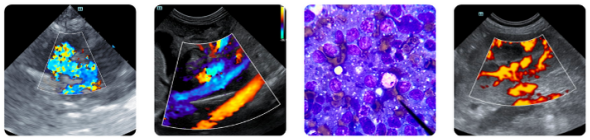

PATIENT

Ceasar Keith

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

9 years 9 months

WEIGHT

16.76

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Celia Galanti

INVOICE

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DATE

4/16/2026

PRESENTING CLINICAL SIGNS

Presented for librela and decreased appetite. P acting hungry but not wanting to complete his food when it's set down. O also having to break Ps treat up smaller to get him to eat them. P does drink a lot of water and Ps belly seems to be getting rounder. P does pant a lot. Ps bowel movements have been soft but O notes this is normal for P. Owner reports no vomiting, diarrhea, coughing, or sneezing. Drinking behavior has remained unchanged and is normal per the owner. Patient is not on any medications or supplements.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. Ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.0 cm in length.

The right kidney is not visualized in these images.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 4.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 4.6 mm and the cranial pole is not clearly visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

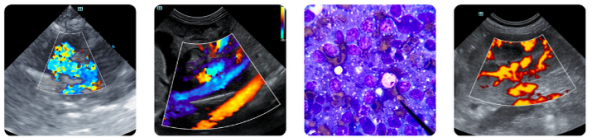
Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach is mostly empty and contains a small amount of gas. The stomach wall measures 3.1 mm in width and has uniform layering throughout. NO obvious GI obstruction is observed. There are segments of small bowel that have marked loss of layering and are thickened measuring 6.7 mm in width. These changes are consistent with a marked inflammatory enteropathy. Colon contains normal contents with normal wall thickness.

Pancreas



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The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a moderately enlarged, rounded, and hypoechoic peri splenic lymph node measuring 6.8 mm in width. The appearance of this node is potentially concerning for metastatic neoplasia.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Age related hepatic changes.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Marked thickening and segmental loss of layering most consistent with a marked inflammatory enteropathy which is most likely the cause of the patient's clinical signs.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Moderately enlarged, rounded, and hypoechoic peri splenic lymph node. The appearance of this node is potentially concerning for metastatic neoplasia. A reactive etiology is possible but unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the small bowel is normal in thickness and layering, with segmental changes as described above. A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Given the appearance of the patient's small bowel, and the focal nature of the changes, surgical or endoscopic GI biopsies are also recommended. Given the segmental nature of these changes, it is possible to miss this diagnosis. Differentials to consider would be marked IBD versus infiltrative neoplasia such as lymphoma, less likely an infectious, parasitic, or protozoal cause. However, prior to pursuing any anesthetized procedures, recommend a fine needle aspirate of the peri splenic node, and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Given the location of this lymph node, if possible, recommend sedating patient to attempt aspiration of the peri splenic node. Recommend submission for cytology.

No obvious evidence of a significant pancreatitis is observed on today's exam. However, given the patient's Precision PSL is mildly elevated, consider transitioning this patient to an ultra-low fat diet.

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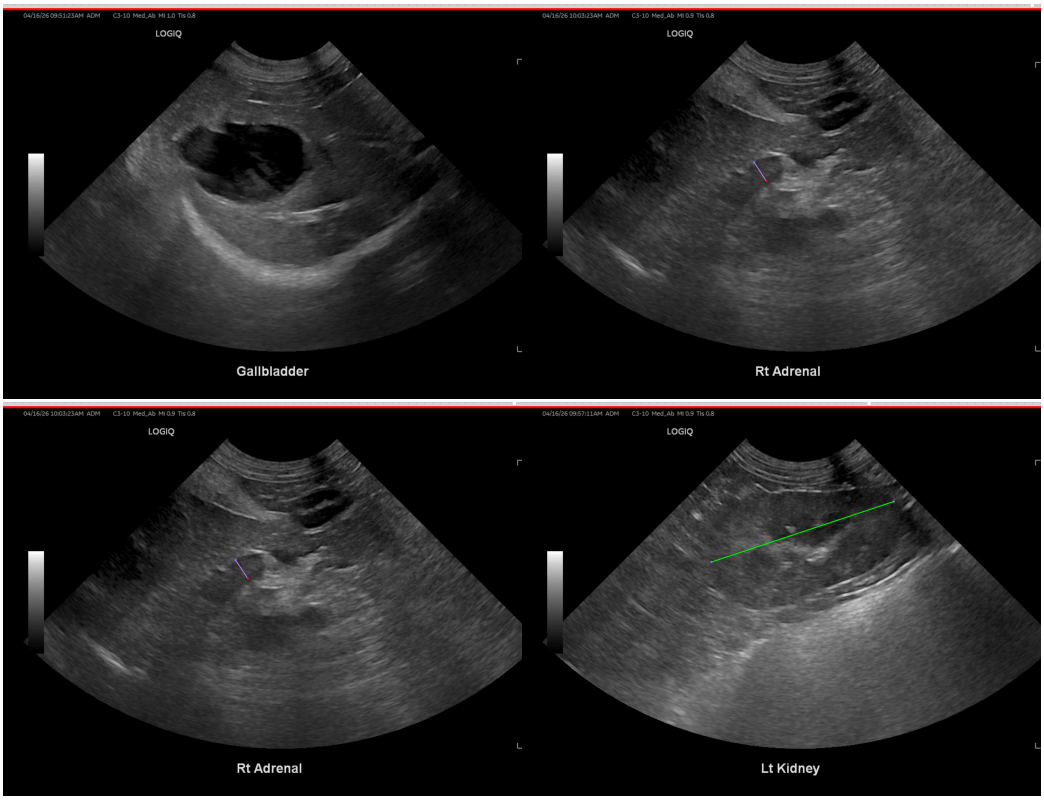
Patient's prognosis is open pending the results of above.



