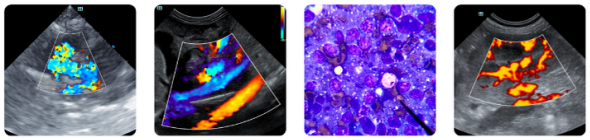


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Sandy Larson

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

11 years 3 months

WEIGHT

6.02 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Galanti

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Galanti

INVOICE

11794

DATE

4/23/2026

PRESENTING CLINICAL SIGNS

Patient is an 11yr 2mo FS chihuahua presented for vomiting and not eating. P began vomiting profusely on Saturday or Friday. P has been refusing food since and lethargic. O reports that yard was sprayed with pesticides that was reportedly safe for pets and she may have eaten some contaminated poop on Friday. O has seen diarrhea in the yard but unsure which pet it is coming from as she has 5 other dogs. P has not been seen by a vet since she was spayed as a puppy. Owner reports no diarrhea, coughing, or sneezing. Patient is not on any medications or supplements. Past pertinent medical history: none.

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.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.1 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.3 mm and the caudal pole measures 3.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 3.5 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

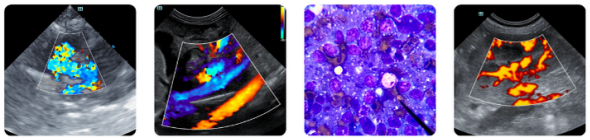
The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

In the lumen of the gallbladder there is a 1.0 cm x 1.6 cm hyperechoic aggregation of bile salts present. The remainder of the gallbladder appears normal and does not appear obstructed at this time.

Gastrointestinal

The stomach wall is hypoechoic, and mildly thickened measuring 2.8 mm in width.

The intestines are diffusely small and mildly fluid filled and there appears to be decreased progressive motility. There is a section of jejunum that appears to have lost normal layering and is thickened



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measuring 5.1 mm in width. This segment does not appear to be completely visualized on this scan, however it measures approximately 2.0 cm in length. There is no mechanical obstruction observed.

Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is hypoechoic with mild surrounding steatitis.

Free Abdomen

There is a mild mesenteric lymphadenopathy. Two lymph nodes measured 3.1 mm in diameter, and 1.6 mm in diameter.

A larger, rounded, hypoechoic rounded mesenteric lymph node was seen and measures 1.0 cm x 5.0 mm. The appearance of this lymph node is concerning for a neoplastic process.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic aggregation of bile salts within the gallbladder lumen.
- Mild mesenteric lymphadenopathy – These nodes are likely reactive, less likely to be enlarged due to round cell or metastatic neoplasia. There is a larger, rounded, hypoechoic mesenteric lymph node that is concerning for a neoplastic process.
- Hypoechoic and mildly thickened gastric wall – Appears to be consistent with functional gastric enteritis.
- Section of jejunum that appears to have lost normal layering and is thickened. This lesion may be due to neoplasia such as lymphoma or an adenocarcinoma or leiomyosarcoma.
- Hypoechoic pancreas with mild surrounding steatitis – Consistent with pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend starting ursodiol at 15 mg/kg by mouth BID and recheck imaging in 6-8 weeks.

Recommend attempting an ultrasound guided FNA of the large, rounded, hypoechoic mesenteric lymph node, or any other lymph node that may appear the same. Submit for cytology. Differentials possible include round cell neoplasia such as lymphoma versus mast cell disease versus metastatic neoplasia.

Recommend further evaluation and possible aspiration of the jejunal lesion with ultrasound. If ultrasound cannot completely characterize this lesion, consider a contrast CT scan of the abdomen to further characterize.

Recommend treating patient supportively for gastroenteritis and functional ileus, as well as submitting a cPLI to further evaluate the degree of pancreatitis present.

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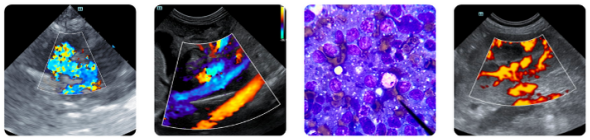

