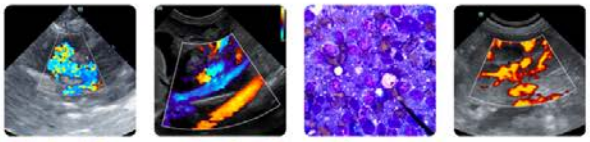


PATIENT

Gus Jacobs

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

8 Years

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

72307

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Reportedly "skittish" per owner for past several months. More lethargic lately (months). Examined in 10/2025, and noted visual deficits and incomplete PLR OU. Hesitant to move in dark room vs light room. CBC/Chem/TT4 (on Soloxine 0.4mg BID) NSF/therapeutic TT4. Examined by ophthalmologist later on in 10/2025 = Normal exam. Per owner, acting normal one week following initial appointment. Presented again 12/2/25 with owner complaint of strange behaviorally - timid, lethargic, walking slowly, losing balance, not finishing food, eating slowly. Three episodes of vomiting reported the week prior, once daily in night for three consecutive days. None since. Meds: Soloxine 0.4mg BID, Apoquel 16mg SID PRN. Inconsistent Interceptor Plus/Credelio.

Abnormal PE/Chem/CBC/UA Results: Exam 12/2/25: Unremarkable. No neurologic or orthopedic deficits/pain noted. H/L WNL. CBC/Chem 12/2/25: Normal TT4 12/2/25: Therapeutic range still HW-4DX = Negative BP: WNL Cortisol (baseline): 10.70ug/dL Chest X-rays: Unremarkable, no evidence MegaE. Abdominal rads: Small liver?/gastric axis deviated cranially. General poor detail mid abdomen. Mild ventral spondylosis lumbar spine.

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 (1.42 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.

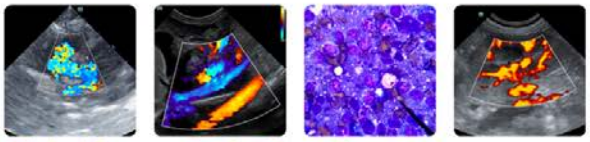
The left kidney has a normal shape and size (5.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.94 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 0.40 cm at the cranial pole and 0.61 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 0.69 cm at the cranial pole and 0.63 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.



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Spleen

The spleen is subjectively normal in size (1.72 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.

Liver

The liver is normal/borderline small. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. 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. There is a moderate amount of non-organized echogenic debris. Some of the debris is hyperechoic with soft shadow, most consistent with mineralized debris. 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 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 0.33 cm. Visualized peristalsis appears appropriate. There is a section of small intestine that appears mildly fluid distended and thickened, measuring at 0.40 cm with intact wall layering.

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 appears mildly hyperechoic in the cranial abdomen in the region of the stomach.

ULTRASONOGRAPHIC FINDINGS

- Borderline small liver – Correlate with abdominal radiographs to better assess.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Focal section of prominent small intestine with mild fluid distention – Findings could be consistent with mild focal ileus.