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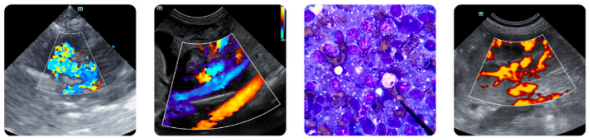

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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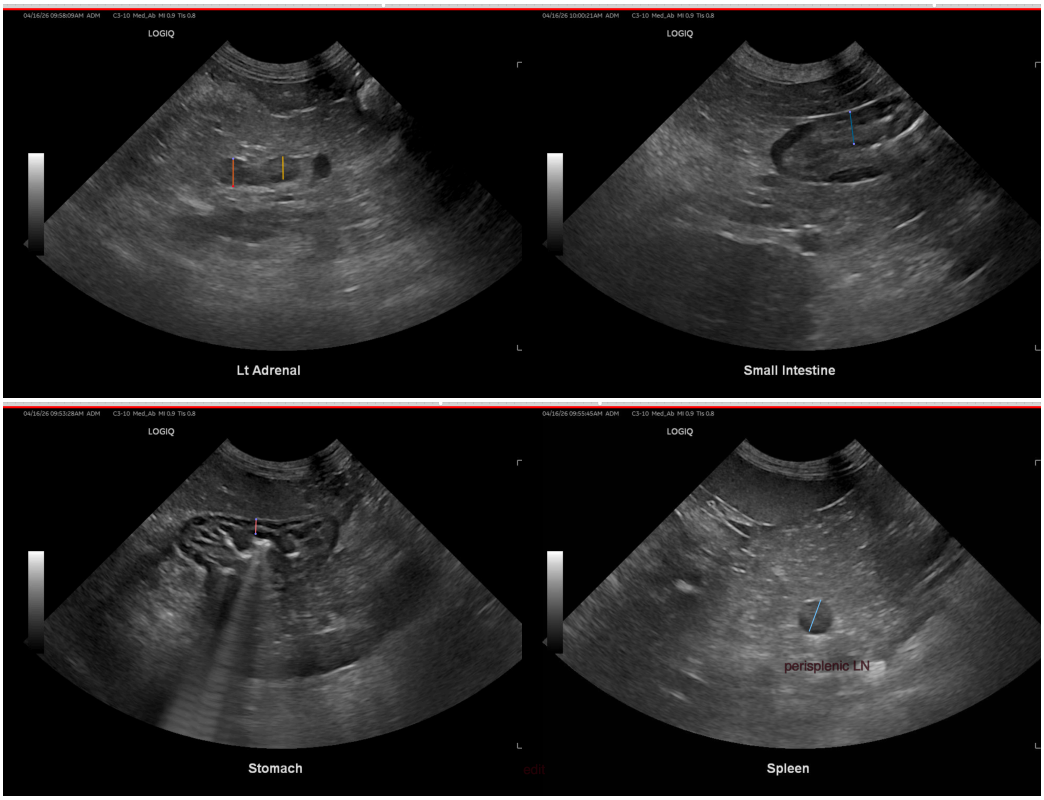

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com