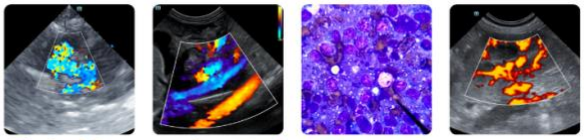


PATIENT

Dawkins Greenfield

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

39

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Dyer

HOSPITAL NAME

Countryside Veterinary Clinic of Richmond

REFERRING VET

Dr. Dyer

INVOICE

15139

DATE

04/15/26

PRESENTING CLINICAL SIGNS

Recurrent vomiting of 3 months duration - approximately weekly, will vomit bile, and occasionally food. Appetite has intermittent decrease and has lost 4 pounds in 4 months. Labwork unremarkable, No hx of diarrhea. Patient exam is unremarkable.

Abnormal PE/Chem/CBC/UA Results: Chem/CBC/t4 unremarkable. Radiographs, including lateral chest also had nsf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **iliac trifurcation** was unremarkable.

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 5.3 cm in length. The right kidney measured 5.7 cm in length.

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 0.50 cm width. The right adrenal gland measured 1.3 cm width at the cranial pole and 0.78 cm width at the caudal pole.

Spleen

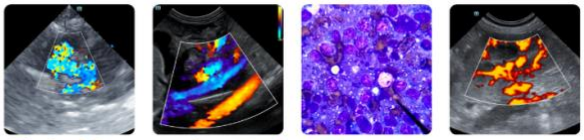
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** revealed slight increased portal markings and uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A region of approximately 2.0 cm x 1.0 cm portion of distal **small intestine** was thickened with some chyme retention. Regional inflammation was noted. Intestinal thickening measured up to 0.80 cm and



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appears to be jejunum. The descending colon revealed minimal soft stool and slightly thickened wall. No loss of mural detail. The stomach was unremarkable.

Pancreas

The right caudal aspect of the right limb of the **pancreas** was mildly heterogeneous.

ULTRASONOGRAPHIC FINDINGS

- Distal small intestinal thickening enteritis pattern- Intestinal necrosis/complicated inflammatory bowel, emerging round cell neoplasia, carcinoma are all possible.
- Slight increased portal markings in liver.
- Heterogenous right pancreatic limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory with aggressive resection and anastomosis ideally guided by intraoperative ultrasound would be warranted. This lesion appears to be partially obstructive. No overt foreign matter was noted, however, a penetrating toothpick or similar could not be ruled out. Chest radiographs are warranted to assess for metastatic disease in case of intestinal neoplasia. If medical management only is to be utilized in treatment for enteritis, recommend 24-hour NPO and reassessment of the intestinal presentation in five to seven days as long as the patient is stable. If declining, then either direct exploratory surgery or recheck sonogram is indicated.

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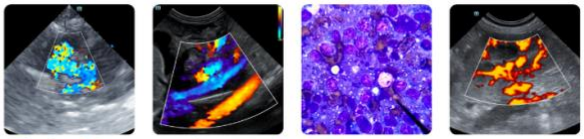

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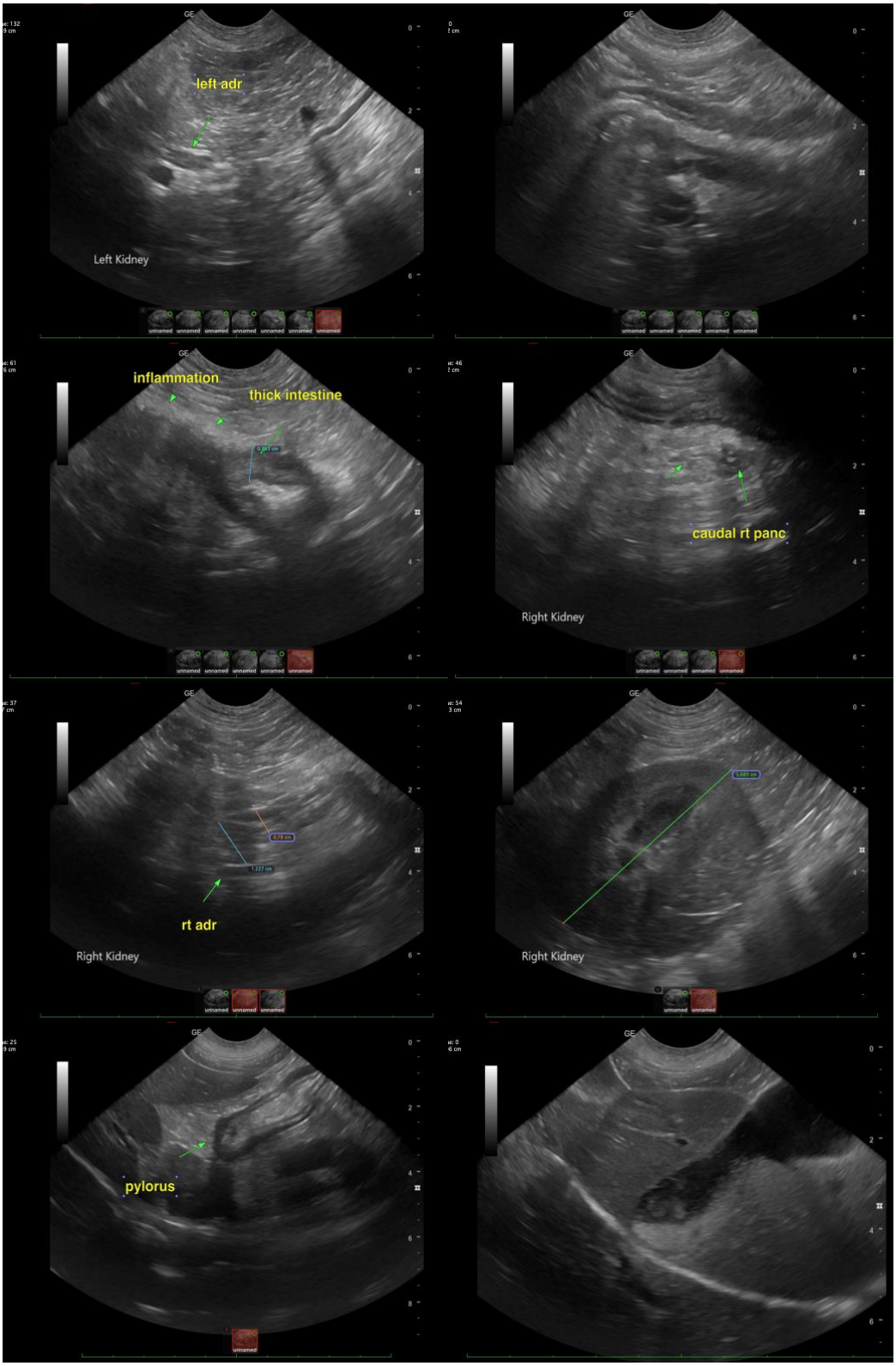

