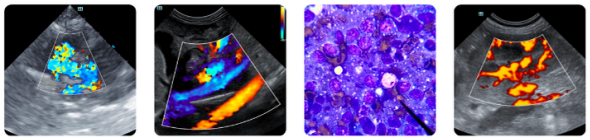


PATIENT

Brutus Vreeland

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

7 years

WEIGHT

88 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency Animal Hospital of Crystal Falls

REFERRING VET

Dr. Ralph

INVOICE

11273

DATE

2/11/2026

PRESENTING CLINICAL SIGNS

- has not been showing interest in regular food at home within recent. P was taken into rDVM where they found a number of concerns. P had an arrhythmia, so they elected to put on telemetry leads and have been monitoring HR. P has also been inconsistent in when he is wanting to eat and feels that P has been losing weight. P is not eating regular food at home but did eat a small amt of a croissant and ham.

Abnormal PE/Chem/CBC/UA Results: CBC- Hct 18.9%, WBC 0.82K, plts 35K Blood film review- the reported analyzer #'s are appropriate; no plt clumping. Non-regenerative anemia with no abnormal morphology. PCV/TP- 20% and 8.0 g/dL Chemistry profile- TP 8.4, globulin 5.4, cholesterol 108, otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be well visualized in these images.

The right kidney is normal is size (5.5 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 (6.8 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.

Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is unable to be well visualized in these images.

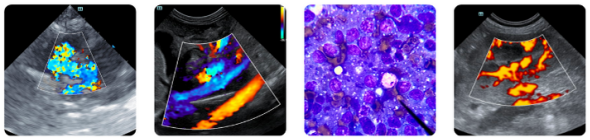
Spleen

The 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.

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. 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 no visible free peritoneal effusion noted in these images.

Medial to the spleen there is an approximately a 4.3 cm long x 1.0 cm thick homogenous, hypoechoic structure surrounded by some subtly mildly enhanced, hyperechoic tissue that could represent a lymph node versus other.

ULTRASONOGRAPHIC FINDINGS

- The density medial to the spleen could represent a reactive lymph node, a neoplastic lymph node, or other tissue. The origin is difficult to definitively identify. Otherwise, this is a largely unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported cytopenias, further workup for infectious, autoimmune, inflammatory, paraneoplastic, etc., causes are all recommended.

Therefore:

- 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.
- Comprehensive infectious disease evaluation is recommended.
- Fine needle apsrates of the density medial to the spleen could be considered if or when patient's coagulation status is appropriate.

Ultimately, however, if a diagnosis is not made, sampling of the bone marrow may be indicated.

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

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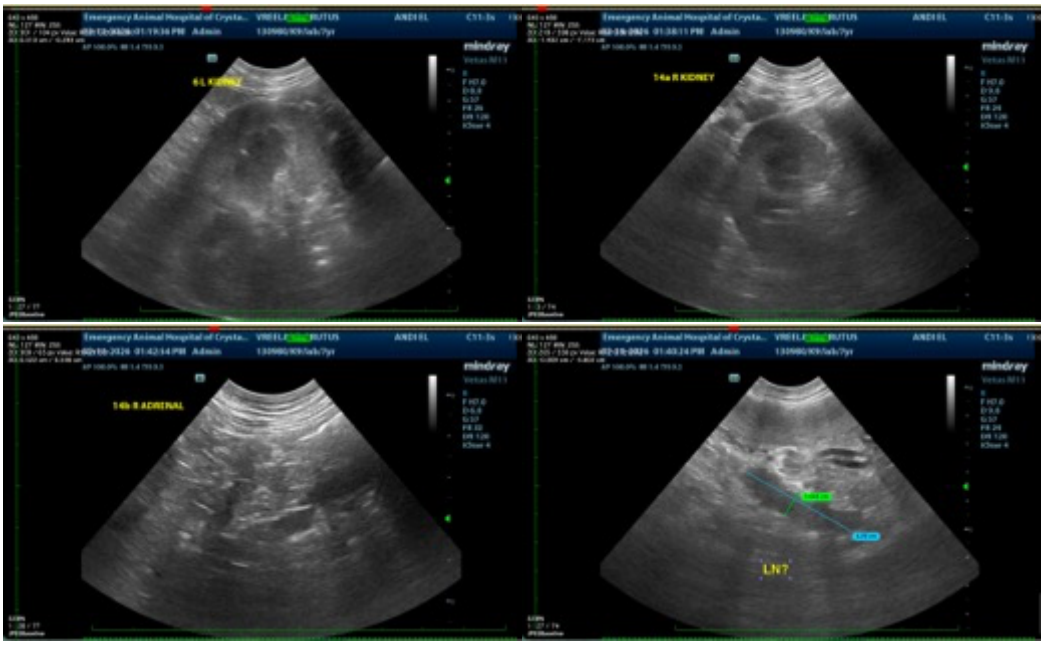

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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