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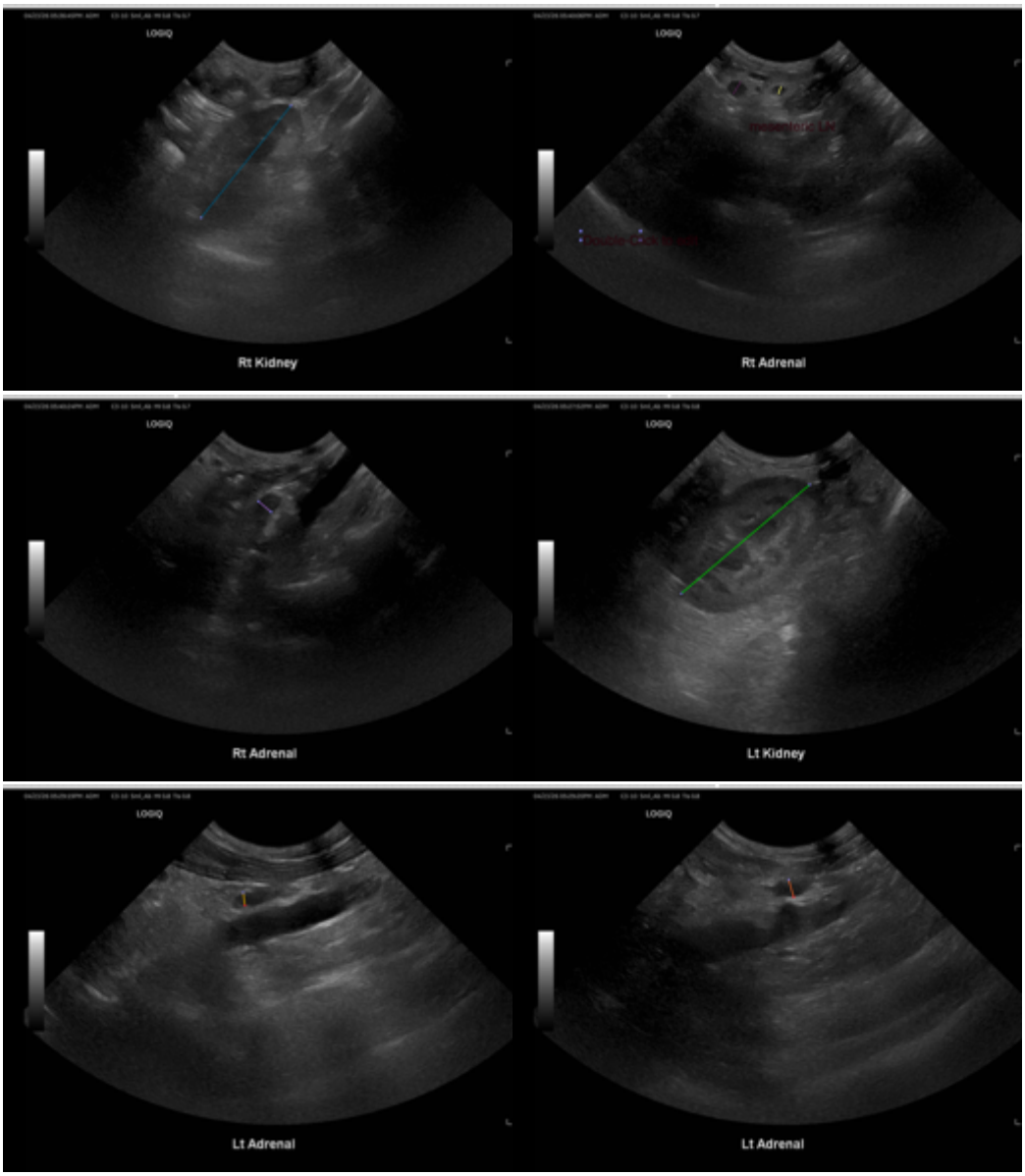

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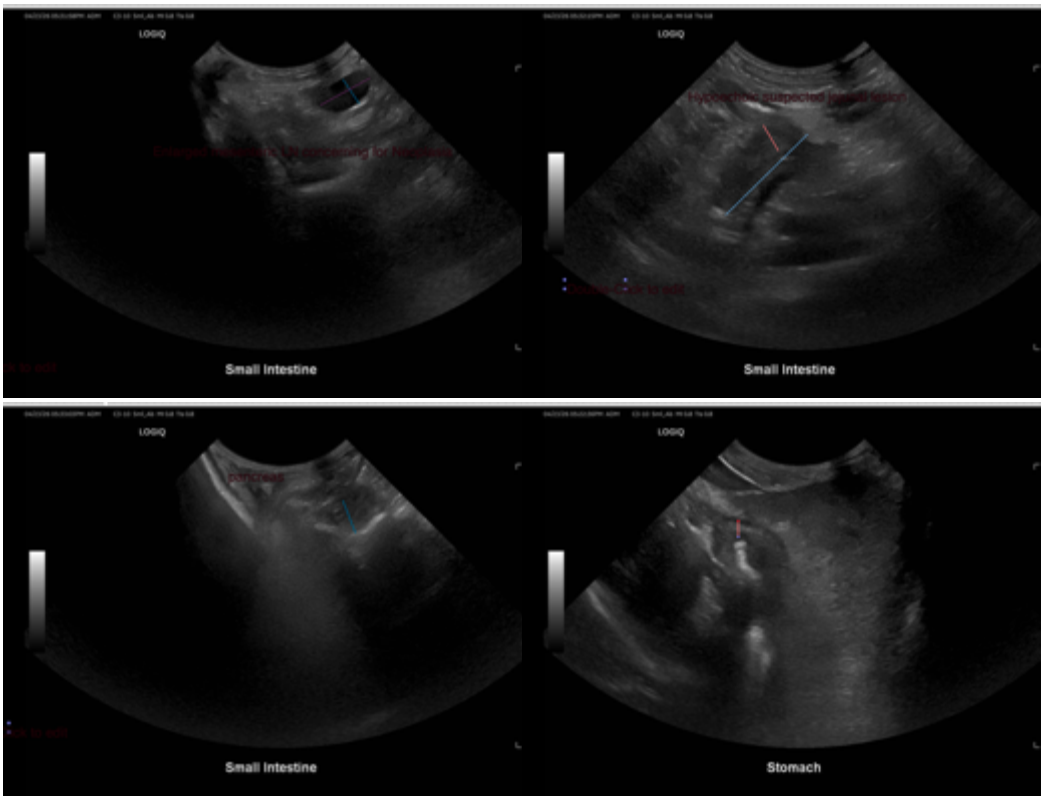

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com