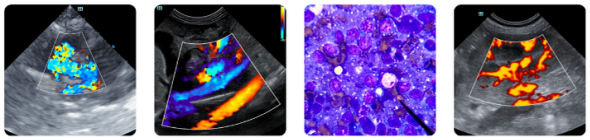


PATIENT

Brody Hoffman

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

16 years 11 months

WEIGHT

11.4 kgs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Silver Maple Veterinary Clinic

INVOICE

11622

DATE

4/6/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate pancreatitis, elevated ALT and progressive elevation of cPL. Presented to rDVM in early March for vomiting, soft stools and decreased appetite. Started management for pancreatitis. Clinically started to improve, remained with soft stool and decreased appetite. ALT started to improve but CPL continued to increase. Recently started on Prednisolone. Current Meds: Prednisolone taper started on 4/2/26. Famotidine, Gabapentin. Recent meds: Clavamox, Buprenorphine, Cerenia

Abnormal PE/Chem/CBC/UA Results: -Vit B12 level: pending - cPL 796 H (>400 pancreatitis) - Chem: BUN 28.5- H norm, Cr 0.9-n, ALT 146 H (prev 220 H), ALP 70 - CBC: Hct 51.2%, Plts 270-n, remainder 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.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral observed. Trace pyelectasia is noted bilaterally. Left kidney normal in size, measuring 5.42 cm, and contains an approximately 2.0 cm in diameter cortical cyst along the caudal pole. Right kidney is small in size measuring 3.96 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.33 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

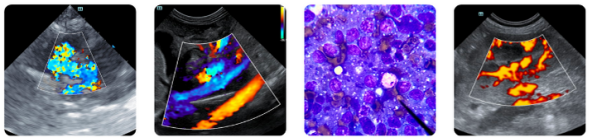
The left adrenal gland is normal in size (0.9 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

Brody Hoffman

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

16 years 11 months

WEIGHT

11.4 kgs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Silver Maple Veterinary Clinic

INVOICE

11622

DATE

4/6/2026

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

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is 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

Mild/subtle bilateral chronic kidney disease changes with trace bilateral pyelectasia and a large cortical cyst in the left kidney.

Otherwise, this is a largely unremarkable/normal structural age related/senior exam, without a definitive ultrasonographically visible intraabdominal explanation for patient's reported gastrointestinal signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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.

A routine fecal/giardia exam is recommended if not recently evaluated.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

PATIENT

Brody Hoffman

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

16 years 11 months

WEIGHT

11.4 kgs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Silver Maple Veterinary Clinic

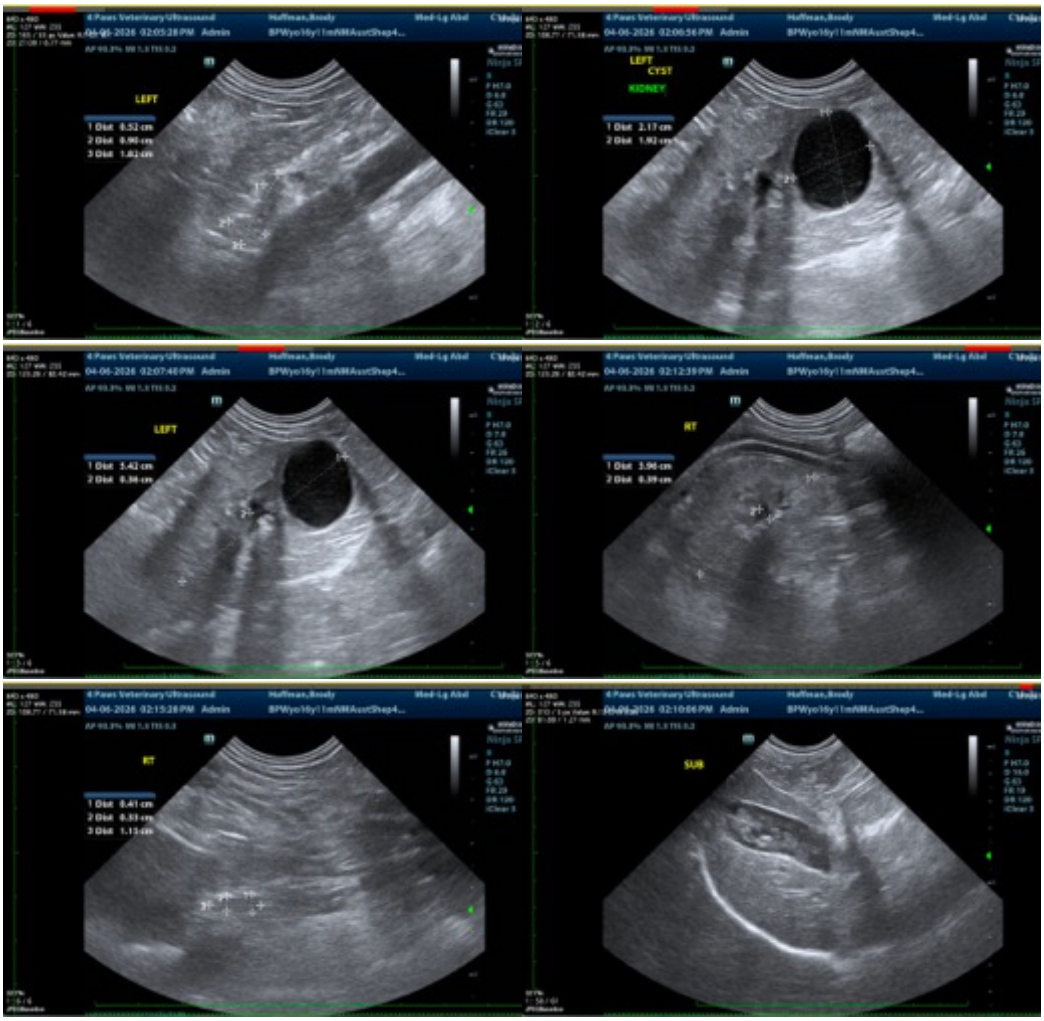
INVOICE

11622

DATE

4/6/2026

In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.



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