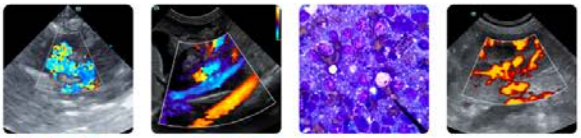


PATIENT

Olaf Guevera

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Neutered Male

AGE

12 Years

WEIGHT

107 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Shohola Veterinary Hospital

REFERRING VET

Dr. DeMeo

INVOICE

73610

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Loose stool, weight loss w/ low thyroid hormone. Current meds: Levothyroxine 0.5mg SID- FT4 and T4 WNL. Abnormal PE/Chem/CBC/UA Results: ALKP 329, Trig 372 U/A: trace protein, usg 1.026

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 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. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 6.09 cm. Resolution of the right kidney is somewhat limited. Right kidney measures 6.85 cm.

Adrenal Glands

The left adrenal gland is subjectively prominent, and measures slightly enlarged. No specific masses or nodules seen. Left measures 2.54 cm in length x 0.88 cm at the caudal pole and 0.79 cm at the cranial pole.

The right adrenal gland is visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 3.0 cm in length x 0.62 cm in thickness.

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

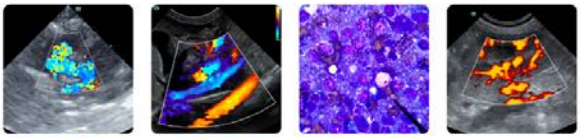
The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

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.



PATIENT

Olaf Guevera

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Neutered Male

AGE

12 Years

WEIGHT

107 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Shohola Veterinary Hospital

REFERRING VET

Dr. DeMeo

INVOICE

73610

DATE

3/12/26

Sections of colon are visualized with 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.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Normal GI tract.
- Mild nephrocalcinosis.
- Prominent left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported weight loss in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable though non-GI causes remain possible. While not sonographically evident, pancreatitis cannot be completely ruled out. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. Additional diagnostics to be considered include current chem/CBC, GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes.

Adrenomegaly may represent stressful illness or hormone stimulation as is seen with hyperadrenocorticism. If corresponding clinical signs are present, a urine cortisol to creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered pending results. This is not a likely cause of the clinical signs but may be causing ALP elevation.

The liver parenchyma appears normal and there is no ultrasonographic explanation for the elevated liver enzymes in this patient. There is no significant disruption of architecture noted to suggest significant pathology. Low grade inflammatory hepatopathy/reactive hepatopathy is a likely cause of LE elevations. Fine needle aspirate is recommended and bile acid profile to assess liver function. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

PATIENT

Olaf Guevera

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Neutered Male

AGE

12 Years

WEIGHT

107 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Shohola Veterinary Hospital

