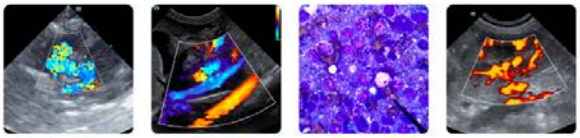


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Hank Reynolds

SPECIES

Canine

BREED

Papillon

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.2 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Huntington Animal Hospital

REFERRING VET

Dr. Hutchison

INVOICE

72224

DATE

12/1/25

PRESENTING CLINICAL SIGNS

Acute onset of vomiting on Friday after being found with part of a rabbit carcass. Noted no borborygmi on presentation and initially had cranial abdominal pain. T 39.5C. Today has mild borborygmi and cranial abdomen palpates normal, but now caudal abdomen acute pain. No longer vomiting and did pass normal stool. Still not interested in eating anything other that dehydrated beef liver or beef sausage and will eat these readily. Current Medications metronidazole 125 mg q12h, buprenorphine 0.044 mg q8h PRN, metoclopramide 2.5 mg q12h.

Abnormal PE/Chem/CBC/UA Results: WBC 16.97, neutrophils 14.95, RBC 9.25, Urea 14.5, TP 85, Glob 49, ALT 203, normal cPL (55), rest of Chem 17 and electrolytes WNL. Radiographic Findings Mild hepatomegaly and splenomegaly, no obvious obstructive pattern, no noted bony material noted in intestines. Ultrasound in house showed ileus and not able to find any obstruction (to my untrained eyes). labs and rads attached

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.

The prostate is not visible.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Cortical mineralization and multiple cortical cysts noted in both kidneys. Right kidney measured 4.34 cm. Left kidney measured 4.88 cm.

Adrenal Glands

The adrenal glands are bilaterally prominent and subjectively hypoechoic. Cranial pole of the right adrenal gland is enlarged with a hyperechoic nodule. Visible phrenic vasculature is unremarkable. Left adrenal gland measures 1.72 cm in length x 0.64 cm at the caudal pole and 0.88 cm at the cranial pole. Right adrenal gland measures 1.69 cm in length x 0.54 cm at the caudal pole and 1.01 cm at the cranial pole.

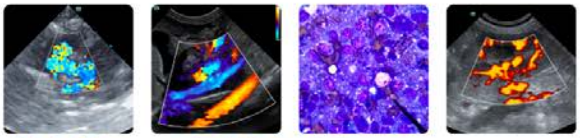
Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with a solitary hyperechoic nodule visualized most consistent with benign myelolipoma. There was 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 mildly enlarged with rounded borders. Parenchyma is otherwise normal with no specific masses or nodules visualized.

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



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Gastrointestinal

The stomach contains a small amount of ingesta and some gas shadowing. 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 mild gas shadowing throughout with no overt 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.

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 free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Gassy GI tract with no overt luminal distention.
- Bilateral adrenomegaly with right adrenal nodule.
- Degenerative renal changes.
- Mild hepatomegaly, likely benign aging change.
- Splenic myelolipoma, benign aging change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI changes are consistent with nonobstructive gastroenteritis and in the absence of chronic GI signs, acute gastroenteritis is most likely. While the pancreas appeared sonographically normal, pancreatitis cannot be definitively ruled out. This is likely secondary to reported carcass dietary indiscretion. Consideration for other dietary indiscretion, food sensitivity/allergy, toxin, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease is also reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

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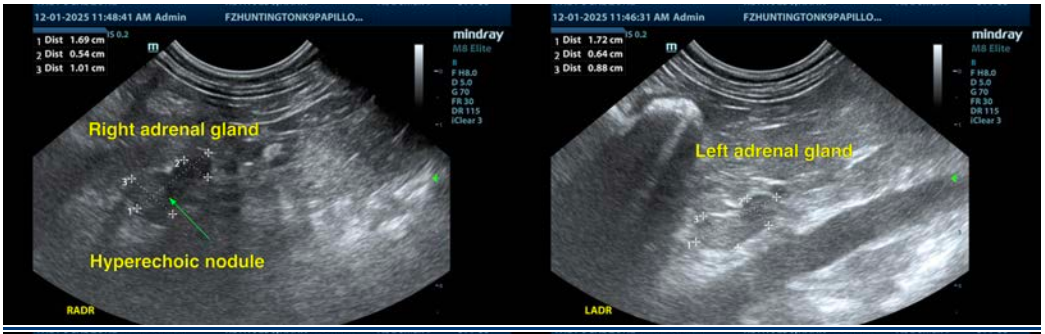

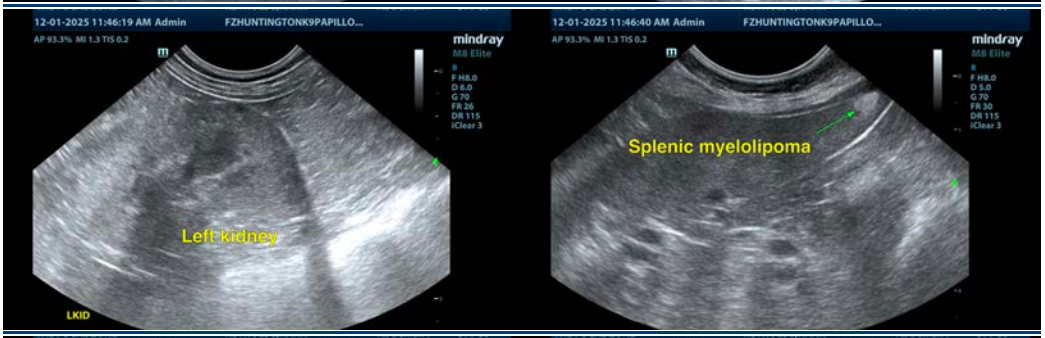

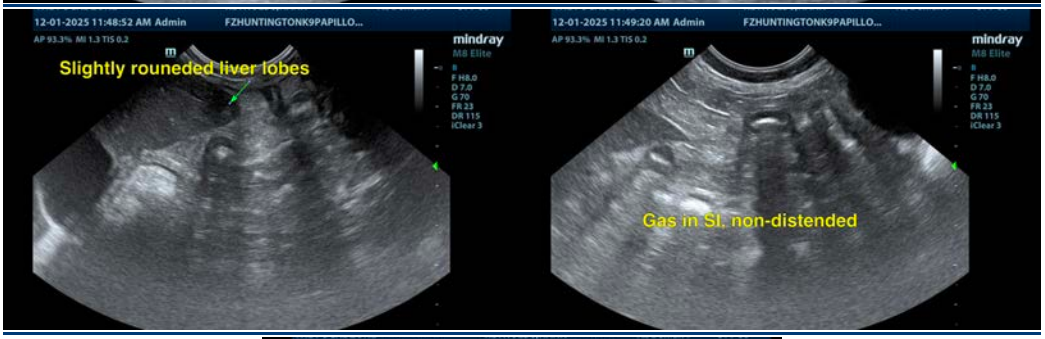

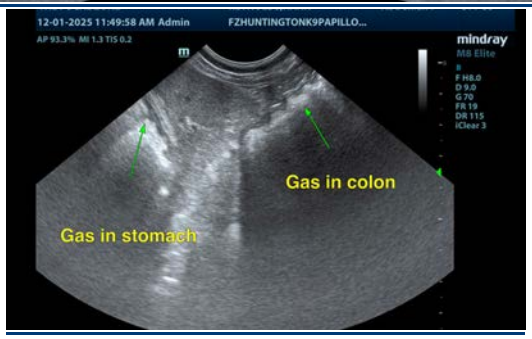

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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