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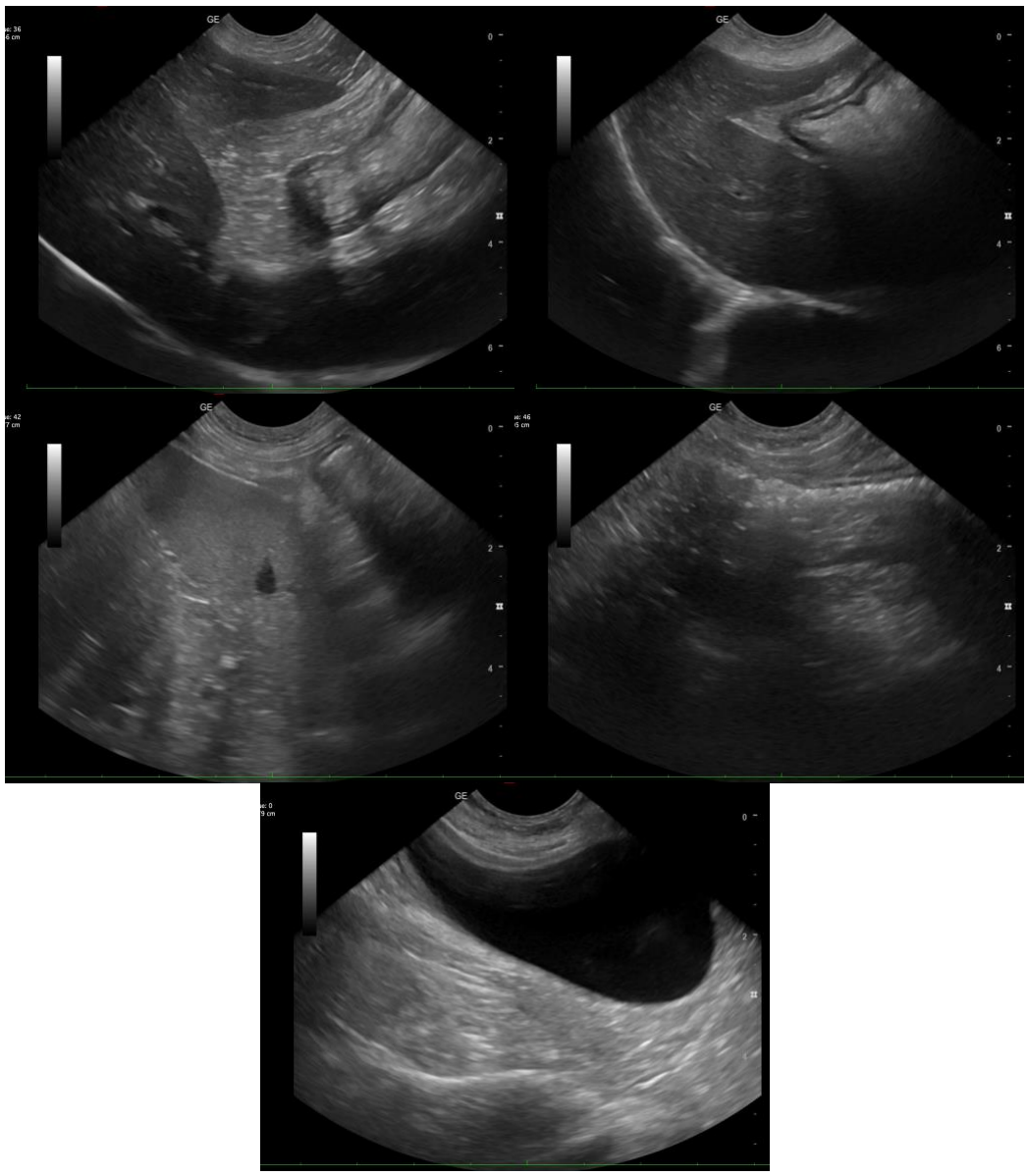


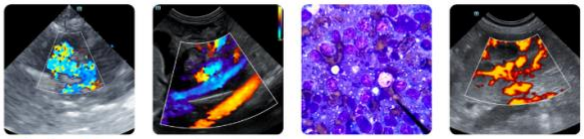
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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