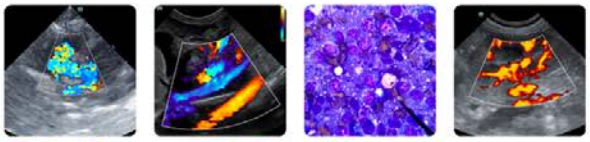


PATIENT

Barbie Egozcue

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Laura Solis

INVOICE

75637

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of vomiting and soft stool. Px was left at a hotel for boarding until May 18th. During this time she presented to rDVM with soft stools. Px started again with diarrhea after owner switched from the prescribed Gastrointestinal Low Fat diet to Maltese RC diet, which is the one she had been on since puppy. rDVM recommended switching to previous diet slowly and continuing with Propectalin in the meantime, but Px was still presenting with inappetence, diarrhea, and vomiting. Bloodwork was unremarkable. Radiographs showed some objects in stomach and a concern for GI FB was noted. Px has been doing well since May 23 and is now eating and defecating normally. Px is UTD on all vaccines. Sample of liver nodule was collected via FNA, results are currently pending.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.0 cm. Right kidney measured 4.2 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.65 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.61 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

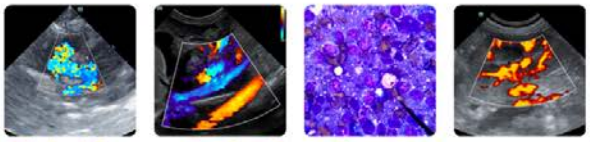
Spleen

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

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, except for an approximately 2.3 cm x 3.7 cm discrete homogeneous, hypoechoic nodule/mass in the mid cranial poart of the liver. 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 moderately distended with a large amount of echogenic non-shadowing contents consistent with normal ingesta, as well as hypo- to anechoic cuboidal densities/objects consistent with normal pieces of kibble, and one 0.80 cm in diameter shadowing density that again likely represents normal ingesta, potentially a pill, versus other. There is no visible evidence of obstruction.

The duodenum is mildly thick, measuring 0.60 cm, with normal intact layering but very subtle mucosal speckling/fogging. The remaining 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.

PRIMARY FINDINGS

- This appears to be a post-prandial study. Having said that, non-obstructive, non-shadowing foreign material, while thought much less likely cannot be definitively ruled out. The mildly thick duodenum could be a benign reactive or inflammatory change, given patient's reported recent but resolved gastrointestinal upset, or could be suggestive of early or emerging infiltrative bowel disease, parasitic, infectious, dietary related, other benign inflammatory, with infiltrative neoplasia being considered much less likely.

- Similarly, the liver nodule could represent infiltrative neoplasia such as a primary hepatocellular carcinoma, round cell neoplasia, other, but a benign lesion such as nodular hyperplasia, hepatoma/adenoma, other is equally probable and can't be ruled out without tissue sampling.

SECONDARY FINDINGS

- Age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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As is reportedly already pending, fine needle aspirates of the liver mass are recommended if patient's coagulation status is appropriate.

As is already waiting to be read and will follow up to this report, an additional 12-24 hours of fasting followed by recheck imaging of the GI tract is recommended to more definitively rule out foreign material.

In addition to that, given patient's full improvement, it could be that the gastrointestinal upset was a component of stress related to boarding or potentially some dietary indiscretion versus other, although if clinical signs do return, further gastrointestinal workup recommendations include a routine fecal/giardia exam.

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 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.

+/- A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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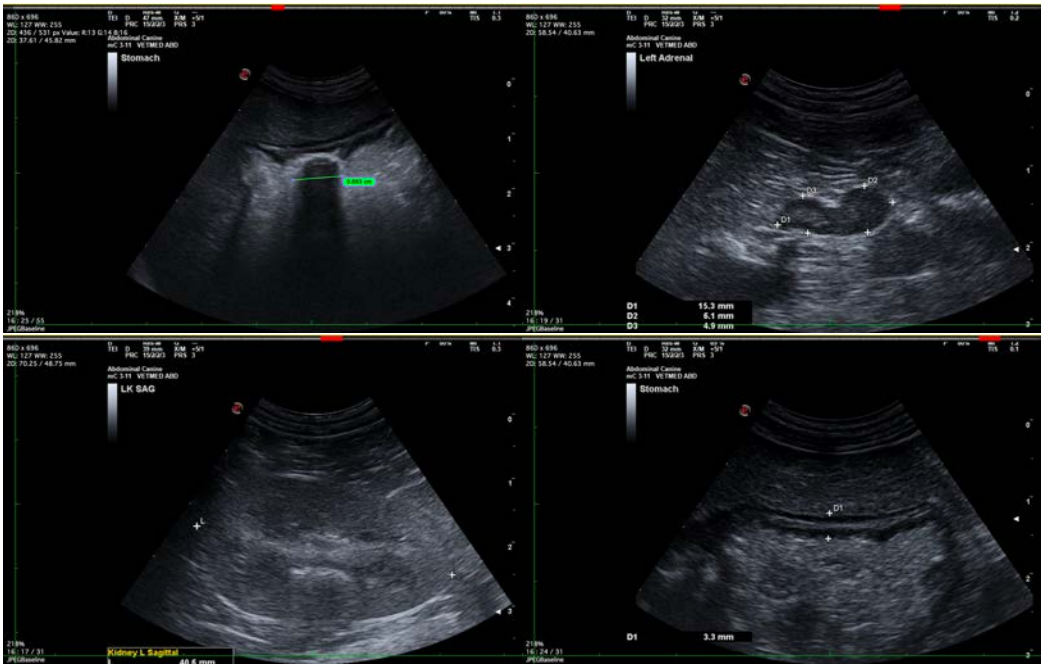

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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