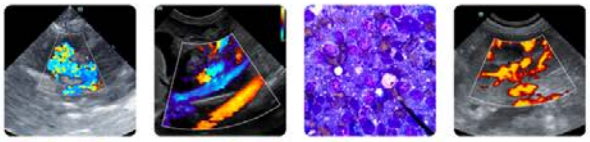


PATIENT

Max Landess

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

49 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Jack Landess, DVM

INVOICE

72696

DATE

12/18/25

PRESENTING CLINICAL SIGNS

P is losing weight. Screening labs showed pancreatitis and UTI. P is on sucralfate bid, famotidine bid and doxycycline bid. Screening for underlying pathology. Thoracic radiographs within normal limits. FNA of spleen taken today, sent for cytology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.92 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 (6.52 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 0.66 cm at the cranial pole and 0.65 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.

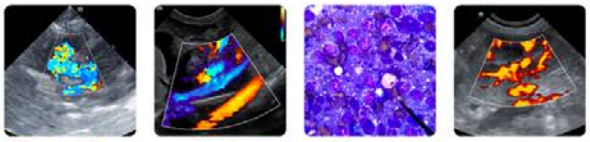
The right adrenal gland is normal in size measuring 1.02 cm at the cranial pole and 0.70 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional very ill-defined hypoechoic nodules, an example of which measures 0.77 cm.

Liver

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



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The gall bladder lumen is moderately distended. There is some irregularity at the gallbladder wall, most consistent with polypoid-like lesions, although mild adhered debris is possible. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.67 cm. Jejunum wall measures 0.42 cm. Visualized peristalsis appears appropriate. There is a brief view of a loop of prominent/thickened small intestine. This is not visualized on subsequent imaging. This section of bowel measures 0.52 cm and could represent an obliqued section of bowel or a focal thickened section of small intestine.

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 mildly 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

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mildly mottled spleen with ill-defined hypoechoic nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with mild pancreatic remodeling.
- Polypoid-like changes visualized associated with the gallbladder wall – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.
- Mildly thickened small intestine and questionable focal area of bowel 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). A brief view of a prominent loop of bowel is visualized. This could represent focal thickening or imaging artifact.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen subjectively appears somewhat mottled with some ill-defined hypoechoic nodules. This could represent benign or early neoplastic disease. Consider a fine needle aspirate for further evaluation (I believe this was done at today's exam).

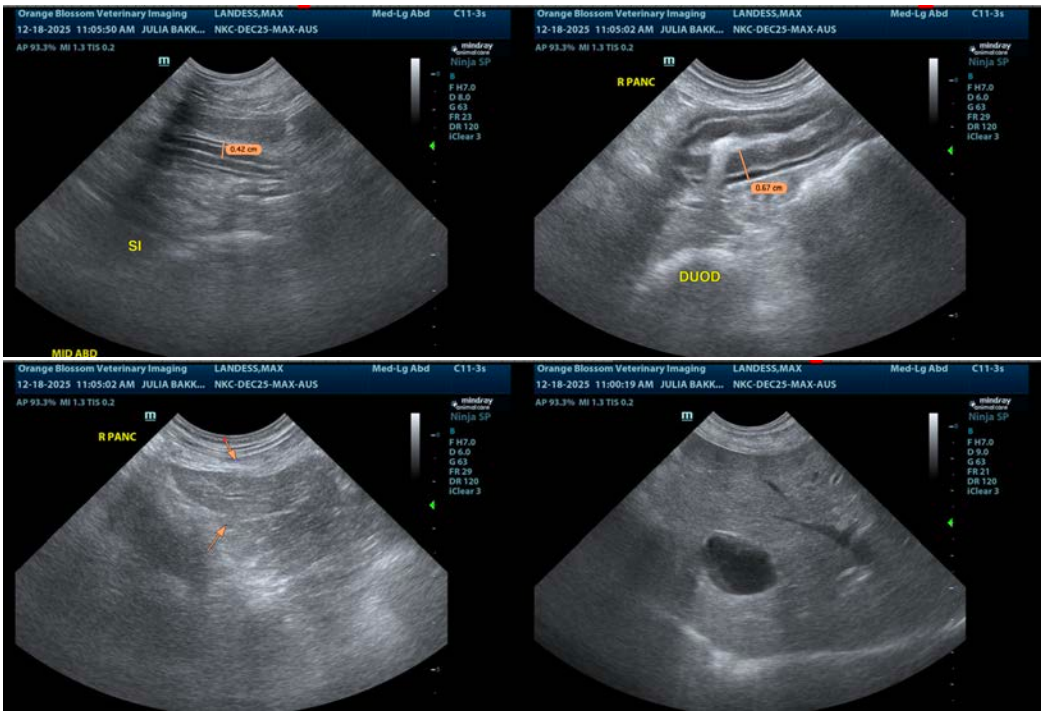
The pancreas is visible and mildly mottled in the right limb, most consistent with pancreatic remodeling, although mild chronic pancreatitis cannot be definitively ruled out. Consider evaluation of a PLI level.

The small intestine appears subjectively mildly thickened in some regions. This could represent anatomic variation or mild inflammatory type change. If underlying gastrointestinal disease is suspected, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for additional evidence. If there is a more significant concern for underlying gastrointestinal disease, further evaluation may be warranted (hydrolyzed protein prescription diet, probiotics therapy, even GI biopsies).

There is a questionable focal section of thickened bowel visualized on one view. This is not visualized on subsequent imaging, so the significance of this is uncertain.

