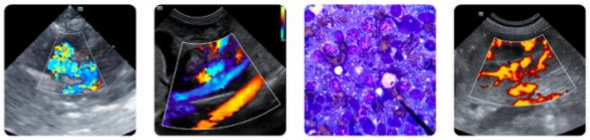


PATIENT

Otis Seltzer

SPECIES

Canine

BREED

Frenchie

SEX

Neutered Male

AGE

7 Years

WEIGHT

10.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Leann Murphy

INVOICE

36069

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Chronic weight loss: down 4 lb since December, down 7 lb from 5 years ago.
- Vomiting after eating for 1 week.
- Straining to defecate.
- Raw diet.
- RDVM radiographs showed linear structure in stomach 2/27, barium study unremarkable, ultrasound concerned for enlarged adrenal gland, BP 278/211- concern for pheochromocytoma

Abnormal PE/Chem/CBC/UA Results: Irregular arrhythmia Firm column of stool in colon Upper airway stertor BCS 3/9 ECG: Sinus arrhythmia BP - 134/100 MAP 110 CBC - Retic 7.5 L, Bands 0.35K (5.6%), Lymphocytes 0.93K L Chem 15 - Glucose 159 H, GGT 15 H EPOC - pH 7.441, BE 11 H, TCO2 33.8 H, Bicarb 35.1 H, pCO2 51.5 H, K 2.9 L, Cl 94 L, Glu 148 H CPL - 37 Baseline Cortisol - 9.51 AXR/CXR: - Normal thorax - Stomach contains several, ovoid, smoothly marginated, mineral opaque structures (0.6 cm). Curvilinear mineral opaque structure present within the stomach (3.3 cm long).

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

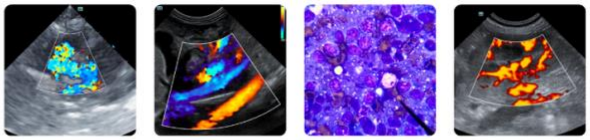
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some 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 left kidney measured 5.0 cm. The right kidney measured 5.3 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 0.53 cm. The right adrenal gland measured 0.76 cm at the cranial pole and 0.56 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 were noted. Cranial and caudal folding of the spleen 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

The **gastric** lumen was empty, except for a 1.3 cm shadowing structure. This is likely oral medications. Oral medication history should be evaluated. I do not see an attachment that enters into the pylorus, however, as a precaution, I recommend evaluating the oral cavity to ensure an attached linear foreign body is not at the base of the tongue that may be attached to this structure in the stomach. Otherwise, there is no obstructive pattern at this time. Minor increased submucosal echogenicity was noted. The small intestine and colon were unremarkable with curvilinear patterns maintained. The small intestine was empty.

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

- Minor chronic GI changes with a 1.3 cm shadowing structure- suspect medications. Nonclinical foreign clinical foreign body cannot be ruled out.
- No other evidence of significant pathology.
- Age-related renal changes
- The adrenal glands structurally appear normal for this breed and size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hypertension is unclear. If the shadowing structure is persistent and non-dissolving, then endoscopy would be indicated.

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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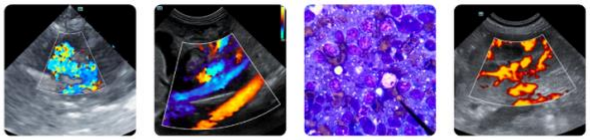

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SonoPath.com info@sonopath.com 1.800.838.4268

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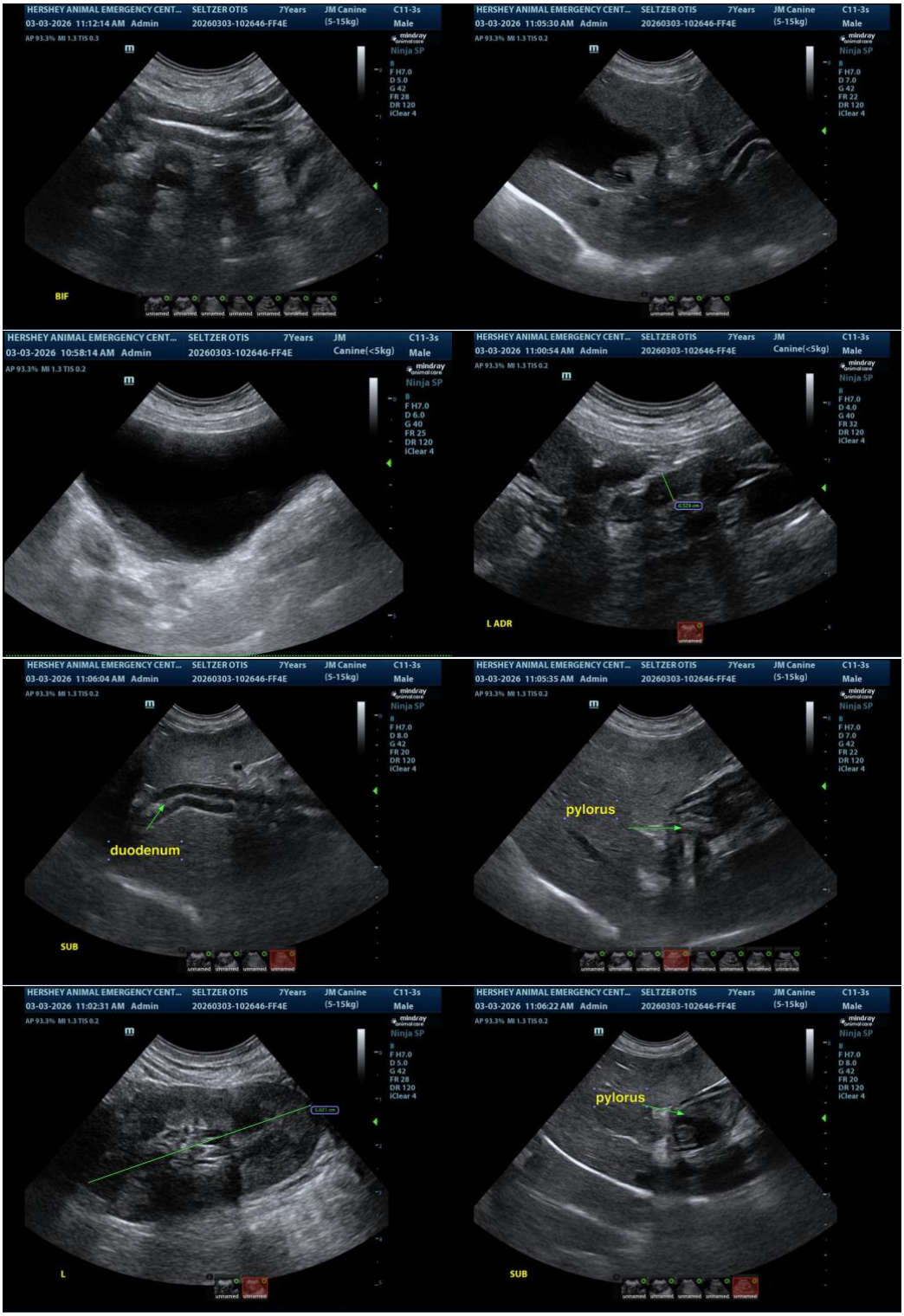

