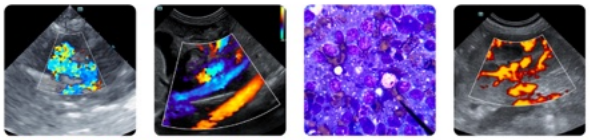


PATIENT

Oakley Jablonski

SPECIES

Canine

BREED

Australian Shepherd

SEX

Male

AGE

10 years

WEIGHT

42.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Levy

HOSPITAL NAME

Court Street VH

REFERRING VET

Dr. Levy

INVOICE

70136

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Lethargy over the past 2-3 weeks. Loose stool/ diarrhea over the past week. Vomited hair + brown sludge 1x 1w ago.
Abnormal PE/Chem/CBC/UA Results: Mild hypoalbuminemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***The image set was not labeled, yet confirmed to be for this patient.**

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.0 cm. The right kidney measured 6.5 cm.

Adrenal Glands

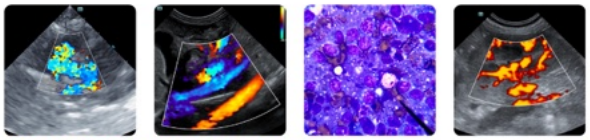
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Slight increased portal markings were noted. The gallbladder wall was mildly echogenic without significant over distension.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted in this patient with reactive mesentery. The wall thickening measured up to 1.16 cm. There were some areas that revealed loss of mural detail. Enhanced surrounding mesentery was noted primarily in the jejunum.

Pancreas

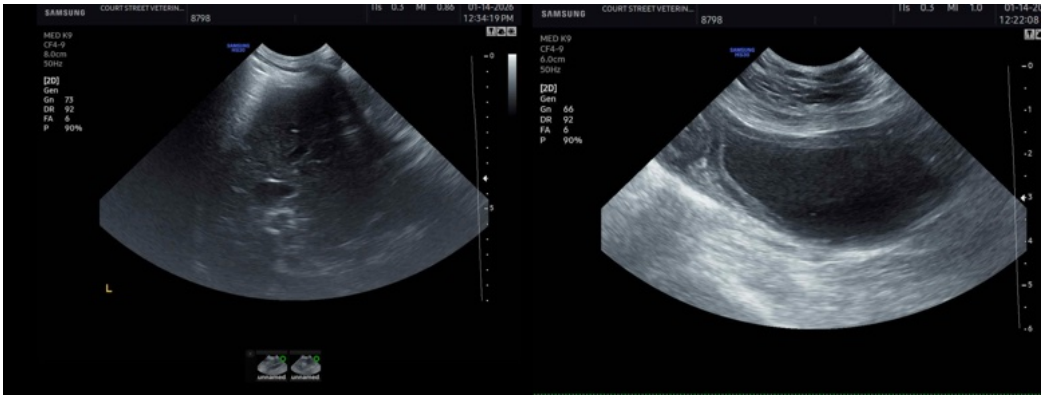
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Variable intestinal thickening with loss of mural detail. Strong concern for intestinal round cell neoplasia/lymphoma with secondary protein losing enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies are likely necessary in this patient optimally guided by intraoperative ultrasound to identify the more dramatic changes. Ultrasound-guided FNA can be attempted. Screening FNA of the liver is also warranted to ensure metastatic disease is not present. Sampling is strongly recommended in this patient, preferably from intraoperative ultrasound-guided surgical biopsies.



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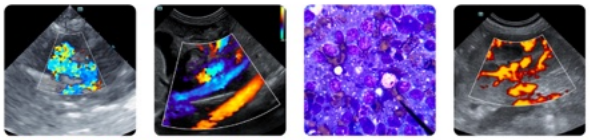

