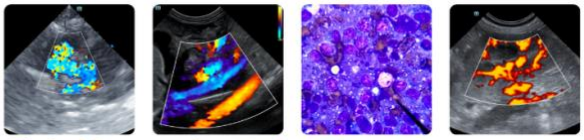


PATIENT

Max Sipe

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

43.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

15556

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Progressive anorexia, lethargy, ptyalism over the past 5 days. Initially seen 4 days ago at primary DVM, started on oral antibiotics for suspected clostridium infection (on fecal). Seen at HAEC two days ago for lack of improvement, dark amber urine, polydipsia, decreased mobility. He was given SQ fluids, ondansetron SQ, IV Unasyn single dose, and buprenorphine IV. He was sent home with omeprazole, maropitant, Clavamox, magic mouthwash and gabapentin. He is very difficult to give oral medication to, so unknown if he received them as prescribed. Re-presented overnight 4/28 for the development of nystagmus and lack of improvement. Neuro - nystagmus (OD horizontal, OS dorsomedial), hippus OD, mild hindlimb ataxia, dull mentation. Ears - ceruminous discharge AD, tympanic membranes intact onexam, mild inflammation in horizontal canals AU. Nasal discharge bilat(dark brown/crusted, worse on L). Mild generalized muscle wasting, thin body condition (3/9). Cardio/respir - mildly increased RR/RE, snappy pulses, injected mm EPOC: BE -5.5 (L), Na 134 (L), Cl 104 (L), Lactate 3.60 (H), BUN 56 (H) Chem: BUN 64 (H), ALP 350 (H), TBili 1.4 (H) CBC: MCV 57.7 (L), WBC 51.66 (H), Neut 45.83 (H), Mono 3.18 (H), Eos 0.04 (L), Plt 38*, Plt Est. 50-100k, MPV 21.2 (H), PCT 0.08 (L) PCV/TS: 55%/8.0

U/A: USG 1.050, pH 6.5, UP 30, Glu 50, Bld/HGB 250, Bili 3, Urobili 8, Cocci suspect presence, Rods suspect presence, Non-hyaline cast suspect presence; urine forms pellet when spun down Bact Confirm: Cocci, rods present Radiographs: 1. Mild microcardia and hypovascular pattern - pulmonary hypoperfusion due to hypovolemia caused by dehydration and less likely blood loss. 2. Generalized mixed bronchointerstitial lung pattern. Findings are either consistent with a chronic bronchitis/bronchopneumonia or represent fibrosis/scarring and less likely a normal variant. 3. Mild to moderate hepatomegaly. Generalized hepatomegaly. 4. Generalized mod GI gas distention. Findings are most likely consistent with aerophagia NIBP: 150/86 (102)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

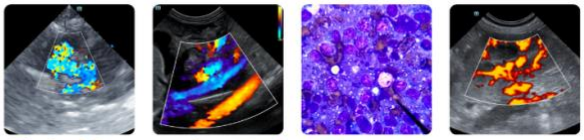
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were 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 8.3 cm in length. The right kidney measured 7.8 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 1.4 cm width at the cranial pole and 0.77 cm width at the caudal pole.

Spleen



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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** presented swollen, hypoechoic and slightly irregular. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was significantly thickened with hyperechoic inclusions, strongly suggestive for ulcerative disease. The gastric wall measured up to 2.4 cm with some loss of mural detail. The small intestine and colon were unremarkable.

Pancreas

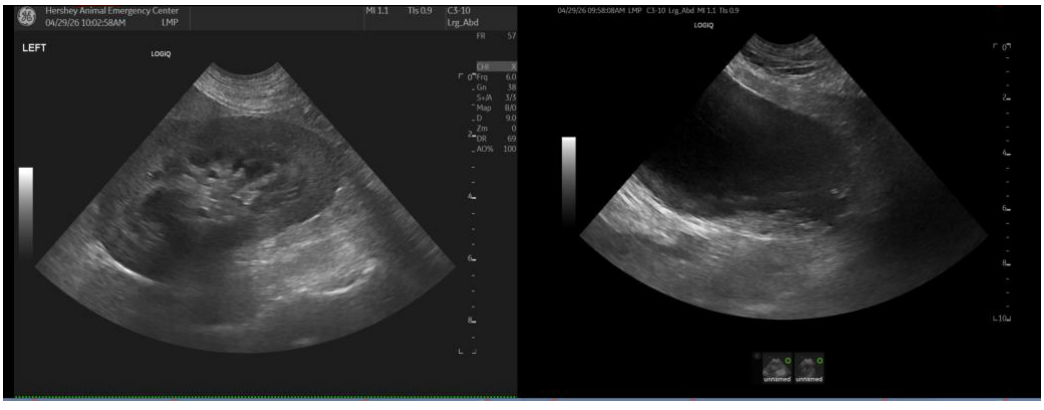
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Ulcerative gastritis pattern with potential for underlying carcinoma or other gastric neoplasia.
- Swollen irregular liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy and mucosal biopsy is strongly recommended. Aggressive GI protectant protocol and IV ampicillin are warranted. If any NSAID treatment is being utilized in this patient, recommend stopping for the foreseeable future. Prognosis is guarded.



