PATIENT

Rommel Gualano

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

120 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Scairpon

INVOICE

35910

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Temperature = 105.4. Dog is lethargic. Pet is currently in hospital on IV fluids and unasyn Galliprant.

Abnormal PE/Chem/CBC/UA Results: ALT = 2000 PLT = 8 (low) - confirmed on manual blood smear. UA (free catch) = bilirubin 3+, blood 3+ Urine Specific Gravity = 1.037.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 residual prostate measured 0.96 cm.

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 right kidney measured 8.0 cm. The left kidney measured 7.8 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 right adrenal gland measured 3.5 cm x 1.8 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 3.6 cm x 0.51 cm at the caudal pole and 0.52 cm at the cranial pole.

Spleen

The **spleen** revealed multifocal micronodular changes. Given the patient history, underlying splenitis is possible. Round cell neoplasia is less likely.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of

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hyperperistalsis were noted. Some spastic bowel was noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

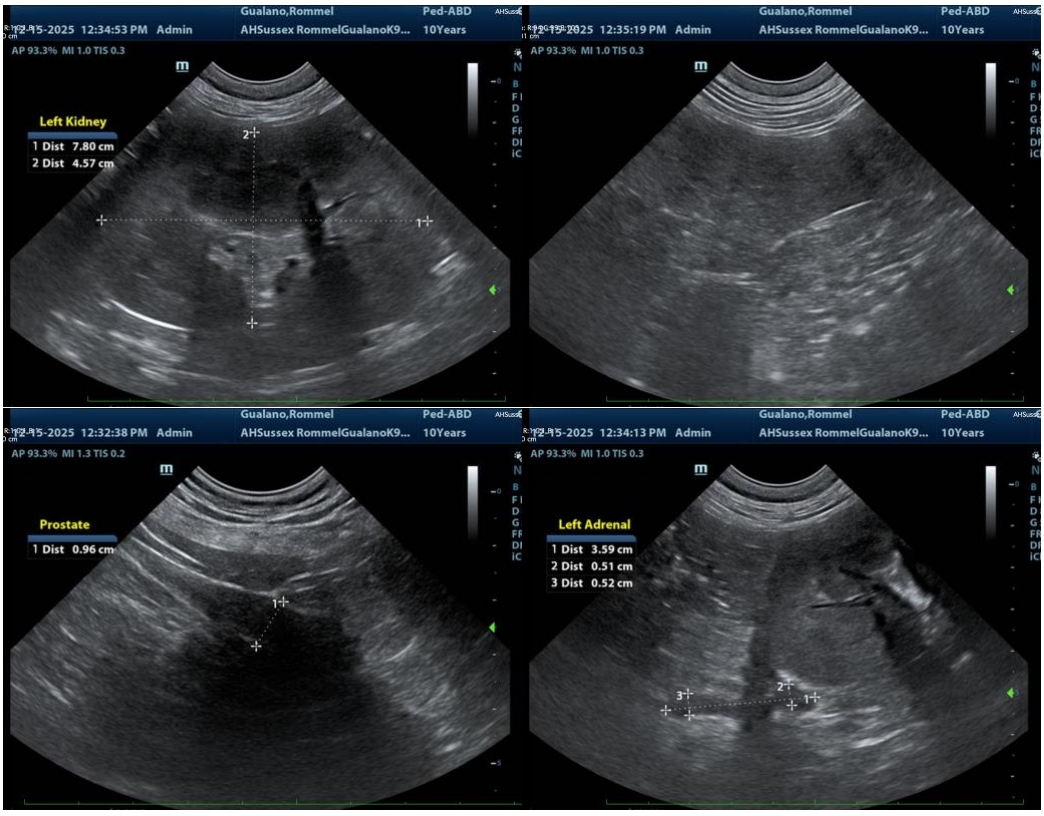
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

