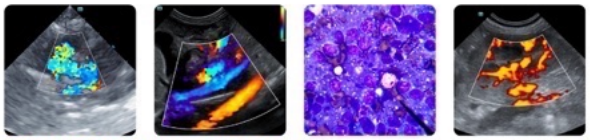


PATIENT

Maggie Fravel

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

9 years

WEIGHT

48.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Pearce

INVOICE

71374

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- When 2 years old, was diagnosed with an MCT on her right hind leg, surgical removal performed, complete excision achieved. Intermittent vomiting, usually bile, never food. Possible food allergy to chicken, so normally fed venison, lamb or salmon based food which does help. Tx recently for Lyme. Ever since then she has continued to decline with mobility, slowing down more than usual, appears more lethargic at home. About 2wk ago was seen at rDVM and ultrasound recommended. She had anorexia for about 3 days, did bland diet then started to eat her dog food again. Intermittent vomiting has worsened in frequency, approximately twice weekly at the most. Sometimes only 3 times a month, random times, not associated with specific event or meal. No diarrhea.
- Thoracic and abdominal radiographs performed, somewhat prominent spleen but no evidence of neoplasia, metastasis, or other significant concerns. Spondylosis present. Pending full BW/UA, 4Dx, and GI panel (folate, B12, TLI, PLI).

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.

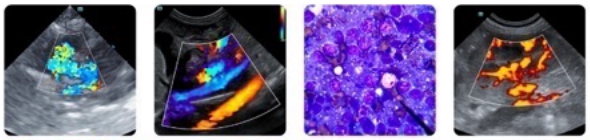
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.54 cm. The left kidney measured 6.09 cm.

Adrenal Glands

The left **adrenal** gland was mildly enlarged and measured 2.25 cm in length x 0.8 cm at the cranial pole and 0.62 cm at the caudal pole with a hyperechoic nodule at the cranial pole. The right adrenal gland was mildly enlarged and measured 2.35 x 1.2 cm at the cranial pole and 0.7 cm at the caudal pole.

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.



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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 a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes are reactive.

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 iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Mild bilateral adreanl enlargement.

Otherwise, structurally unrearmkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology other than mild, bilateral adrenal enlargement. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 repeatedly then work-up for Cushing's is indicated.

The cause of vomiting is unclear. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism.

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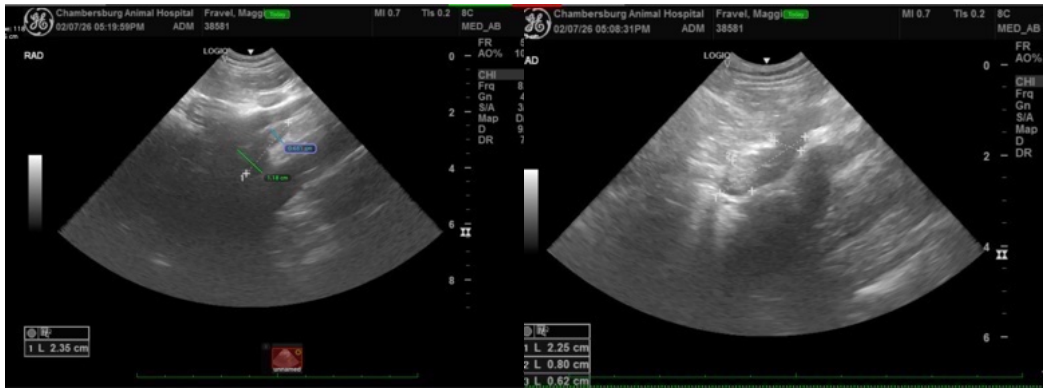

