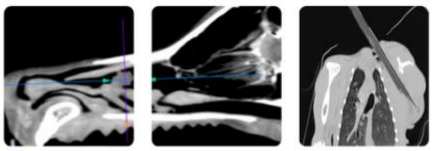

Teleradiology
Educational Teleconsultation Services™

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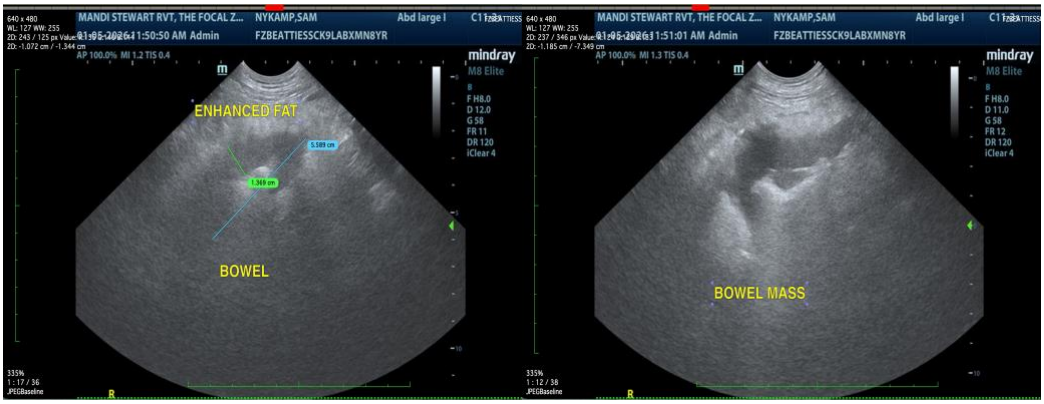

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com