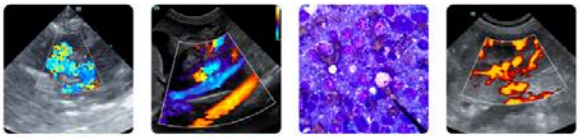


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Oban Palmer

SPECIES

Canine

BREED

Sheltie

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.6 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington Animal Hospital

REFERRING VET

Dr. Dennis

INVOICE

71987

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Decreased appetite Diarrhea Abdominal pain Not improving with supportive care (low fat GI diet, had course of metronidazole which improved diarrhea but has returned post treatment) Current Medications Buprenorphine (0.02mgl/kg) orally every 12-24 hours as needed

Abnormal PE/Chem/CBC/UA Results: See attached rads and BW Marked elevation in Cpli - all results will be emailed Radiographic Findings Will be sent Primary Question to Be Answered in This Exam Reasons for lack of improvement, is there pancreatic mass?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.89 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.56 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

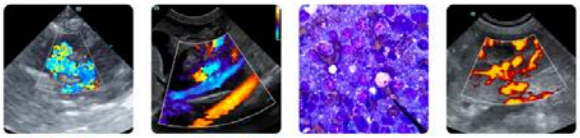
Adrenal Glands

The left adrenal gland is normal in size measuring 0.69 cm at the cranial pole and 0.67 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.87 cm at the cranial pole and 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.03 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder is large, with a large amount of intraluminal debris and hypoechoic rim adjacent to the gallbladder wall, consistent with gallbladder wall edema or thickening, measuring at 0.43 cm. No evidence of surrounding inflammation or free fluid visualized.

Gastrointestinal

The stomach contains a moderate amount of fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Large amount of debris visualized in the gallbladder, and a hypoechoic, prominent gallbladder wall – Findings could be consistent with an atypical mucocele.

- Moderate fluid visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the symptoms reported is not visualized. The gallbladder has a large amount of intraluminal debris, and it is somewhat abnormal in appearance in that the gallbladder wall appears slightly hypoechoic and thickened. There is no evidence of surrounding reactive/inflamed tissue. Recommend rechecking lab work to see if any liver enzyme elevations have developed. You could consider treatment for cholangiohepatitis with Ursodiol, Denamarin, and antibiotics, It would be atypical to not have any liver enzyme elevations if the gallbladder is a source of the symptoms described (but not impossible). Visualization of the gallbladder is somewhat challenging, as the patient is painful. Recommend sedation for reevaluation.

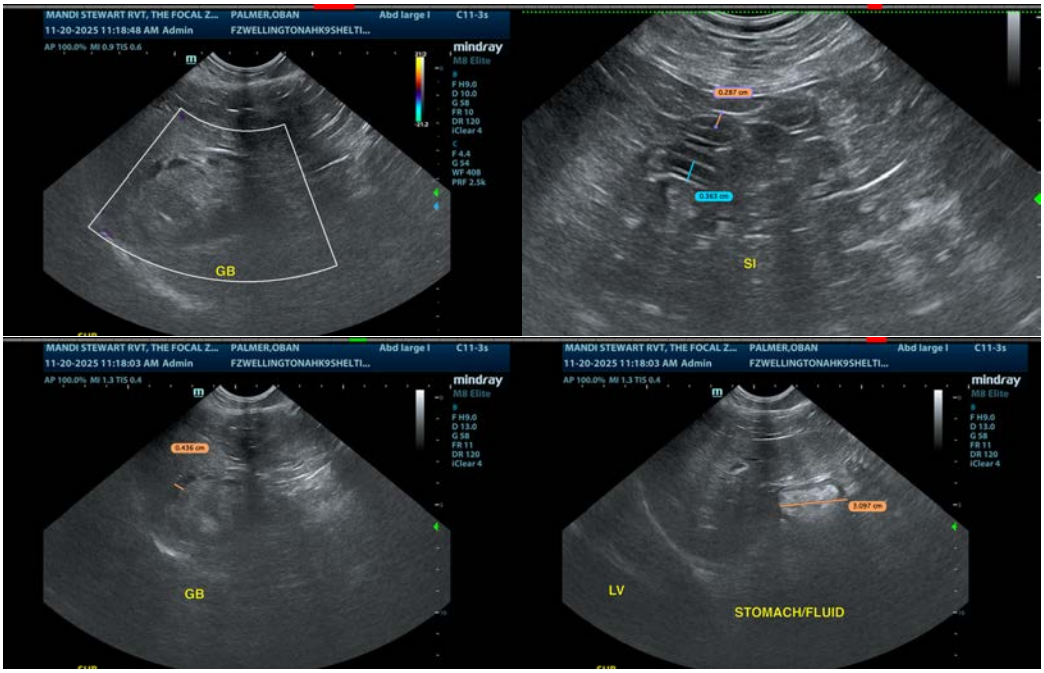
The pancreas is visible and mildly mottled but does not appear overtly inflamed. I cannot rule out a small pocket of inflammation under the ribs or similar, but diffuse severe pancreatitis is not apparent.