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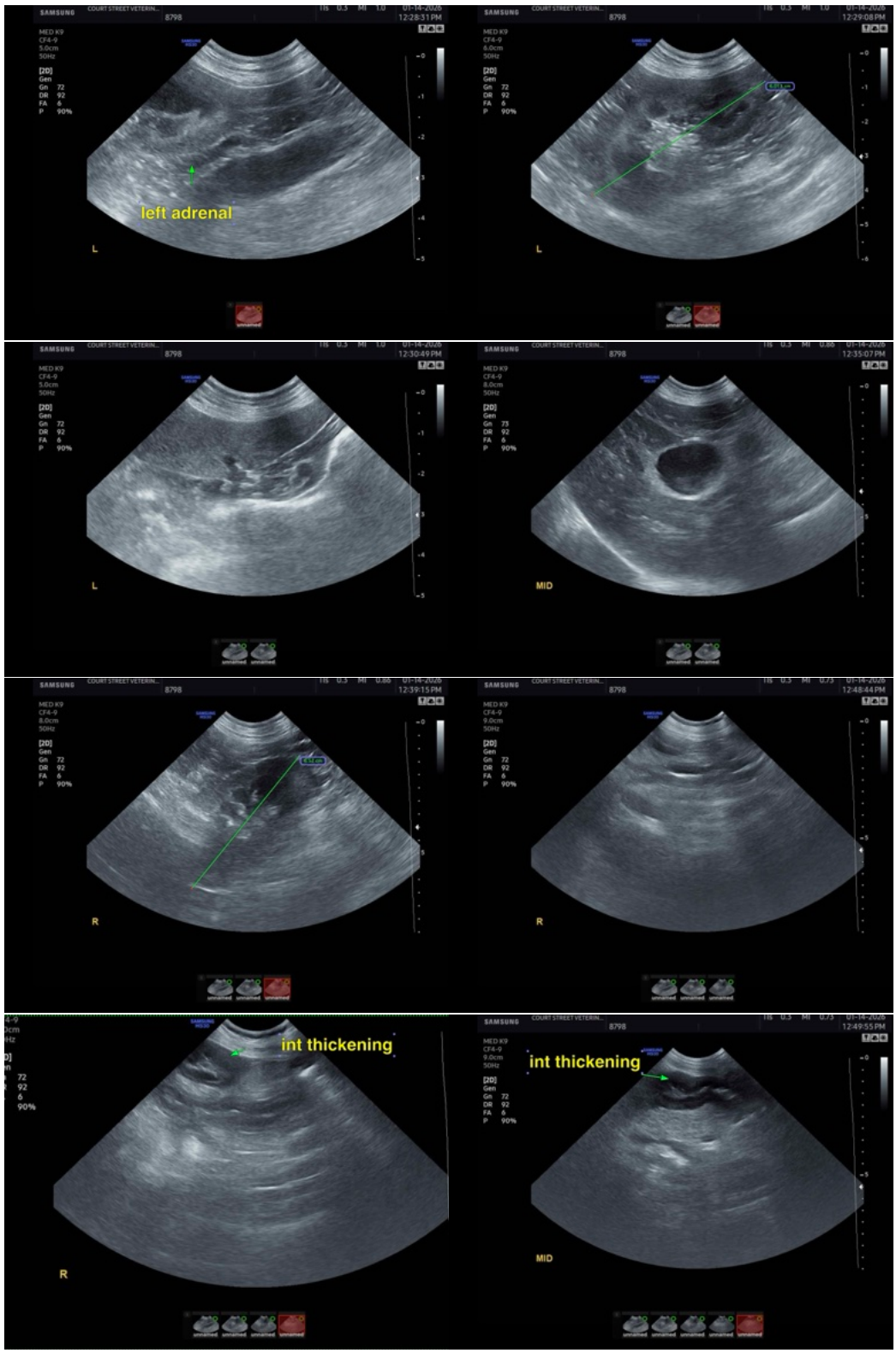

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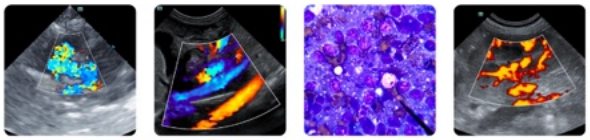

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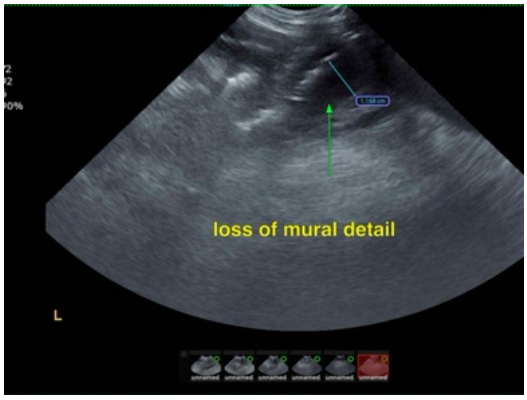

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com