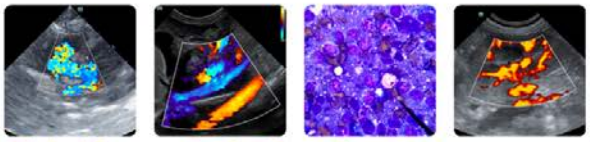


PATIENT

Khan Dize

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Neutered Male

AGE

1 Year

WEIGHT

79 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Melissa Earp

INVOICE

71983

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Presented on 10/15/25 for neuter/gastropexy. Upon discharge patient repeatedly falling to the ground and splaying his hind legs. A small amount of blood was initially noted, which progressed to a large pool of blood in the scrotal area after several falls. The patient was immediately returned to the surgery suite and anesthetized. Repaired scrotal incision. P returned 10/28/25 for incision dehiscence (gastropexy site), staples were placed. Returned 11/5/25 for being very weak, vomiting, drinking a lot of water, panting. Returned 11/18/25 for lethargy, vomiting, P was tachycardic, extreme weight loss. Patient got into dark chocolate on 11/16. Patient was hospitalized 11/18 and 11/19 on IVF. P treated with metronidazole, cerenia, famotidine, sucralfate. Starting P on oral metro and forti flora. P has been on Purina EN/bland diet (chix + rice) Weight 79 lbs / 35.8338 kg 11/20/2025 77.6 lbs / 35.1987 kg 11/19/2025 77.6 lbs / 35.1987 kg 11/18/2025 85.5 lbs / 38.7821 kg 11/05/2025 94.4 lbs / 42.8191 kg 10/28/2025 94.4 lbs / 42.8191 kg 10/15/2025

Abnormal PE/Chem/CBC/UA Results: cPL on 11/5 normal. on 11/5 The CBC is stable compared to previous results. His electrolytes are now within normal limits. There is a mild elevation in one liver enzyme, ALT, at 181 (previously 116). The other liver value on the panel, ALP, is normal. See attached labs, awaiting TLI, cobalamin, folate test

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size for an intact male, but patient was reportedly just neutered. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

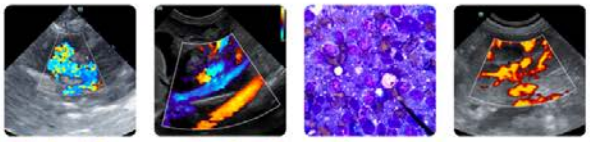
The right kidney is normal is size (9.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (11.0 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

The right adrenal gland is normal in size (0.46 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



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Spleen

Spleen is subjectively large in size (3.2 cm thick) with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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.

The 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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 a trace amount of anechoic free fluid primarily in the cranial abdomen.

There is no apparent pathologic lymphadenopathy noted in these images.

**The cranial abdomen is difficult to fully visualized (i.e., subtle pancreatic, gastric wall, and/or even hepatobiliary changes), given enhanced hyperechoic fat, some trace free fluid, artifact, and poor penetration, potentially in part related to recent surgery.*

ULTRASONOGRAPHIC FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Moderate amount of echogenic urinary bladder mineral/sand debris.

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- The trace free fluid could be residual from recent surgery, although other pathologic causes can't be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

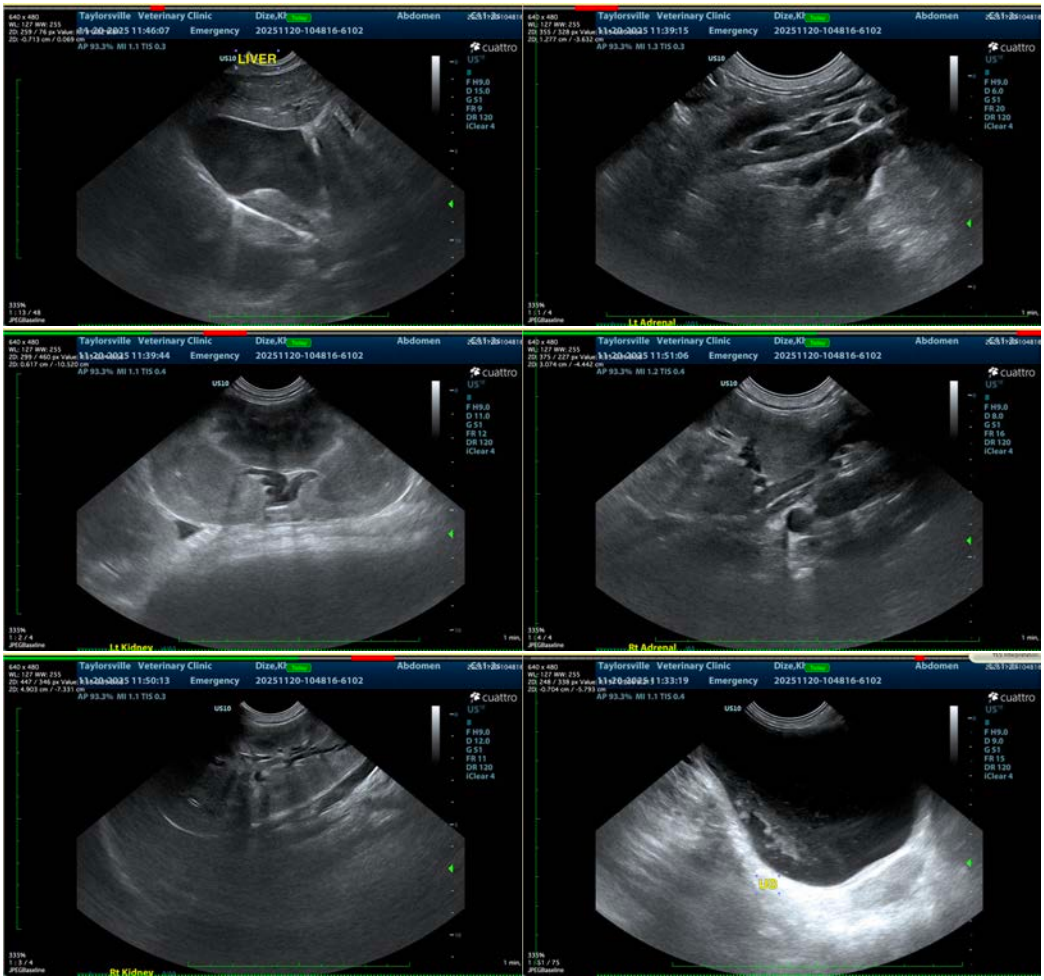
Given patient's young age, reportedly increased ALT, etc., bile acids are recommended if patient's total bilirubin is not increased.

As is reportedly already pending, 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.

Pending results of above, advanced imaging such as an abdominal contrast CT scan may be indicated.

In the meantime, if not already evaluated, a thorough evaluation of daily caloric intake is recommended to assure an adequate daily caloric intake is occurring vs an inadvertent reduction in calories due to change in diet and/or feeding schedule, competitive eating environment, etc.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.



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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