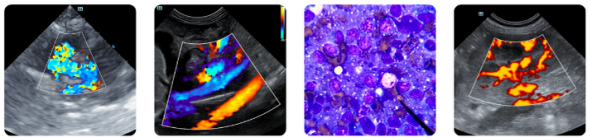


PATIENT

Wesley Longe

SPECIES

Canine

BREED

Papillon Mix

SEX

MN

AGE

6 years 8 months

WEIGHT

14.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Becci Farrell

INVOICE

11934

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

Seen 5/4: declining appetite prior week, not eating the prior 2 days. Started V after eating 4 days prior, continued V even though eating very little. Unsure of stools. Decreased energy and water intake. No known FB, toxin, garbage exposure. Does get people food but nothing fatty or greasy. PE: TPR WNL, mm p & t, CRT<2secs, BAR, H and L WNL, Abd WNL, Anals full, soft, dark, tarry stool in rectum. Chem/CBC mild changes consistent with dehydration. cPLI normal. Fecal with Gia NOS/neg. Th and Abd rads consistent with hypovolemia/dehydration, WNL otherwise. Treated with SQ fluids, Cerenia, Famotidine, Metro, probiotics and bland diet. No improvement by next am, recommended drop off for IV supportive care and possible Abd US, owner declined. Over course of week, no V and owner able to get him to eat little bland amounts. Again recommended IV supportive care, owner declined, but did agree to outpatient care 5/8 going into weekend. Gave SQ fluids, Cerenia SQ, Famotidine SQ. Since Saturday not eating at all, unable to give meds and back to V after water, unable to keep anything down. Recheck 5/11/26, PE: TPR WNL, mm pink and tacky, CRT<2secs, QAR, EENT WNL, H and L WNL, Abd WNL. Admitted for IV supportive care. Repeat Chem/CBC TP 4.4, Alb 1.9, Cl 106. Resting cortisol WNL. UA WNL.

Abnormal PE/Chem/CBC/UA Results: 5/4: Chem/CBC HCT 59.7%, WNL otherwise cPLI normal Fecal with Gia pending Radiographs microcardia/hypovolemia, WNL otherwise 5/11: Chem/CBC TP 4.4, Alb 1.9, Cl 106, WNL otherwise UA WNL Resting cortisol 20ug/dl

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 (4.32 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 (3.94 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.

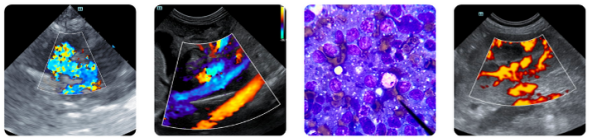
Adrenal Glands

The right adrenal gland is normal in size (0.88 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm at cranial pole and 0.4 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.



PATIENT

Wesley Longe

SPECIES

Canine

BREED

Papillon Mix

SEX

MN

AGE

6 years 8 months

WEIGHT

14.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Becci Farrell

INVOICE

11934

DATE

5/12/2026

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines, other than the proximal small bowel/duodenum, is 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 duodenum is diffusely thick measuring between 0.6 cm and 0.7 cm in most places with normal wall layering preserved, however, the mucosa is more echogenic than normal and contains hyperechoic striations perpendicular to the lumen. In one focal area, measuring approximately 3.0 cm long by 2.0 cm thick, the hyperechoic striations are quite severe resulting in an almost mass like appearance.

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 mild amount of anechoic free fluid noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The appearance of the duodenum is most consistent with lacteal dilation i.e. lymphangiectasia, likely resulting in a protein losing enteropathy either caused by primary lymphangiectasia or other primary infiltrative inflammatory disease with secondary lymphangiectasia. Infiltrative neoplasia is possible, especially in the acutely more severely affected thick area, but it's considered less likely. Histopathology is necessary to definitively determine the underlying cause.
- The mild free fluid is likely secondary to patient's reported hypoalbuminemia.

