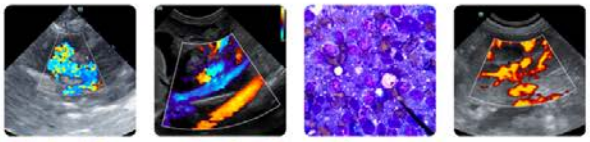

PATIENT

Remi Wendelgass

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

8.75 Years

WEIGHT

84 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emily Kirk

HOSPITAL NAME

Shiloh Animal Hospital

REFERRING VET

Dr. Emily Kirk

INVOICE

71647

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11/6/25

PRESENTING CLINICAL SIGNS

At the end of August/ beginning of July patient was vomiting. Since then he will vomit once every 1-2 weeks. He is also less interested in food and has lost about 3 pounds. Vomiting usually occurs a few hours after eating. On lab work his liver enzymes are elevated. X-rays showed an overall empty stomach with mild liver enlargement.

Abnormal PE/Chem/CBC/UA Results: CBC/ Chem Attached ALT 200 High (18 - 121 U/L) (June 2025 - 30 U/L) AST 29 (16 - 55 U/L) ALP 382 High (5 - 160 U/L) (June 2025 - 41 U/L)

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 large, hyperechoic and mildly mottled, measuring 3.32 cm in height in the sagittal view. There is a small, anechoic cystic lesion visualized in the parenchyma measuring 0.63 cm in diameter.

The left kidney has a normal shape and size (7.48 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 (6.2 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 0.46 cm at the cranial pole and 0.54 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.

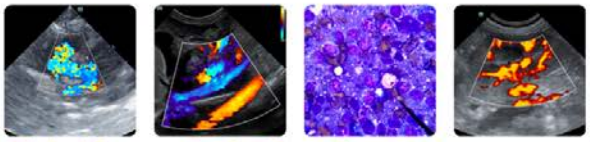
The right adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.57 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.02 cm at the hilus), 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.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The biliary tract appears normal. The



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vasculature appears somewhat prominent and dilated, likely secondary to sedation. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild/moderate gas artifact. 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. Gas interference prevents visualization of some areas of the stomach.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.30 cm.

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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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

- Large, hyperechoic prostate with a cystic lesion – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Pancreatic changes most consistent with pancreatic remodeling.
- Large, 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.
- Mild small intestinal thickening – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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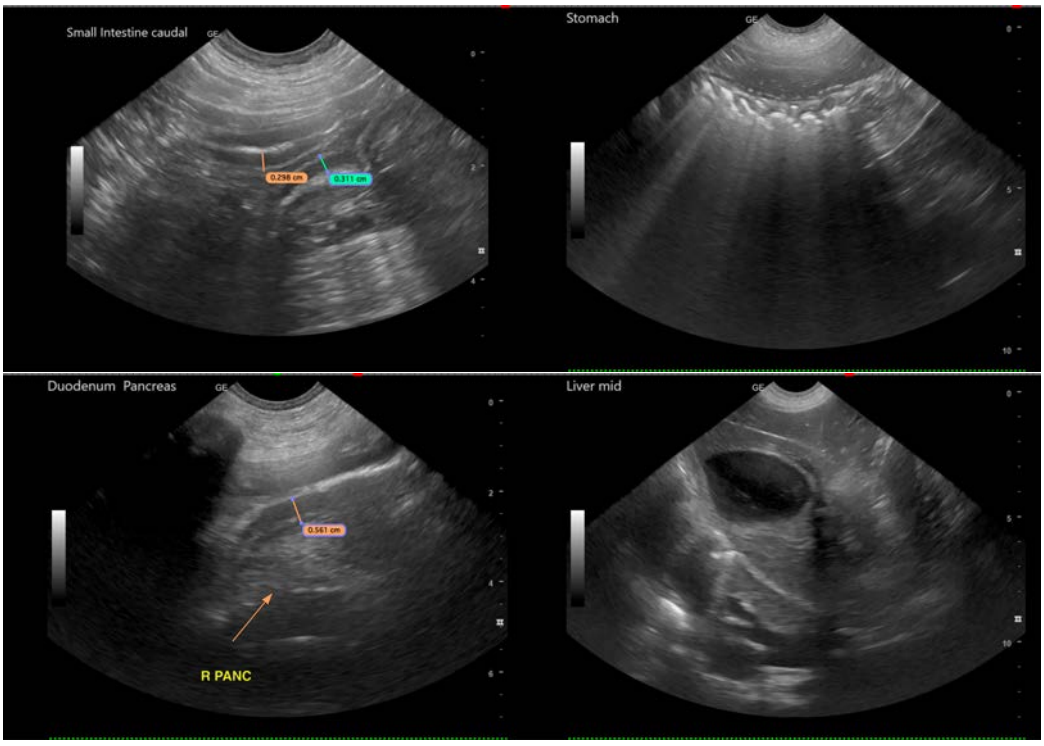
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No focal lesions are visualized associated with the GI tract to explain the chronic vomiting reported. Subjectively, the small intestine appears somewhat thickened, but this is a very large dog, and the significance of this is uncertain. You could consider the following for further evaluation:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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.