REFERRING VET

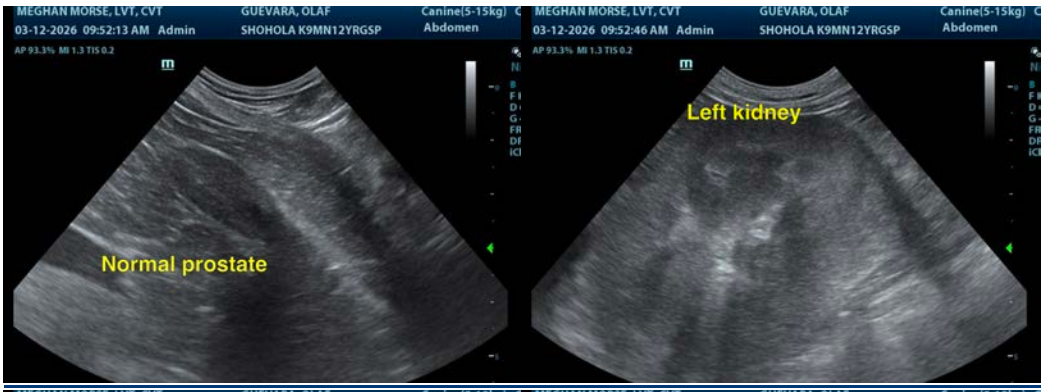
Dr. DeMeo

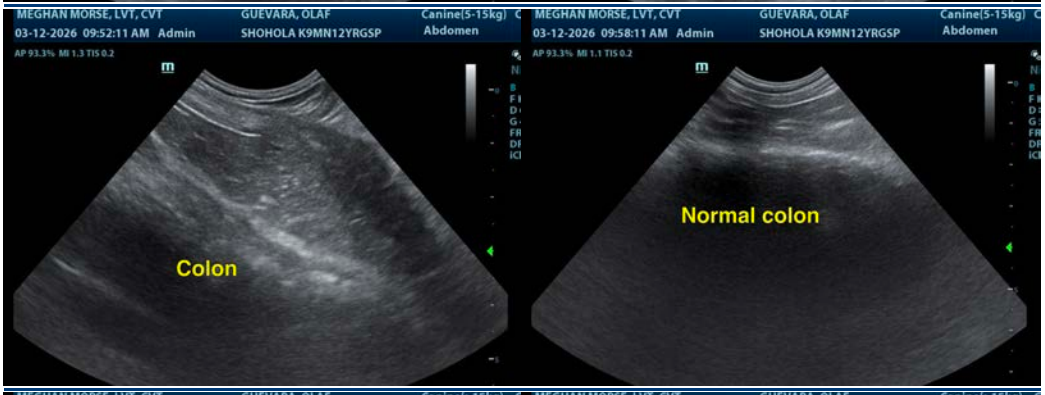
INVOICE

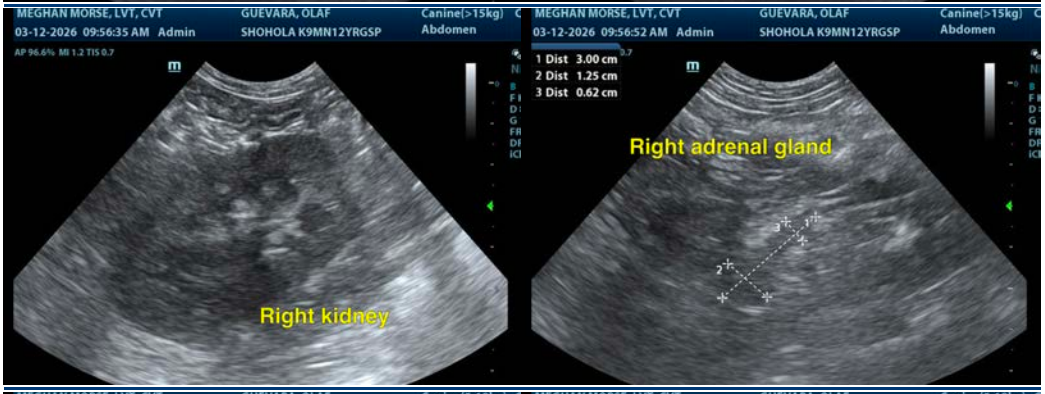
73610

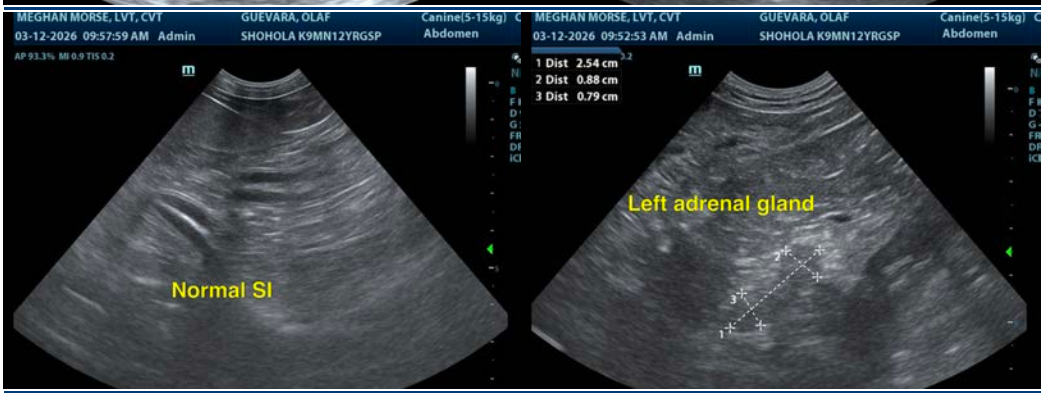
DATE

3/12/26









PATIENT

Olaf Guevera

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Neutered Male

AGE

12 Years

WEIGHT

107 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Shohola Veterinary Hospital

REFERRING VET

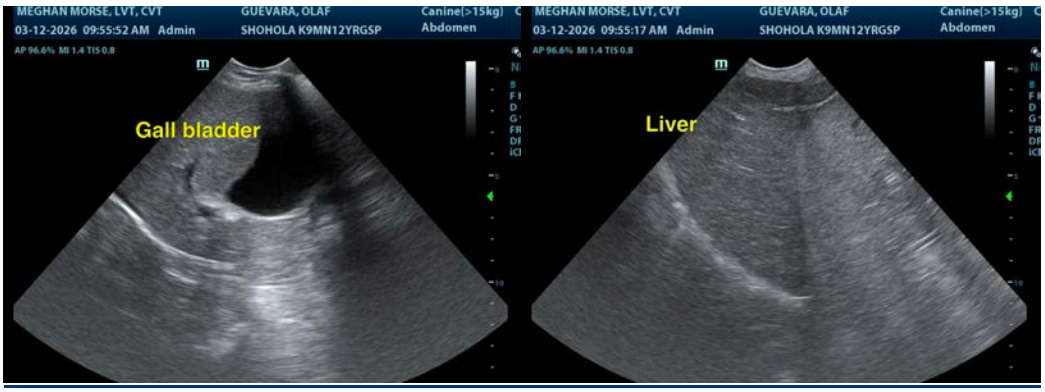
Dr. DeMeo

INVOICE

73610

DATE

3/12/26



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