SECONDARY FINDINGS

PATIENT

Wesley Longe

SPECIES

Canine

BREED

Papillon Mix

SEX

MN

AGE

6 years 8 months

WEIGHT

14.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Becci Farrell

INVOICE

11934

DATE

5/12/2026

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

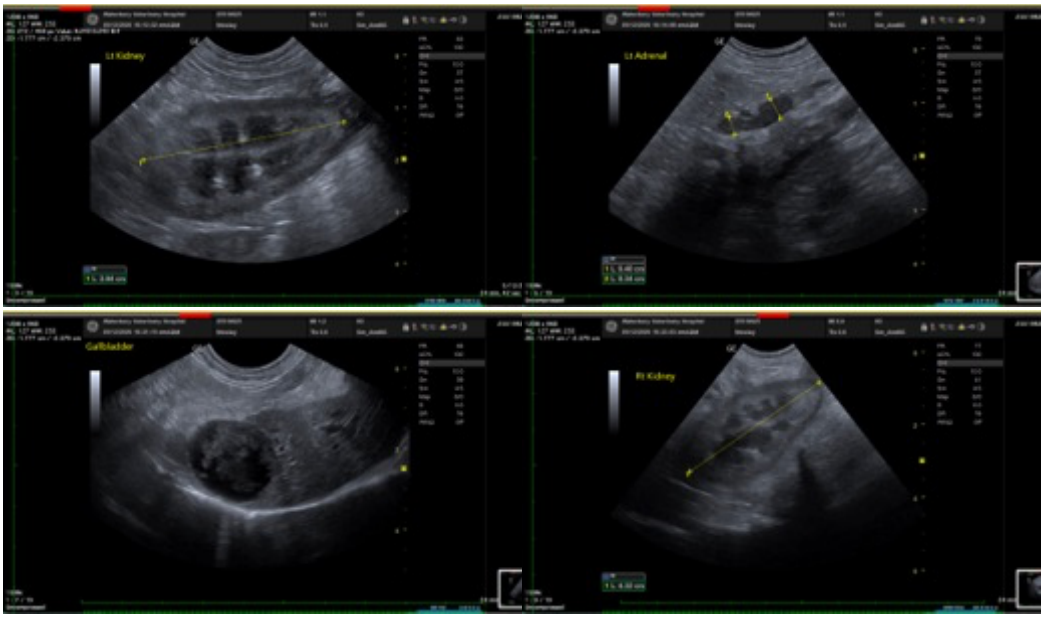
As was reportedly already evaluated, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Ideally, biopsies of the GI tract are recommended to definitively diagnose and therefore manage the infiltrative bowel process.

If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies could include diet change to an ultra-low-fat diet, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) a probiotic and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

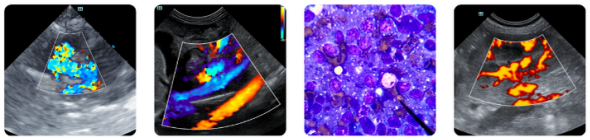
Calcium monitoring, and supplementation, if necessary, is also recommended.

Additionally, if patient's coagulation status is otherwise appropriate, anti-thrombotics such as clopidogrel or low dose aspirin may also be warranted.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Wesley Longe

SPECIES

Canine

BREED

Papillon Mix

SEX

MN

AGE

6 years 8 months

WEIGHT

14.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

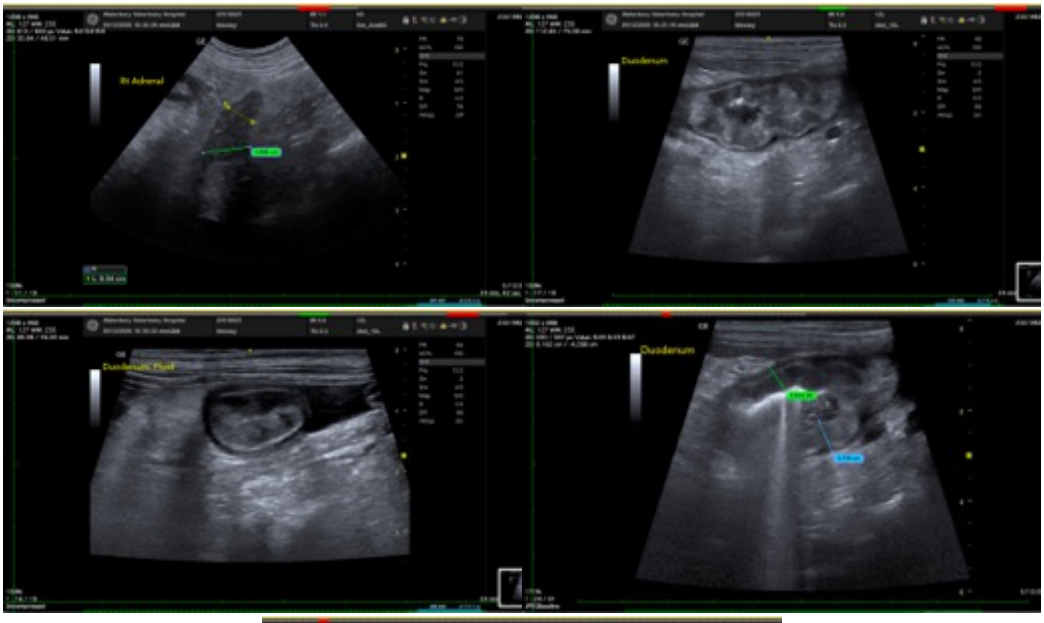
Dr. Becci Farrell

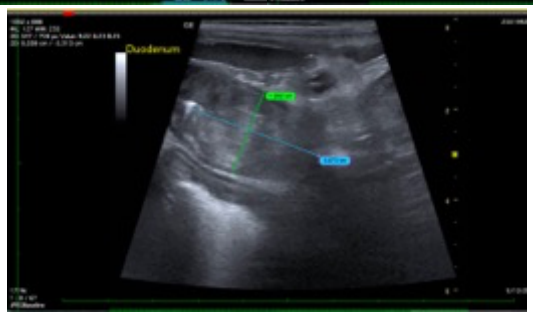
INVOICE

11934

DATE

5/12/2026





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