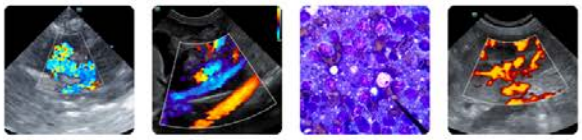


PATIENT

Chief Zuckerman

SPECIES

Canine

BREED

Large Mix

SEX

Neutered Male

AGE

7/10/12

WEIGHT

32.65 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

75424

DATE

5/25/26

PRESENTING CLINICAL SIGNS

Owner reported seizure on 5-11-26, presented with extremely pale gums and no capillary refill. Gums were light pink 20 minutes later. Normal rectal and abdominal palpation, negative belly tap. 10-2-second gran-mal seizure with 15-2- minute disorientation post-ictal phase. No CNS, cranial or peripheral neurological signs. Owner reports dog vomits about once a week after eating grass. Xrays on this day showed NAF except abundant but normal small intestinal gas. Lots of food in stomach, elected to wait until patient was fasted to do ultrasound. The following day patient was extremely lethargic with dark brown/black liquid diarrhea. PCV was 131. Started on the medications listed below, steadily improved over the next 2-3 days. Had improved stools, still soft, with normal color on 5-14-26. Attached all bloodwork. Current medications: Sucralfate 1g TID on empty stomach. Omeprazole 20mg SID. Yunnan Baiyao 2 caps BID. Hills RD food.

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 prostate appears normal at 10.8 mm in width. It is symmetrical with uniform echogenicity.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 6.9 cm. Right kidney measures 5.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 6.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 7.6 mm at the cranial pole and 7.9 mm at the caudal pole.

Spleen

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

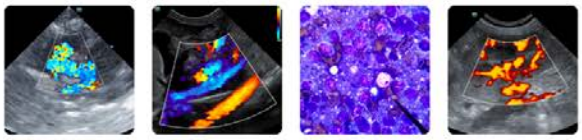
Liver

In the right liver there is a 12.6 mm in diameter hypoechoic, non-capsule displacing lesion suspected to be a benign regenerative nodule, less likely primary hepatobiliary or metastatic neoplasia.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness. The jejunum is diffusely normal in thickness at 4.1 mm in width. However, the muscularis layer appears mildly thickened. Colon contains normal contents with normal wall thickness.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Left medial iliac lymphadenopathy noted, measuring 5.0 mm in width. It appears reactive, unlikely to be neoplastic.

There are several moderately enlarged mesenteric lymph nodes present. A representative node measures 1.3 cm in diameter, hypoechoic and rounded.

No free abdominal fluid is seen.

No pericardial effusion or cardiac mass identified in the cardiac image provided.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes.
- Hypoechoic liver nodules.
- Mildly thickened muscularis layer of the jejunum.
- Left medial iliac lymphadenopathy.
- Moderately enlarged mesenteric lymph nodes.

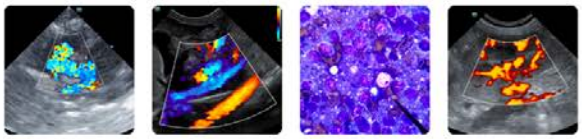
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged mesenteric lymph nodes may be enlarged due to neoplasia such as lymphoma or mast cell disease or possibly metastatic neoplasia. These nodes could be reactive, though this is considered less likely. Recommend fine needle aspirate of the enlarged mesenteric lymph nodes with submission for cytology.

The thickened muscularis layer of the jejunum may be a normal variation or less likely would indicate possible inflammatory enteropathy such as inflammatory bowel disease. Consider submitting a GI panel that includes TLI, cPLI, cobalamin and folate. If a chronic enteropathy is suspected, consider a diet trial with a hydrolyzed diet for 2-4 weeks. If no improvement is seen, consider antibiotic trial with long-term Tylosin at 30 mg/kg by mouth every 12 hours mixed into food. If patient fails both diet trial and antibiotic trial and a chronic enteropathy is suspected based off a GI panel, then consider GI biopsies surgically or endoscopically.

Given that the patient has bilateral age related changes to the kidneys, recommend full screening, and if warranted then monitoring and managing the patient for possible chronic kidney disease.