The small intestine appears normal. No focal lesions are identified. Further evaluation could include:

- Recommend a hydrolyzed protein/low-fat diet (Royal Canin has this).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

Consider a panel screening for infectious causes of diarrhea.

If symptoms are persistent and the gallbladder is ruled out as a significant issue, biopsies of the GI tract may be warranted for further evaluation. Additionally, reevaluation of the gallbladder and bowel in the near future could be considered, looking for the progression of today's lesions or development of new lesions.



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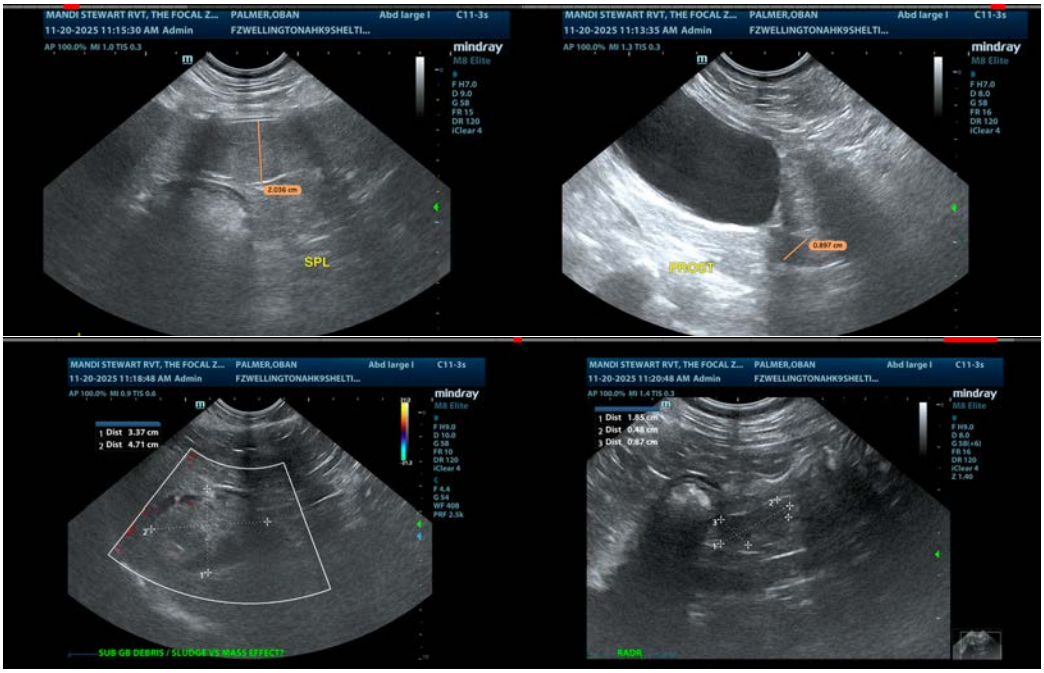

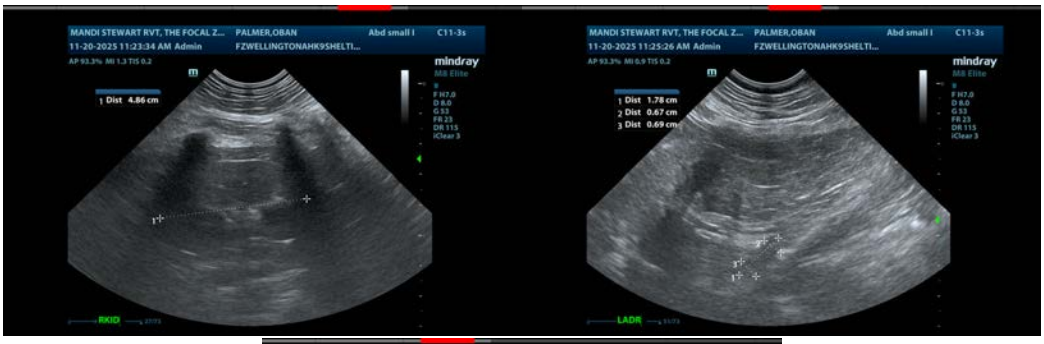

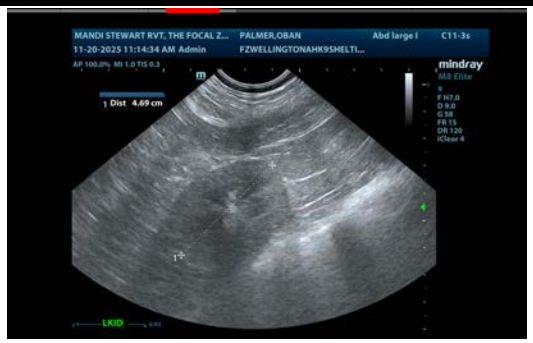

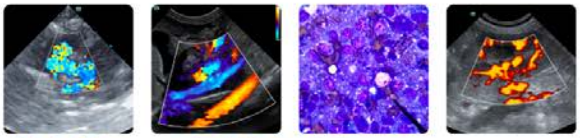

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com