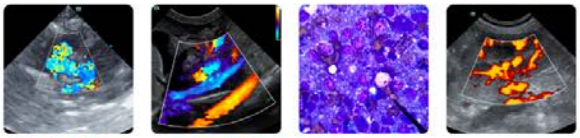

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PATIENT

Wyatt Hodges

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

10 Years 9 Months

WEIGHT

54.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Forest Oaks Animal Hospital

REFERRING VET

Dr. Coble

INVOICE

73084

DATE

2/19/26

PRESENTING CLINICAL SIGNS

P presented for US due to chronic vomiting that improved initially on Cerenia and Sucralfate. Bloodwork showed mild elevation in monocytes. Rads showed thickening in pylorus or stomach. Currently on Sucralfate, Cerenia, Famotidine, and Metoclopramide

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 (0.90 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 (6.56 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.

The right kidney has a normal shape and size (5.63 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 0.55 cm at the cranial pole and 0.49 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 1.11 cm at the cranial pole and 0.62 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 (3.16 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is some hyperechoic focal debris visualized in the gallbladder, most consistent with small sandy debris/small choleliths. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild/moderate fluid. The gastric wall appears prominent and somewhat thickened, measuring up to 0.91 cm. Some areas appear to exhibit mildly reduced detail of wall layering. There is no impression of reduced peristaltic activity. No definitive focal lesions are visualized, but some areas of the gastric wall appear prominent and thickened with reduced detail of wall layering.

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. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.35 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. There is a prominent cranial abdominal lymph node visualized measuring 0.65 cm. Additionally, the iliac lymph node is isoechoic and prominent measuring 0.78 cm. The omentum is slightly patchy and hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mildly 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.
- Pinpoint, small hyperechoic foci visualized in the gallbladder – Findings are most consistent with small sandy debris/small choleliths.
- Prominent, mildly thickened gastric wall with some areas exhibiting mildly reduced detail of wall layering – Findings are most consistent with gastritis, although early neoplastic change cannot be ruled out.
- Prominent cranial abdominal lymph node and irregular hyperechoic mesentery in the cranial abdomen – Findings are most consistent with inflammatory type change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

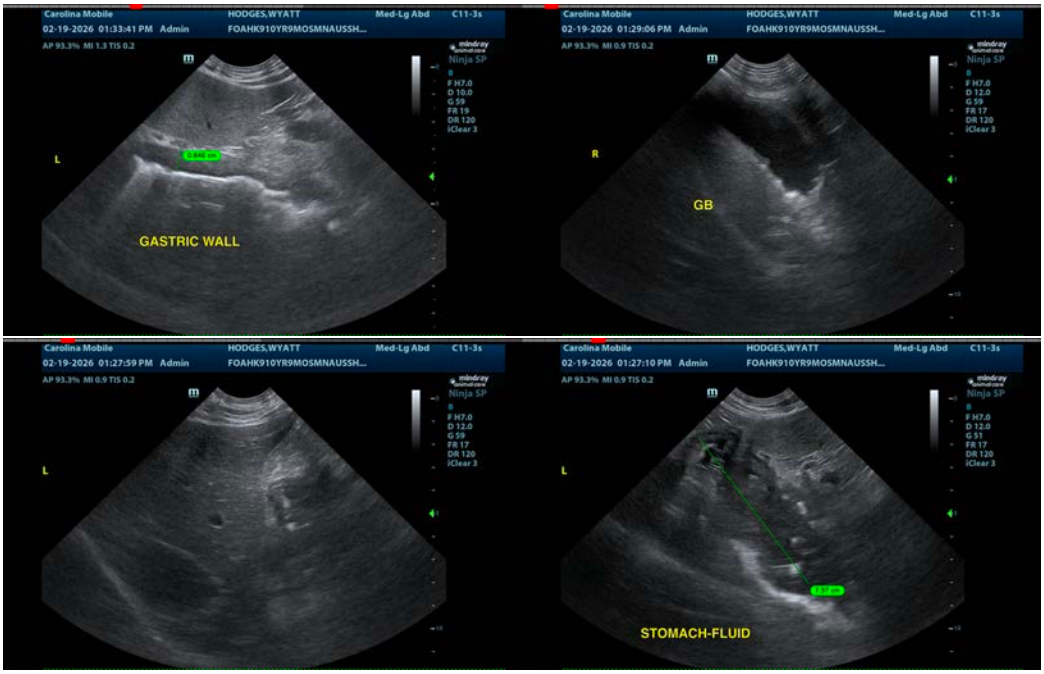
The gastric wall appears somewhat prominent and thickened, and there is some retained fluid. Correlate with the feeding history. This could represent delayed gastric emptying, a non-fasted patient, etc. No evidence of an outflow obstruction is clearly visualized.