Imaging performed by
pawsonography@gmail.com
530-786-8340



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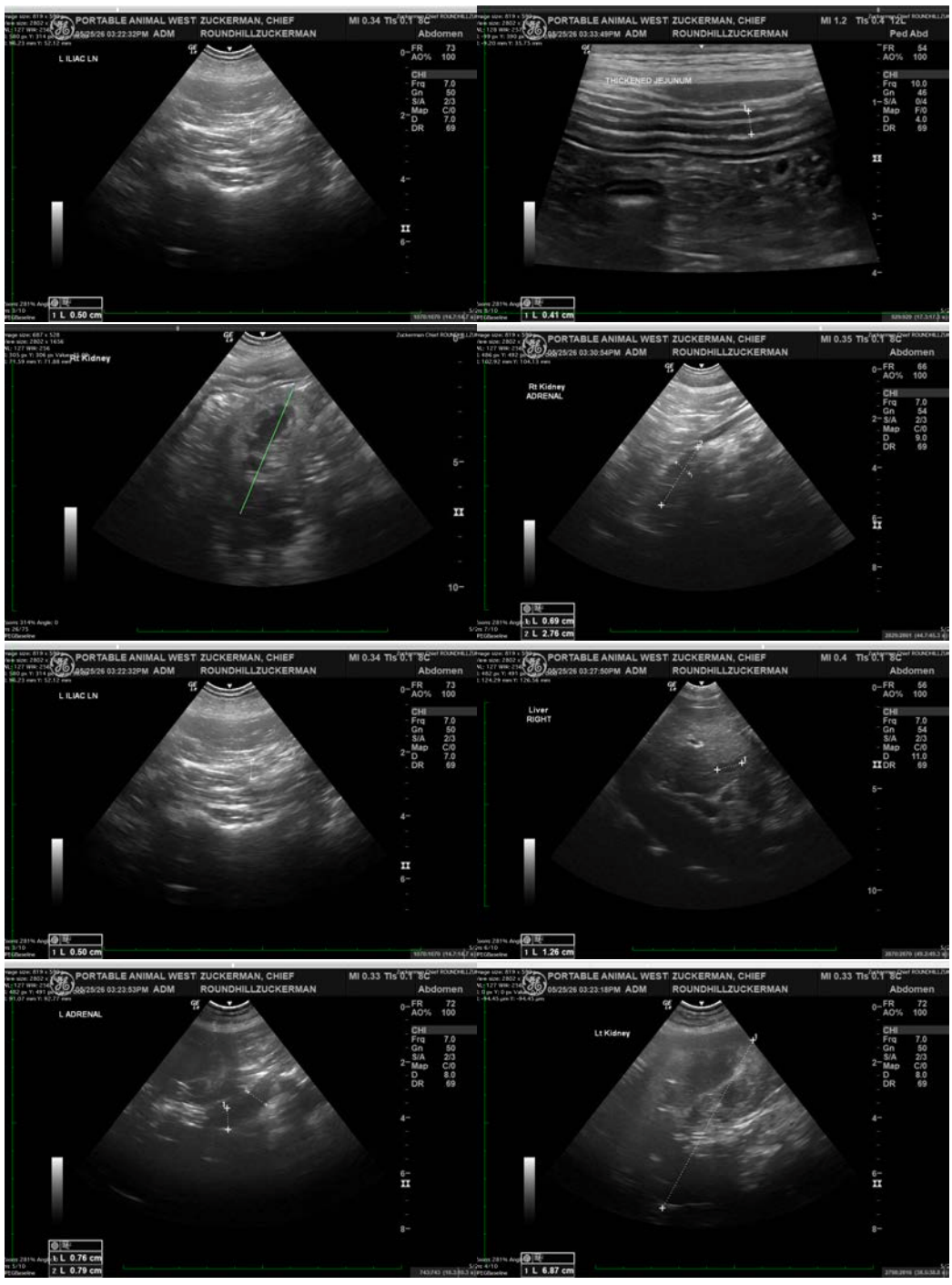

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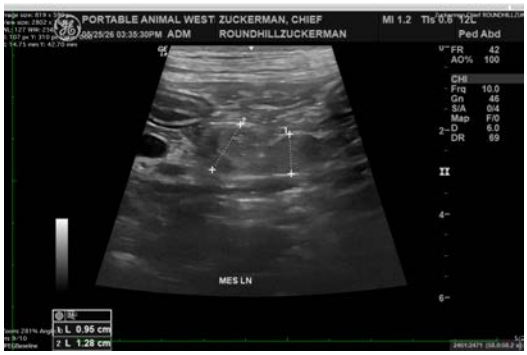

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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