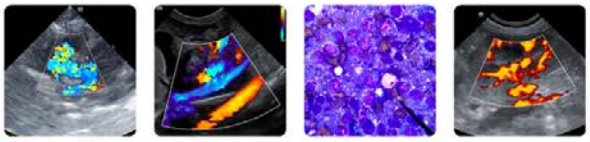


PATIENT

Theo Rufo

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

3 Years

WEIGHT

14 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Seven Valleys Veterinary Hospital

REFERRING VET

Dr. Jocelyn Hollway

INVOICE

72910

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Presented 2/5/26 for ADR - Owner just got back from trip (concern for possible tampon ingestion while away and possible human meds at that time). Not eating for several days, has tried high value treats like chicken, bacon etc. Vomited bile twice between 2/1 and 2/5. AXR

TODAY: Patient still ADR with minimal improvement despite meds/supportive care. Went to ER on 2/5/26 after rads performed here. AUS at ER = NSF with no evidence of FB or pancreatitis. Patient is eating better but still has not had a BM and still very lethargic and appears uncomfortable at home despite treatments at home.

NEW FEVER.NEW low grade HM. IDX RAD report from 2/5 and 2/12 submitted for review. Discussed potential explore for FB removal vs organ sampling if negative. Discussed possible referral to internal medicine

Abnormal PE/Chem/CBC/UA Results: STILL QAR. P allows deep palpation. ABD feels doughy, no obvious masses/FB's palpable. Low grade HM best heard on left. HR = 110bpm. Slightly increased lung sounds bilaterally. Normal RE. BCS 7-7.5/9--good ROM; R stifle mild crepitus, stable MLP. Grade 2 ddz. LEFT AG infection identified earlier this week (P started treatment). Today - ACTH STIM = pending (for atypical addisons) 2/10/26 CBC: NSF CHEMISTRY: NSF Lytes: NSF T4 = 1.9 normal PL = 191 normal (borderline high) BP = 136mmHG -- hypotension resolved 2/5/26 - ER Diagnostics Resting Cortisol = NSF AUS = unremarkable ABD with no evidence of pancreatitis or FB 2/5/26 CBC--baso 0.11 H (0.10)--r/o allergy vs inflamm vs other Chem--ALP <10 (23) T4--1.4 UA--to follow PL--186--high normal BP--Average BP : 86 mmHg --- hypotension

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.

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

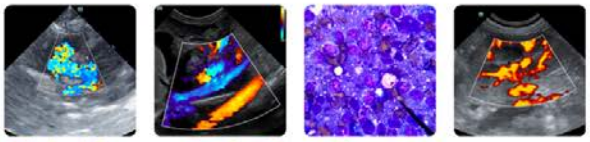
The right kidney is normal is size (4.41 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.79 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 (0.44 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



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Spleen

The spleen is subjectively normal in size (1.0 cm thick at the hilus) 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. A small non-obstructive, non-shadowing cholecystolith can't be ruled out. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- A small non-obstructive, non-visibly shadowing cholecystolith can't be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

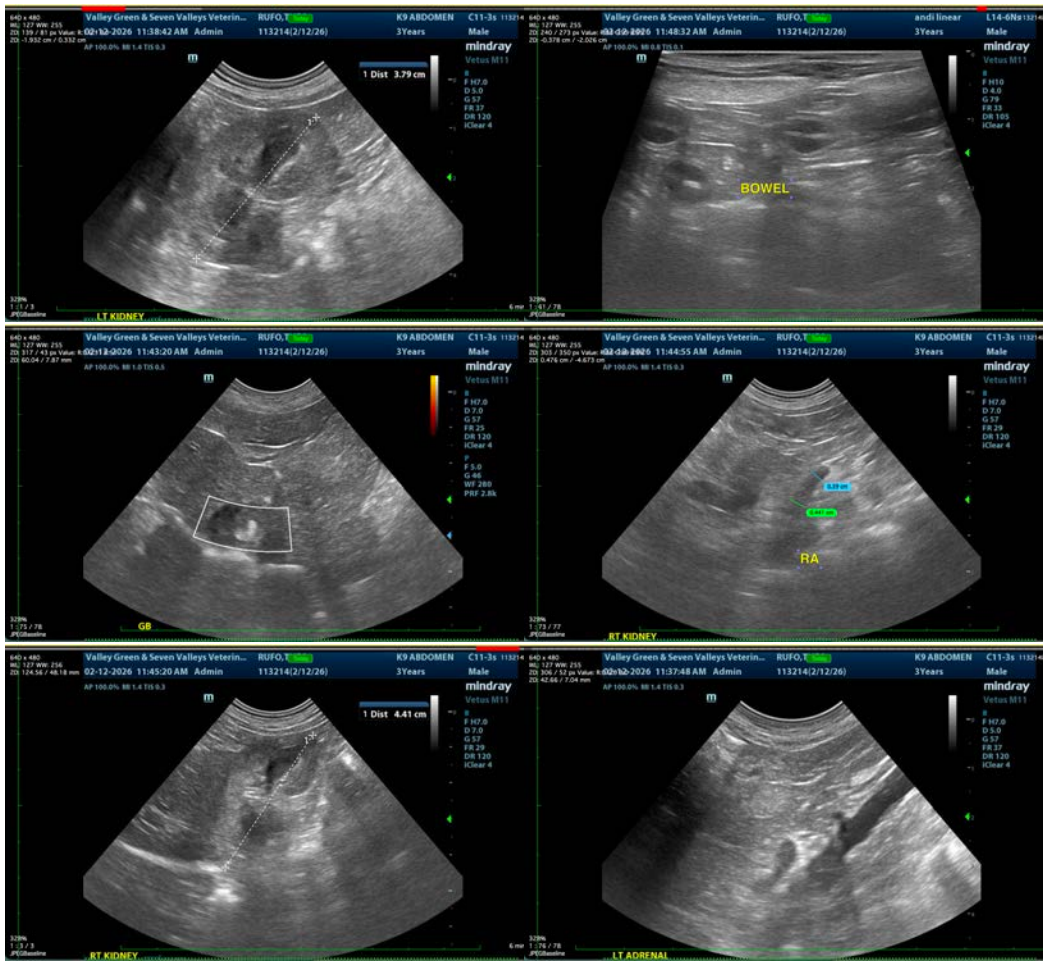
This is a largely unremarkable study in terms of patient's reported presenting complaint. As is reportedly already pending, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Additionally, pending results of that, 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.

Given the newly reported fever, recheck thoracic radiographs could be considered to look for evidence of possible pneumonia, which can lag behind radiographically.

An echocardiogram could also be considered, given the reported new murmur and fever, etc.

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



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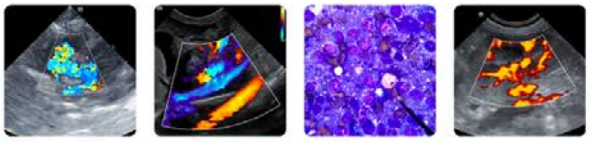

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com