There is mild polypoid-appearing change visualized associated with the gallbladder wall. There is no associated inflammation or significant debris present. The significance of this in the absence of liver enzyme elevations is uncertain. You could consider Ursodiol therapy and continued monitoring, or even treatment for mild cholecystitis with a course of antibiotics (in conjunction with probiotics).

If symptoms are persistent, consider repeat imaging in 4-6 weeks, looking for any significance changes/progression and to see if the questionable thickened bowel loop is persistent.



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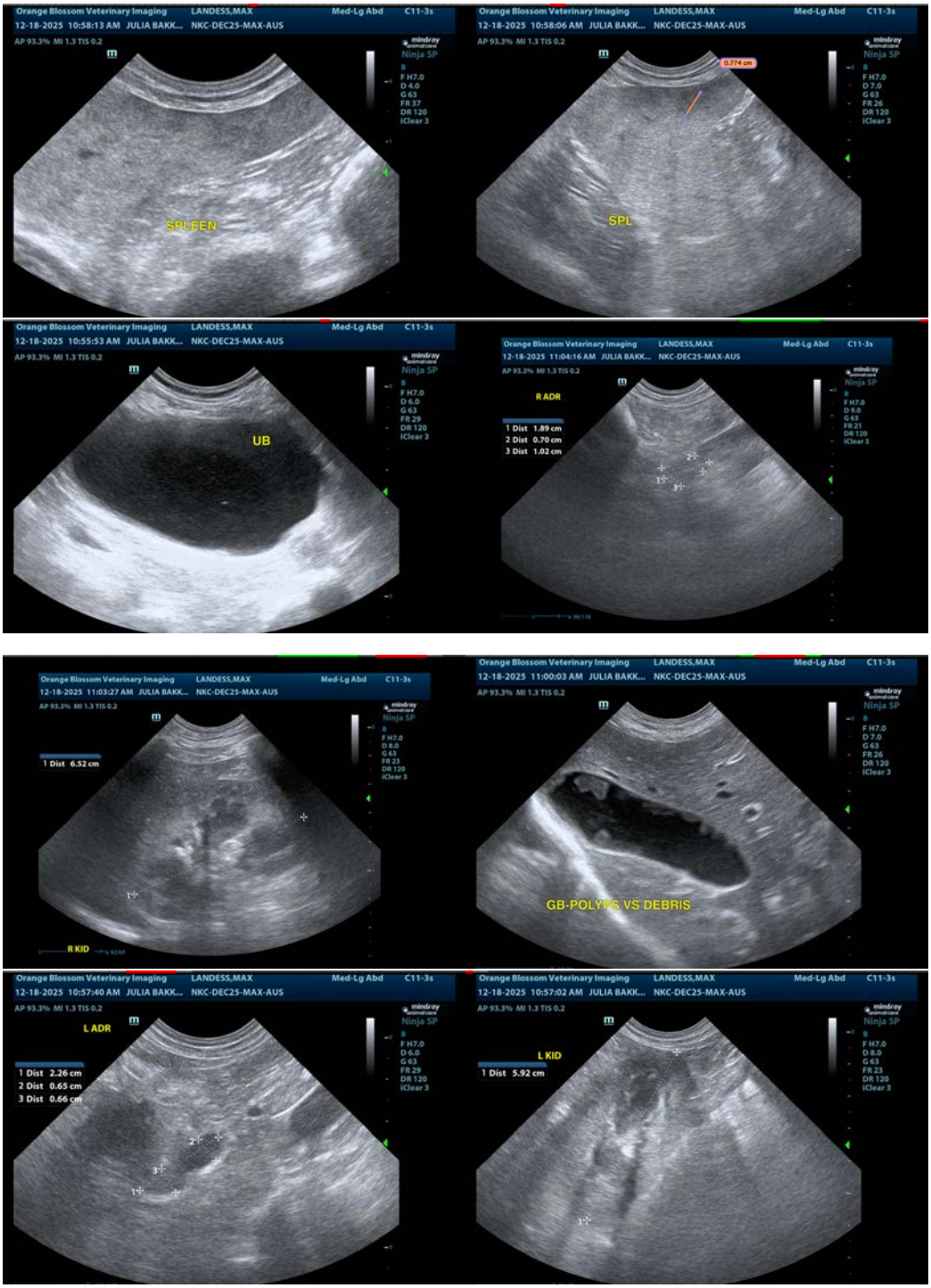

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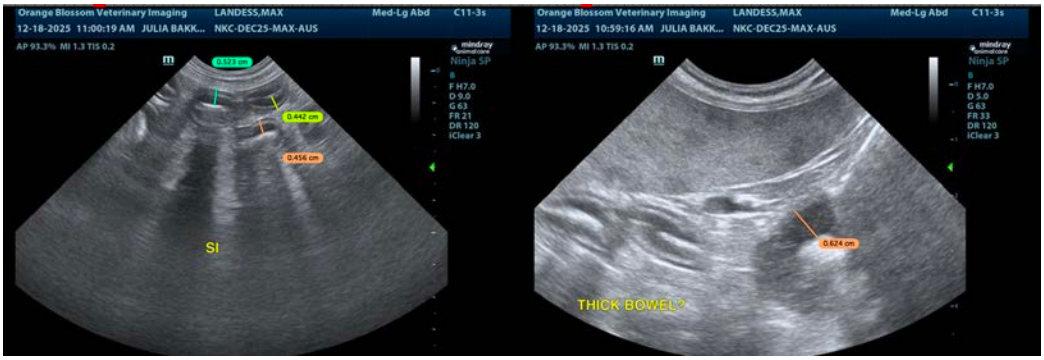

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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