Consider empirical treatment for gastroenteritis. If not already done, recommend the following:

- 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.

If symptoms are persistent, consider an upper GI endoscopy to further evaluate the stomach and to obtain biopsies. Additionally, you could consider repeat imaging in the future, looking for progression of today's lesions.

The liver appears subjectively heterogeneous. This is a non-specific finding. The significance of this is uncertain. Correlate with current lab work.



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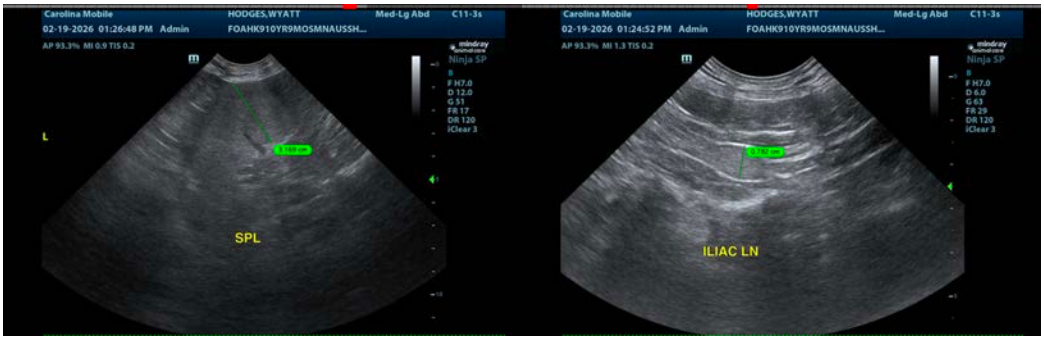

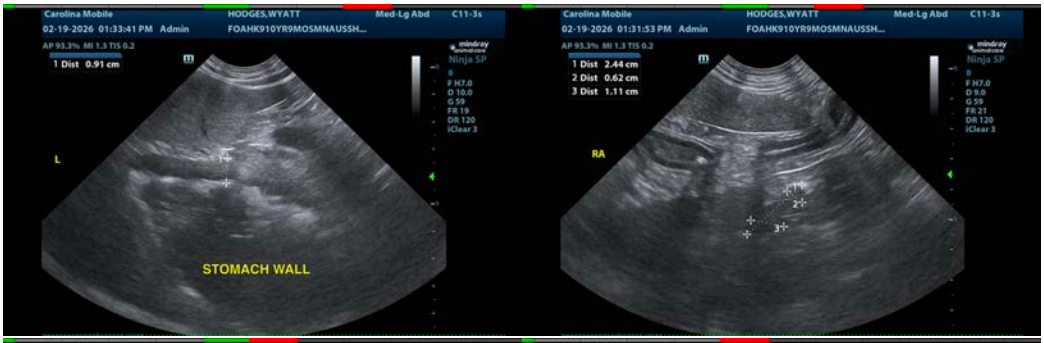

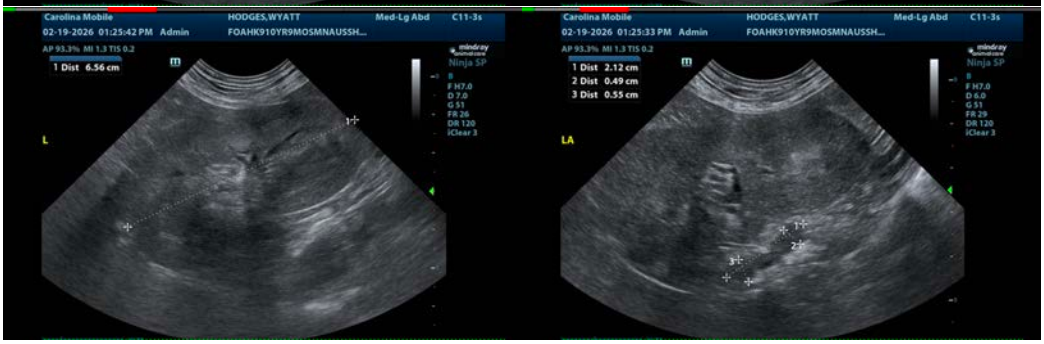

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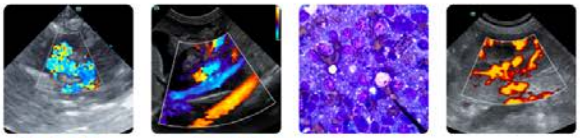

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

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

info@sonopath.com