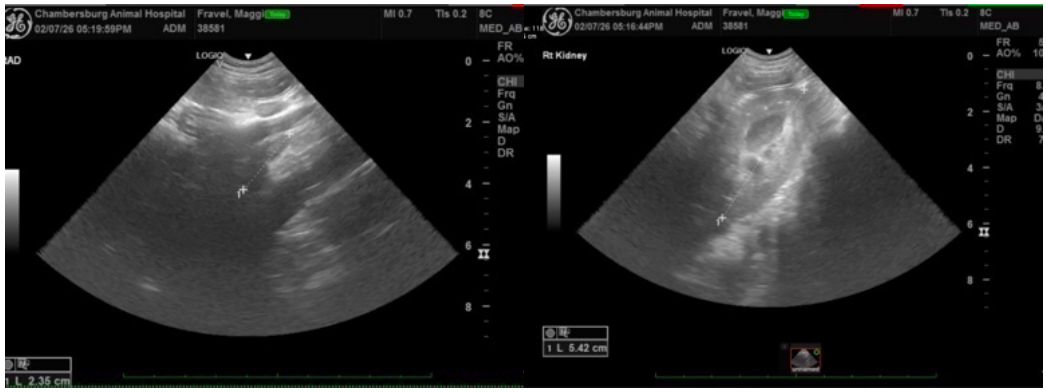

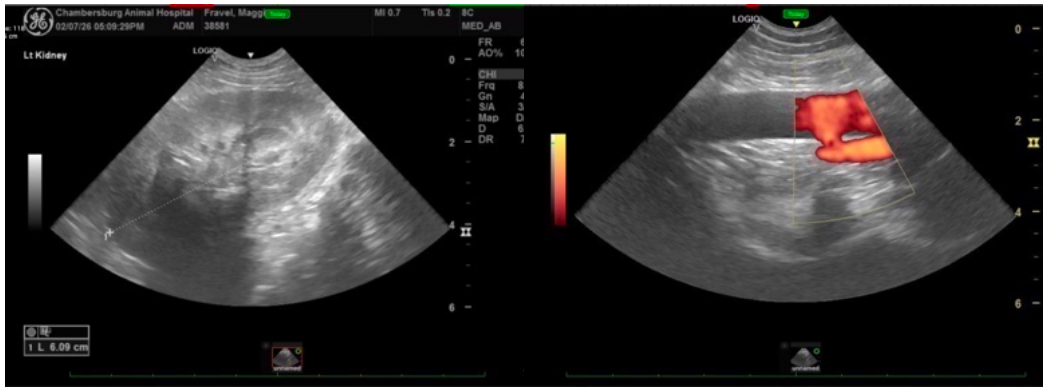

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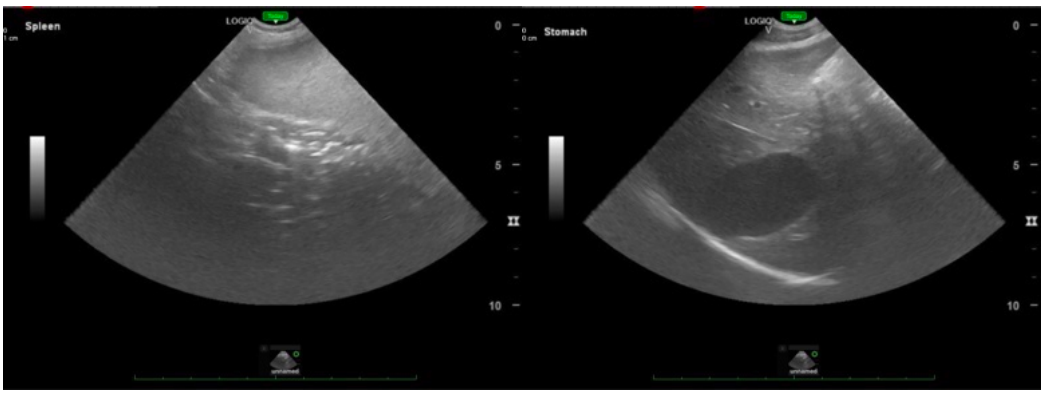

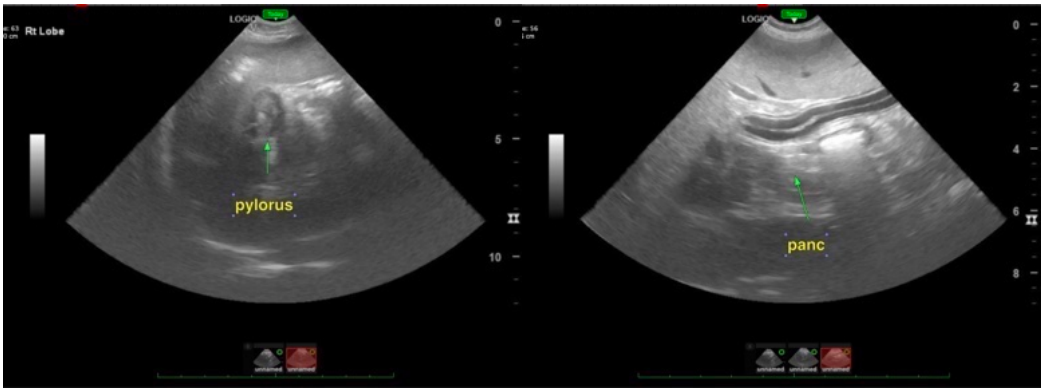

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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