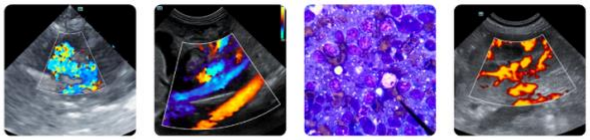

PATIENT

Zen Stets

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

10 Years

WEIGHT

40 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

16431

DATE

06/08/26

PRESENTING CLINICAL SIGNS

*5/31 HX: may have eaten soft glasses pouch with drawstring approx 10-12 inches long. nausea, lethargy, and anorexia. no defecation. Prior history of GI FB Surgery at 1YO for perforated bowel. Prior P history of mast cell, multiple MCT removal surgeries, torn meniscus, prior gastroenteritis. P admitted for supportive care; discharged on 6/1. P recheck on 6/3. P continuing to have diarrhea with increased flatulence. was eating bland diet well. rx/d proviable paste, simethicone, and gabapentin. P again presented for recheck on 6/7: Stools improving. One owner was away and P was not given medication doses. P having diarrhea and now vomiting. Hyporexia. P again admitted second time for supportive care. *concern for gastroenteritis, pancreatitis, gi FB, other

PE: mild pain 2/4 to palpate abdomen, tense; submandibular LN slightly enlarged 5/31: blood work WNL; cPL 319 abnormal 5/31 rads: Unremarkable abd. There are no findings compatible with mechanical obstruction and definitive FB is not identified in the stomach or SI. There is slightly heterogenous content in the ascending/transverse colon which may represent foreign material fragments or formed fecal material. repeat rads showed material to be moving and no obvious signs of obstruction. 6/3 cortisol: 2.8; cPL: 371.2 abnormal 6/3 rads: food vs foreign material non-obstructive 6/7 liver and epoc panel: normal; cPL 251.9 suspect (improved from prior value)

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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 6.7 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 7.4 cm in length. In the caudal pole of the right kidney, there is a 1.3 cm hypoechoic benign cortical cyst.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 4.0 mm.

The right adrenal gland is not seen.

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.

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

Gastrointestinal

Diffusely, the stomach and small bowel appear empty and appear to have normal layering and thickness. No evidence of obstructive foreign material. No evidence of a mechanical obstruction is seen within the GI track at this time. Colon contains normal contents with normal wall thickness.

Pancreas

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

Free Abdomen

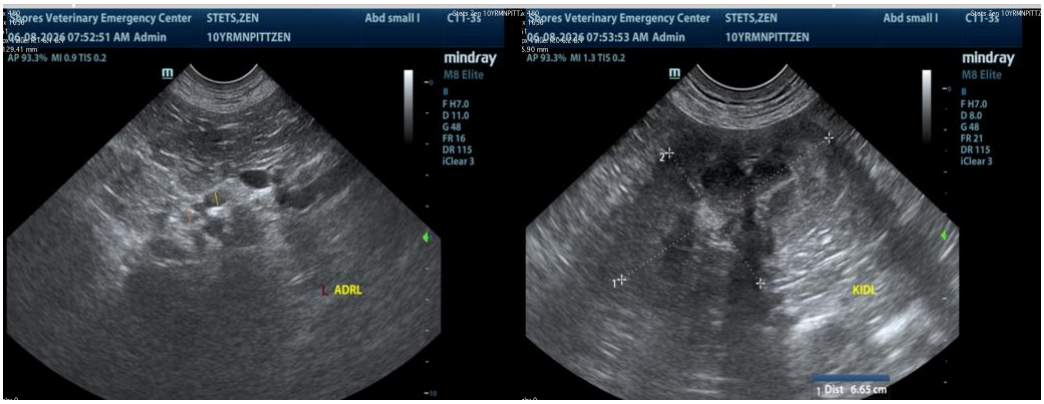
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's clinical signs is seen on this exam. The patient does not appear to have pancreatitis. Based off this ultrasound, a recent cortisol rules out hypoadrenocorticism. Consider submitting a GI panel that includes a cobalamin, folate and TLI to determine if patient could have chronic occult gastrointestinal disease. Also recommend comprehensive fecal pathogen screening via fecal pathogen PCR. Recommend treating patient supportively including a diet trial of either a novel protein diet or a hydrolyzed diet. If patient fails supportive care and diet trial, consider intestinal biopsies.



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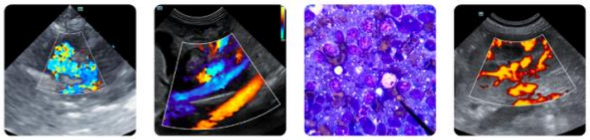

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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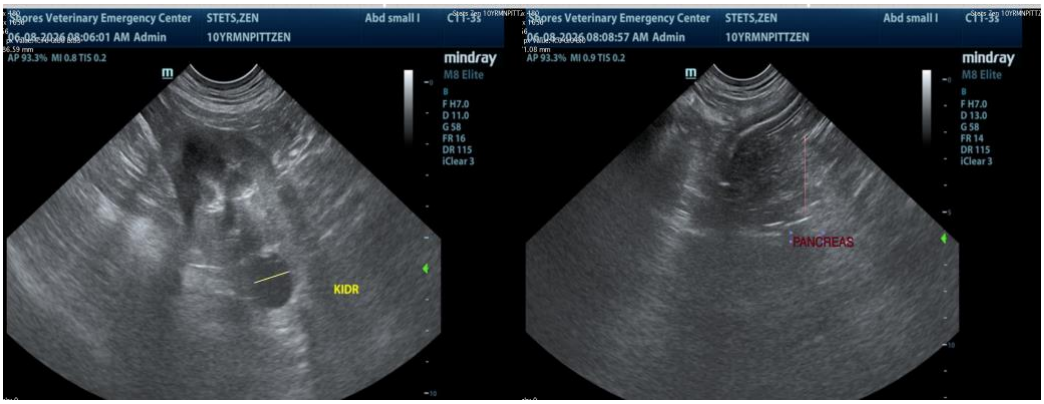

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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