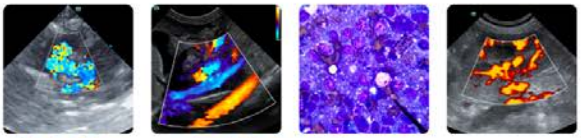


PATIENT

Bella Maglione

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

11 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Armani

INVOICE

73097

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Hx of prev. GI pyloric thickening Endoscopy and Bx performed, Gastric mass- polypoid fibroepithelial hyperplasia.Hx of cardiac murmur grade 2-3. Meds: Metoclopramide, Omeprazole, Gabapentin, Pred 5 mg SID, Cerenia, Vetmeding 2.5 mg BID

Abnormal PE/Chem/CBC/UA Results: BP 129/101. 139/108, ALT 123, ALP 150, GGT 34, WBC 25.7 Albumin 2.5, USG 1.035

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). 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.

The right 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.

The left kidney is normal is size (3.66 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 (0.70 cm at cranial pole and 0.50 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 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

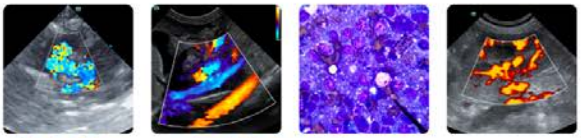
Spleen

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

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. One representative nodule measures approximately 1.5 cm x 1.8 cm in size in the left liver. 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. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering, except for potentially some very mild hypoechoic pyloric wall thickening measuring 0.50 cm thick. However, the lumen is moderately distended with a large amount of echogenic, non-shadowing contents and gas consistent with normal ingesta, as well as some progressively shadowing contents that likely represent ingesta/a very full stomach, but non-visibly obstructive foreign material can't be ruled out. These contents extend into the pylorus, obscuring full evaluation.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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

- Suspect mild pyloric thickening with subjective improvement from the previous study. Having said that, this appears to be a post-prandial study, partially limiting evaluation. If possible, follow up imaging following an additional 12-24 hours of fasting is recommended. Having said that, if patient is adequately fasted, then delayed gastric outflow is still suspected.

- Moderately heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations depend in large part on patient's current clinical status as well as when patient last ate, etc. As stated above, this study appears subjectively improved.

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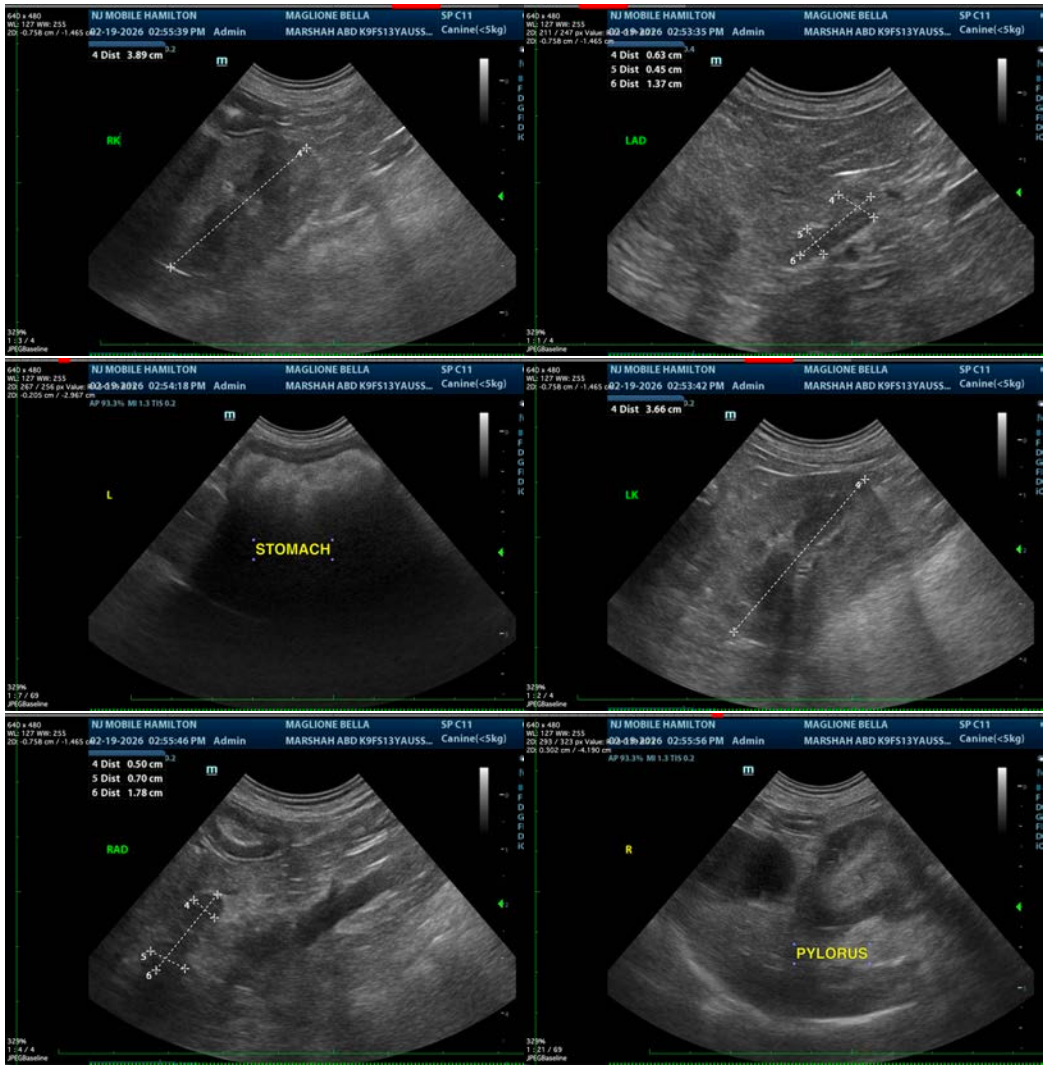

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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