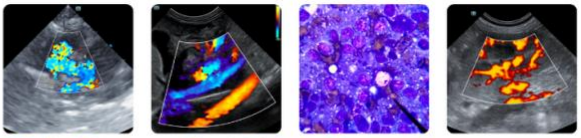
- Acute hepatic insult with concurrent potential splenitis.
- Gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is indicated for further definition. Given the patient history, causes of acute hepatitis should be managed medically. Enterotoxins are also a potential. Leptospirosis titers are indicated. IV ampicillin, enrofloxacin, GI protectants, and IV fluid support are all indicated. Further management should be based on cytology results.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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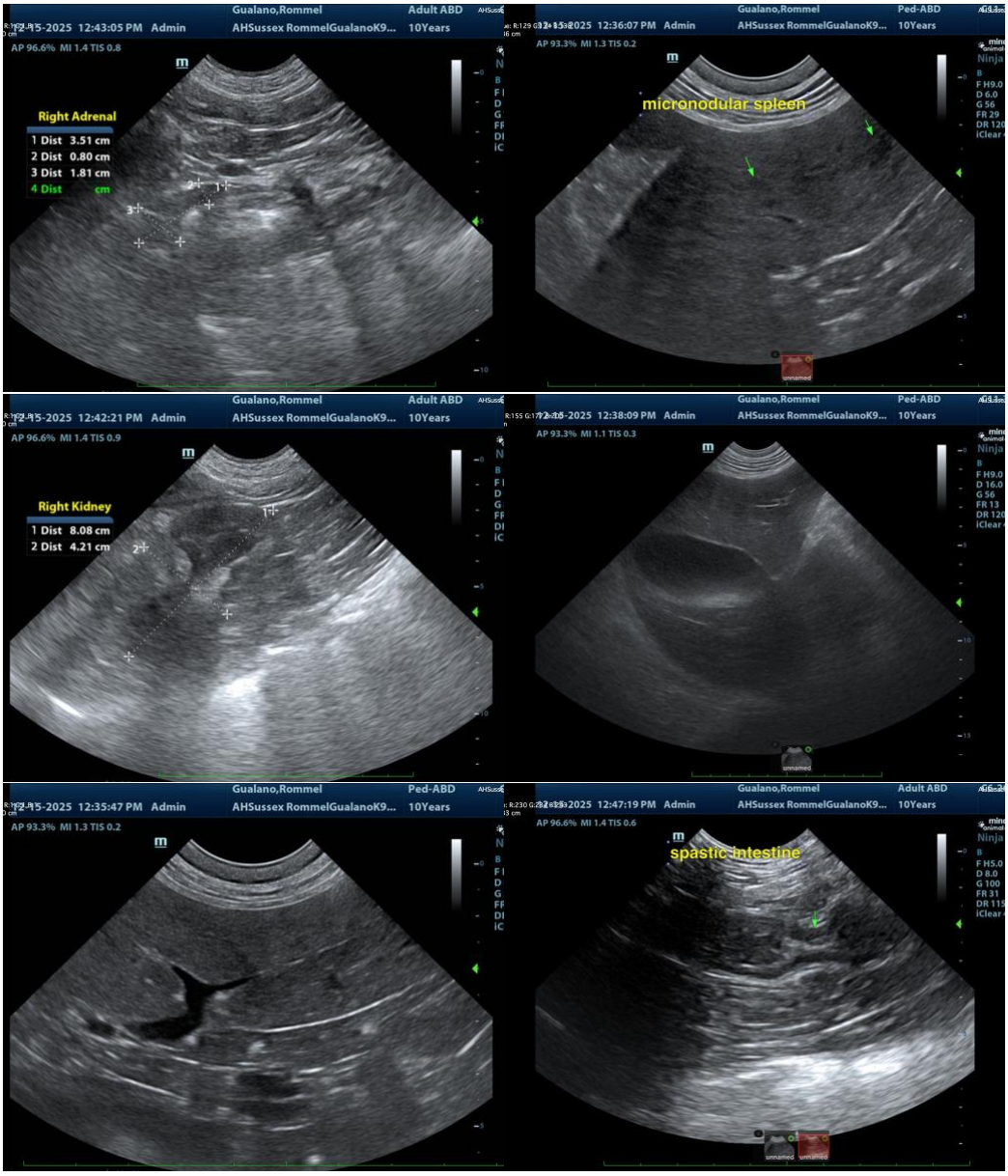
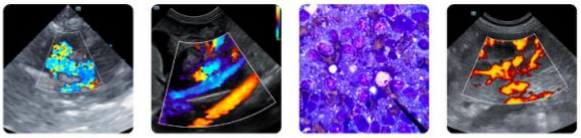


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com



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