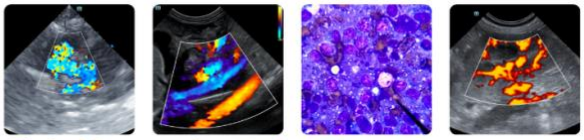

PATIENT

Takada Brauer

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed Female

AGE

5 Years

WEIGHT

44 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Sophia Sullivan

INVOICE

13896

DATE

02/20/26

PRESENTING CLINICAL SIGNS

- P presents for vomiting, weight loss for the last few months. Significant weight loss, BCS 3/9. Down from 58.2 lbs (last weight we had prior to this visit was in May 2024) to 44 lbs. Lab work performed at urgent care vet (CBC, Chem 17, Lytes). Mild hypokalemia, otherwise, NSF.
- Chest/abdominal rad report read by radiologist revealed: 1. Gastric contents are concerning for chronic partial outflow obstruction with foreign material, especially if the patient has not eaten a significant meal in the 4 hours prior to images.
- 2. Unremarkable thorax.

Abnormal PE/Chem/CBC/UA Results: Mild hypokalemia, otherwise NSF on recent CBC, Chem 17, lytes.

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 were 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 5.6 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.60 cm width.

The **right adrenal gland** was not visualized.

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 were noted. The spleen was folded upon itself cranially.

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

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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The stomach revealed retention of ingesta. The small intestine was empty. Some areas of distal small intestine revealed minor muscularis thickening. The colon presented with soft stool. Areas of mucosal fogging were noted in the small intestine, suggest for lymphangiectasia. No overt evidence of foreign body.

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.

Free Abdomen

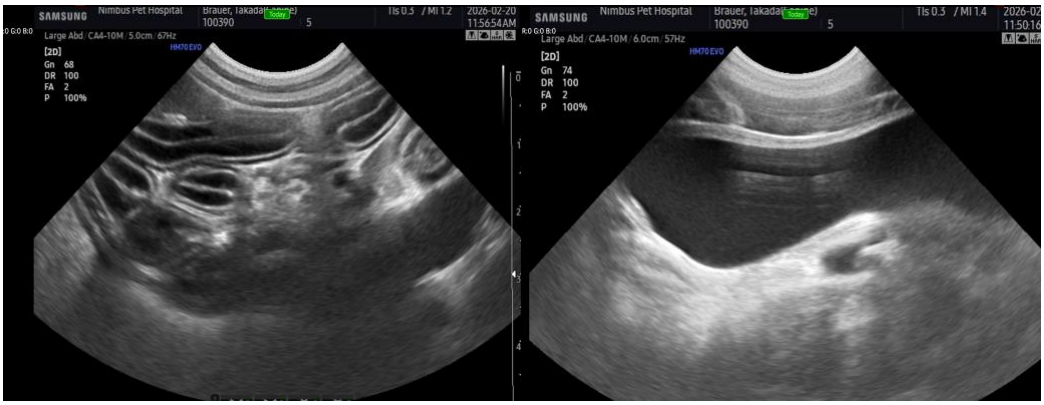
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymph nodes.
- Delayed gastric outflow pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the weight loss is unclear. No evidence of neoplasia is noted. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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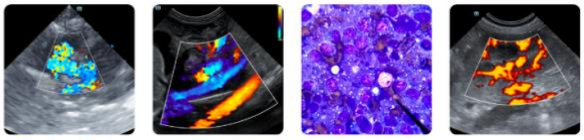

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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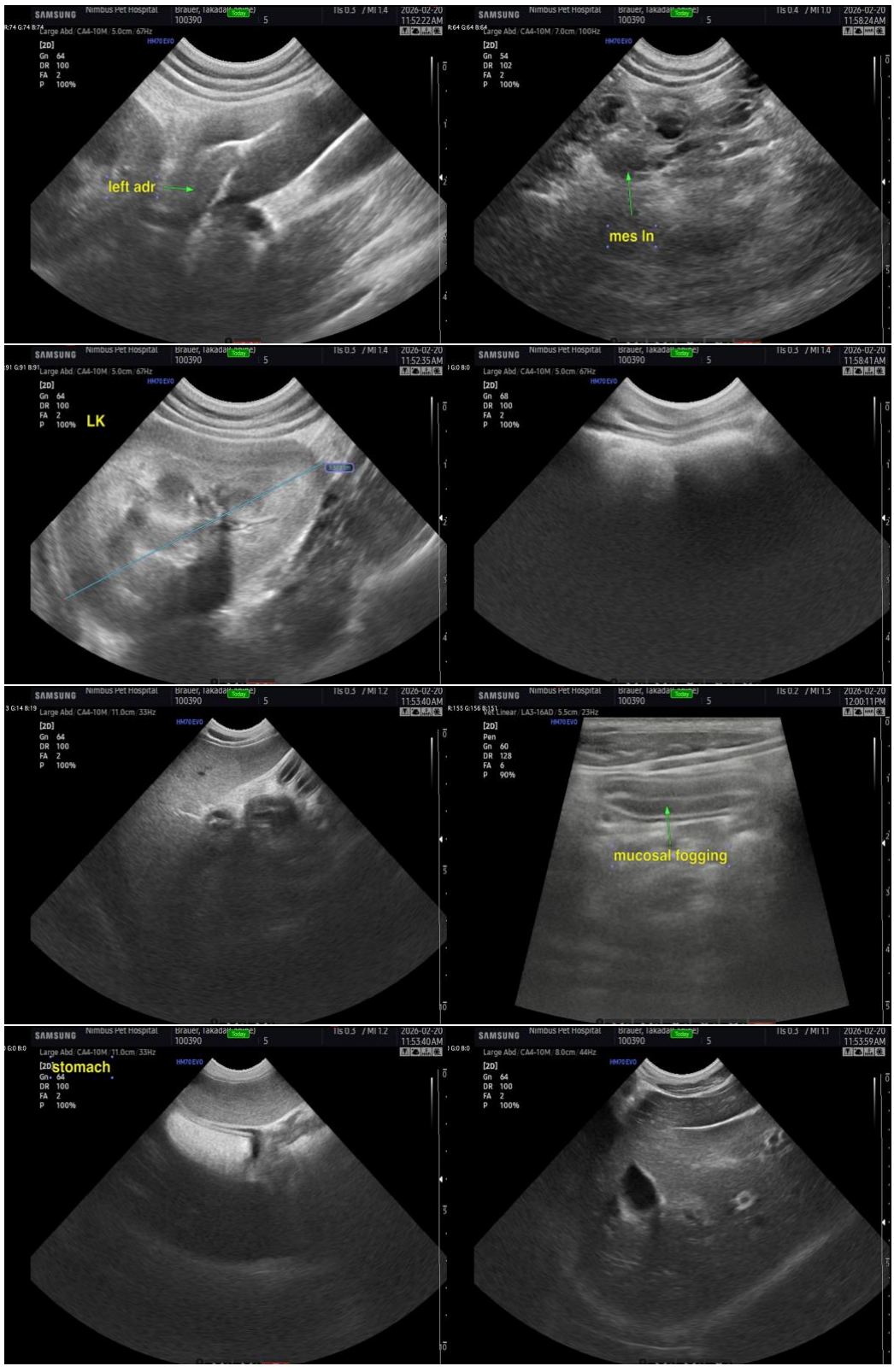

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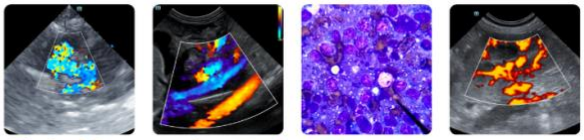

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com