The liver is large and heterogeneous. This is a non-specific finding. Recommend pre- and post-prandial bile acids to assess liver function, and possibly a fine needle aspirate of the liver. If liver function is abnormal and/or liver values continue to rise, a biopsy of the liver with samples for histopathology, culture and copper levels may eventually be warranted.

The prostate is large and hyperechoic with a small cystic appearing lesion. These changes are most consistent with benign prostatic hypertrophy. Recommend continued monitoring for signs associated with prostatic enlargement and any evidence of inflammation in the urine, or prostatitis. If this is suspected, recommend a urine culture.



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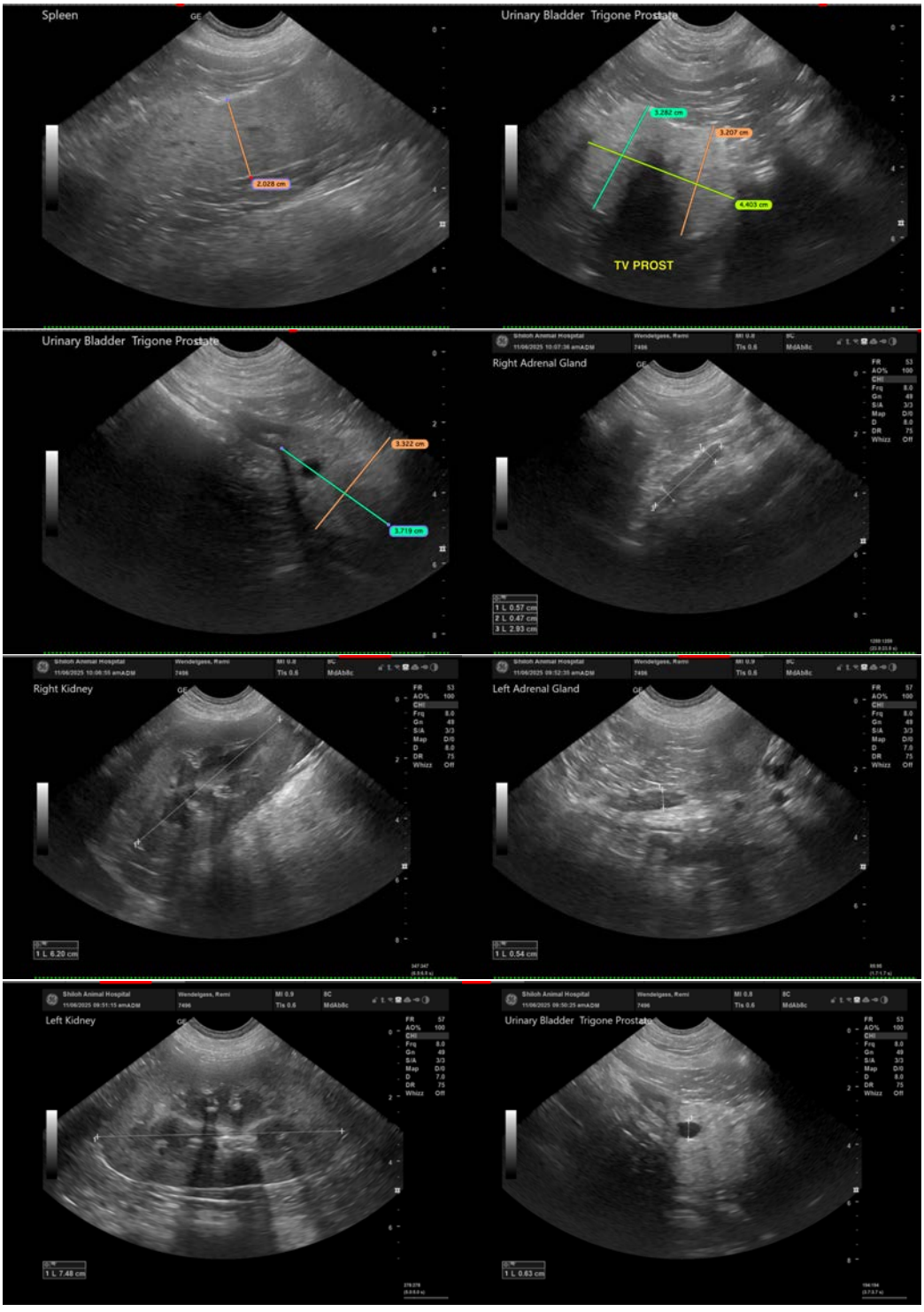

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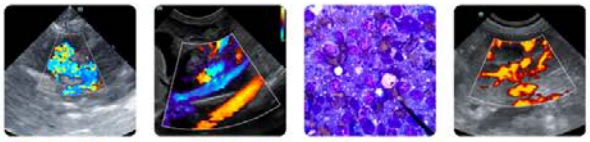

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com