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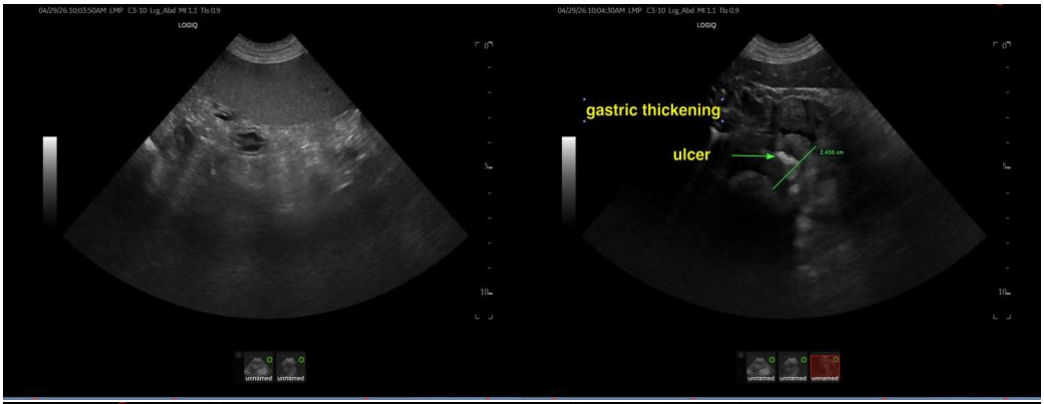

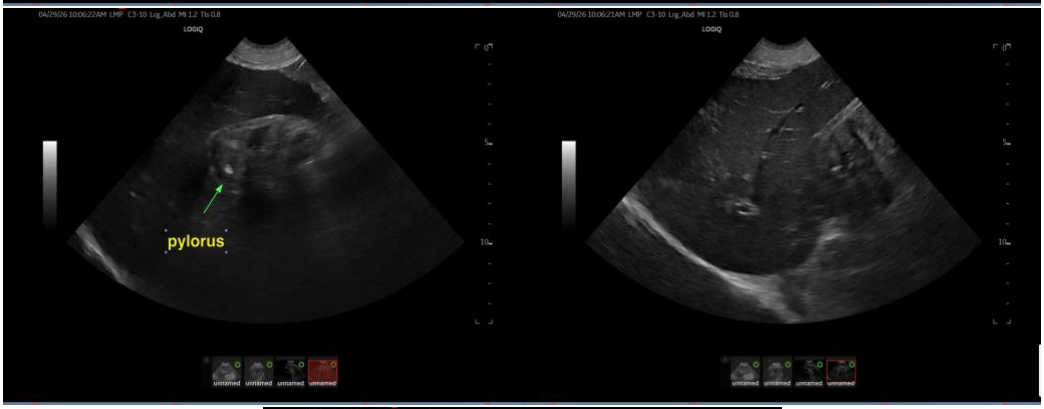

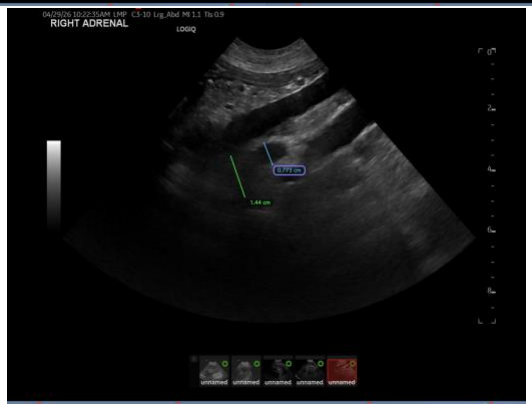

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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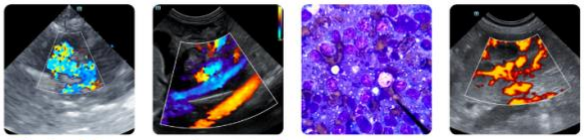

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