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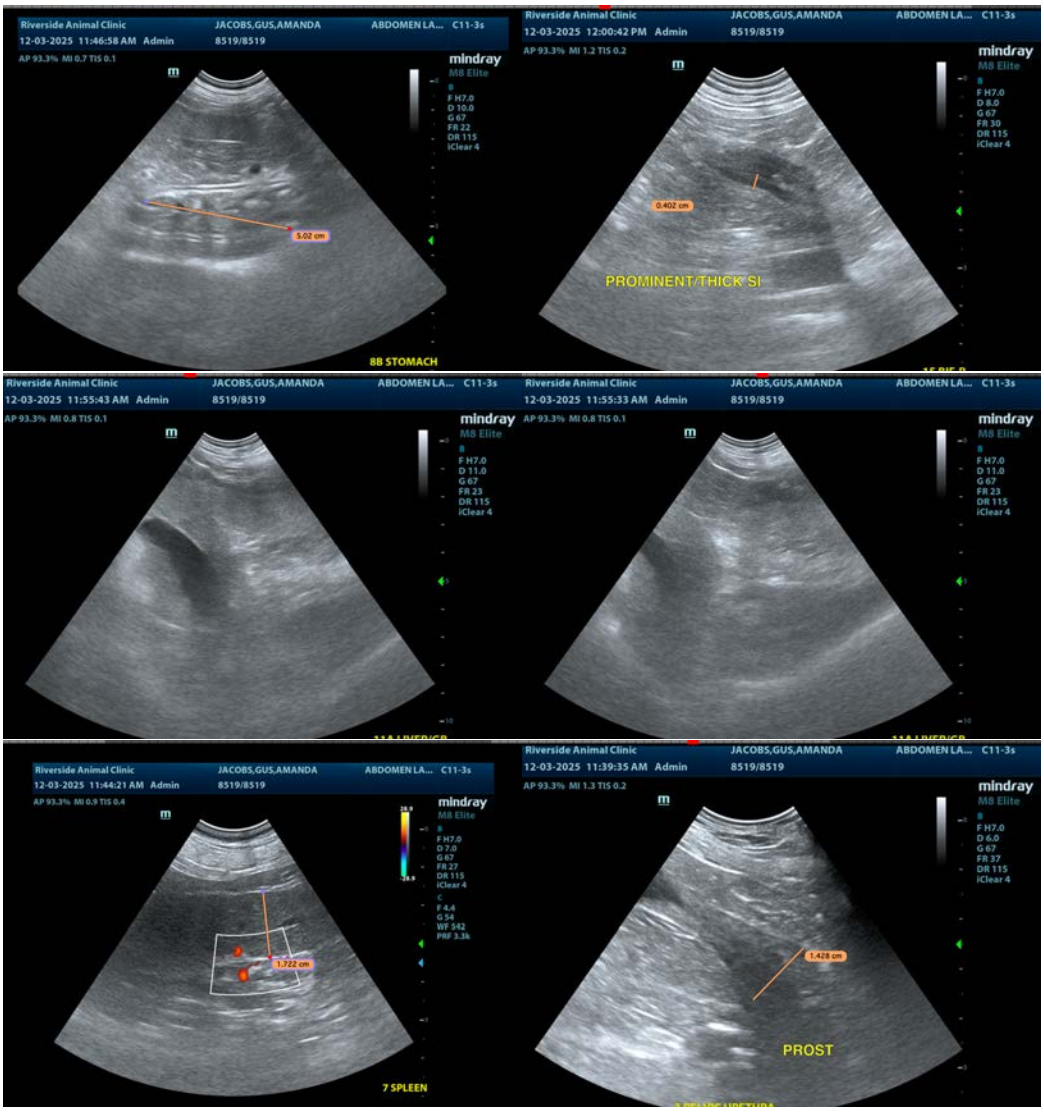
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. A definitive cause for the symptoms described is not observed. Consider a liver function test, looking for possible encephalopathy as a cause for the abnormal behavior described. No evidence of a shunting vessel is visualized, but a contrast CT scan would likely be necessary to further evaluate if this is strongly suspected (typically bile acids >80).

No definitive GI lesions were visualized to explain the vomiting reported. There is some mild mesenteric inflammation in the region of the pancreas. Correlate with PLI level, looking for possible pancreatitis. Additionally there is a slightly prominent loop of bowel in the mid caudal abdomen, but no evidence of loss of wall layering, an obstruction, etc.



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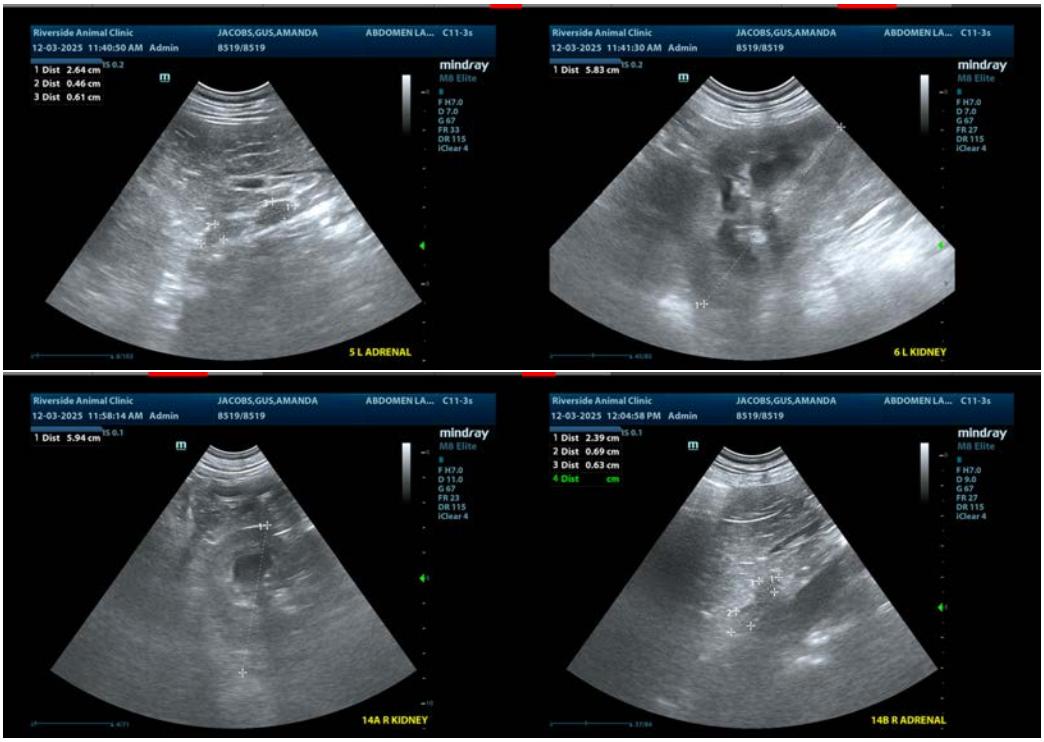

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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