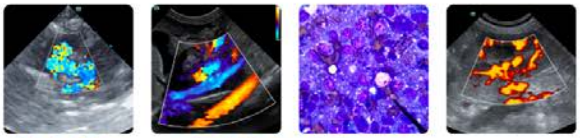


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bean Palmar

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

9 Years

WEIGHT

35.8 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Headon Forest Animal Hospital

REFERRING VET

Dr. Short

INVOICE

71892

DATE

11/18/25

PRESENTING CLINICAL SIGNS

>1 month history of vomiting bile/mucous/food contents intermittently. Presented to clinic today as has been vomiting consistently and unable to keep any food/water down for last 24 hours (a brown-liquid appearance to vomit). Owner also notes that had diarrhea for ~7d 3 weeks ago which improved with chicken and rice. Owner also notes fur has continued to thin and is patchy. Current Medications emavert 3.5mls

Abnormal PE/Chem/CBC/UA Results: Bloodwork was completed in March: low T4/normal TSH, elevation in ALP (1800U/L) Repeated bloodwork today: CBC, biochem & cPLI WNL EXCEPT further elevation in ALP (>2000U/L) Radiographic Findings none Primary Question to Be Answered in This Exam Anything internal causing this?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Not visualized in this study likely due to intrapelvic location.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 6.91 cm. Right kidney measures 6.85 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized. Both were subjectively prominent. No specific masses or nodules seen. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Left measures 3.25 cm in length x 0.93 cm at the caudal pole and 0.91 cm at the cranial pole. Right measures 2.86 cm in length x 0.79 cm at the caudal pole and 1.65 cm at the cranial pole.

Spleen

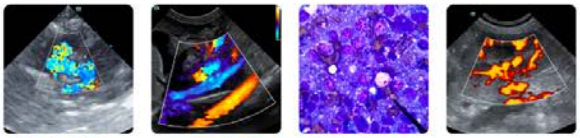
The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Normal GI tract.
- Normal liver and gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, infectious etiologies (bacterial, viral, parasitic), food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include baseline cortisol +/- ACTH stimulation test, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

Bilious vomiting syndrome is a diagnosis of exclusion in dogs and describes a benign cause of intermittent vomiting of bile. Most frequently the vomiting is in the morning or after other extended period without being fed. Offering a small snack to interrupt up prolonged fast (example, before bed) is often effective at eliminating or significantly reducing symptoms. Antacids are often tried but are of no proven benefit.

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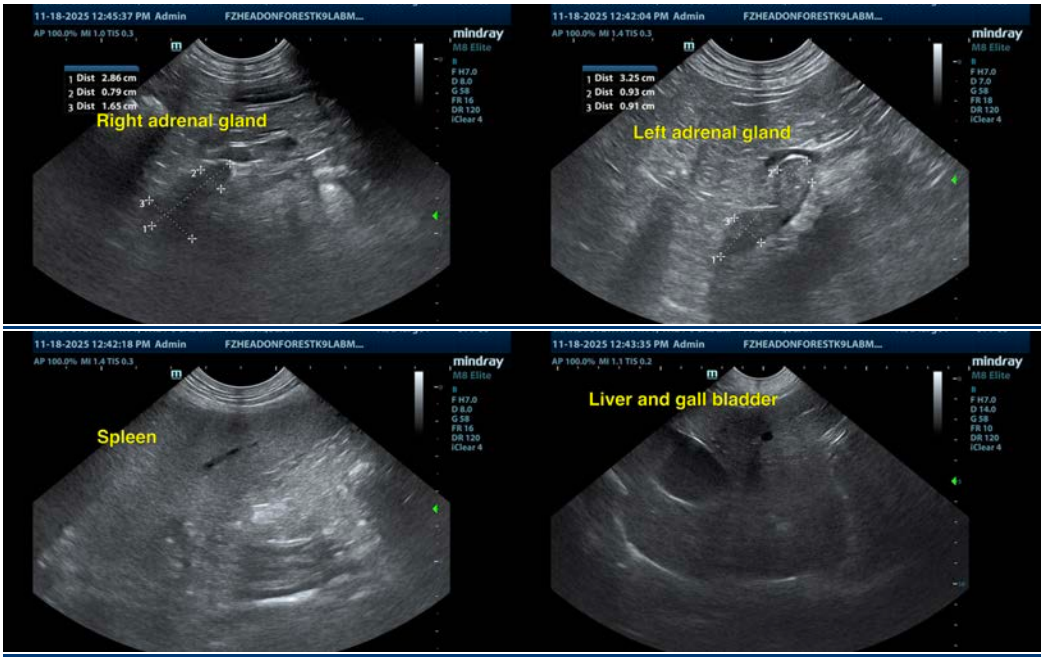
Induction phenomena are the most common cause for an elevation in ALP. These are systemic illnesses that 'turn on' the liver enzyme. Causes of this include Cushing's disease, dental disease, arthritis, and numerous others. In many cases the exact cause is unclear but as long as ultrasound and bile acids tests are normal most patients do not have progressive changes in their liver. While liver biopsy is not routinely performed, vacuolar hepatopathy is noted on most biopsies. This is often non-progressive but in rare cases can be more severe and lead to liver failure.

- If signs of cushings disease are present, recommend endocrine function testing to evaluate for cushing's disease.
- Consider fine needle aspirate to rule out round cell neoplasia.
- If a cause for the ALP elevation is not identified: I recommend recheck general blood work every 6 months, ultrasound once per year, and bile acids test every 1-2 years based on other results. If the ALP continues to climb a biopsy should be considered.
- Consider long term use of denamarin, and monitoring for the signs of cushings developing.



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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com