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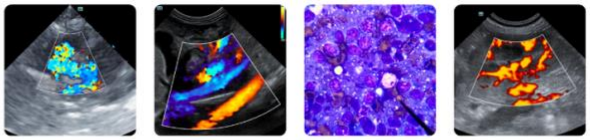

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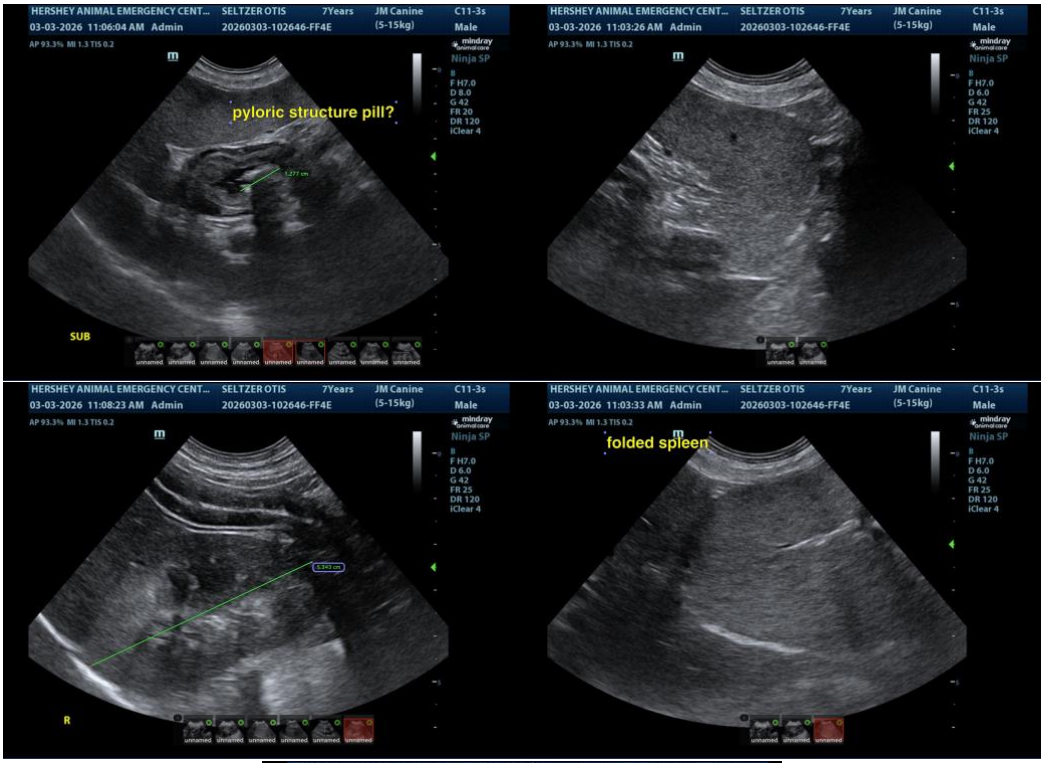

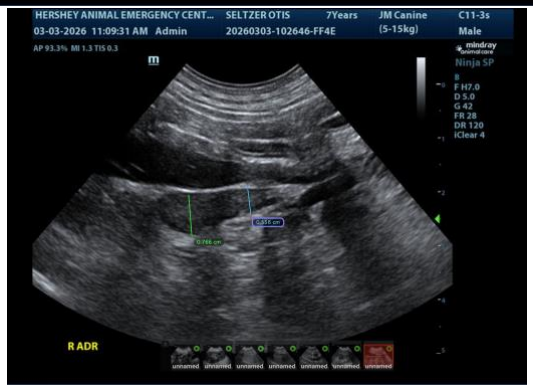

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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