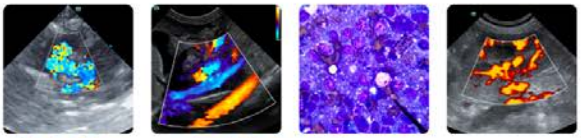

PATIENT

Athena Lynaugh

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Hackettstown Animal Hospital

REFERRING VET

Dr. Nause

INVOICE

73306

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Abd mass? Fever 104 F, coughing.

Abnormal PE/Chem/CBC/UA Results: Glob-4.0 Anaplas pos. UA ph-5 sg-1.032 trace protein

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 left kidney has a normal shape and size (7.6 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 (8.82 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 0.51 cm at the cranial pole and 0.29 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 0.76 cm at the cranial pole and 0.38 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 large and somewhat curled in the abdomen, measuring 2.34 cm in width at the level of the hilus. 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 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains a large amount of fluid and shadowing ingesta. Full evaluation of the stomach and the region of the pylorus is obscured by shadowing ingesta and gas artifact. In some views the gastric wall appears mildly prominent, measuring 1.38 cm. The visualized pyloric wall is prominent at 0.91 cm.

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 0.50 cm. Jejunum wall measures 0.39 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

- Large, curled spleen – The significance of this is uncertain. This could be consistent with anatomic variation (large spleen in a German Shepherd), congestion, splenitis, lymphoid hyperplasia, or less likely infiltrative neoplasia.

- Large, shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent ileus/delayed gastric emptying or a partial outflow tract obstruction (pyloroduodenal junction not clearly visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is prominent and somewhat curled on today's exam. This could be normal for the breed or could be consistent with a splenic issue. The parenchyma appears relatively normal at this time. Recommend continued monitoring. A fine needle aspirate of the spleen could be considered if concerned.

There is a large amount of shadowing ingesta visualized within the gastric lumen. If the patient was not fasted this could represent normal ingesta. If the patient was fasted, this could represent ileus or an outflow tract obstruction. On some views the gastric wall appears mildly thickened, but this is not present in all views, and could be secondary to an obliqued image, gastritis, or less likely neoplastic infiltration. If an upper GI obstruction or gastric pathology is a significant concern, recommend a more prolonged fast and repeat imaging with sedation to reevaluate this region. Additionally, you could consider a contrast study to further evaluate the outflow tract.

No obvious source of fever or cough are identified on today's exam. If symptoms are persistent or progressive, repeat evaluation in the future could be considered, looking for the development of new

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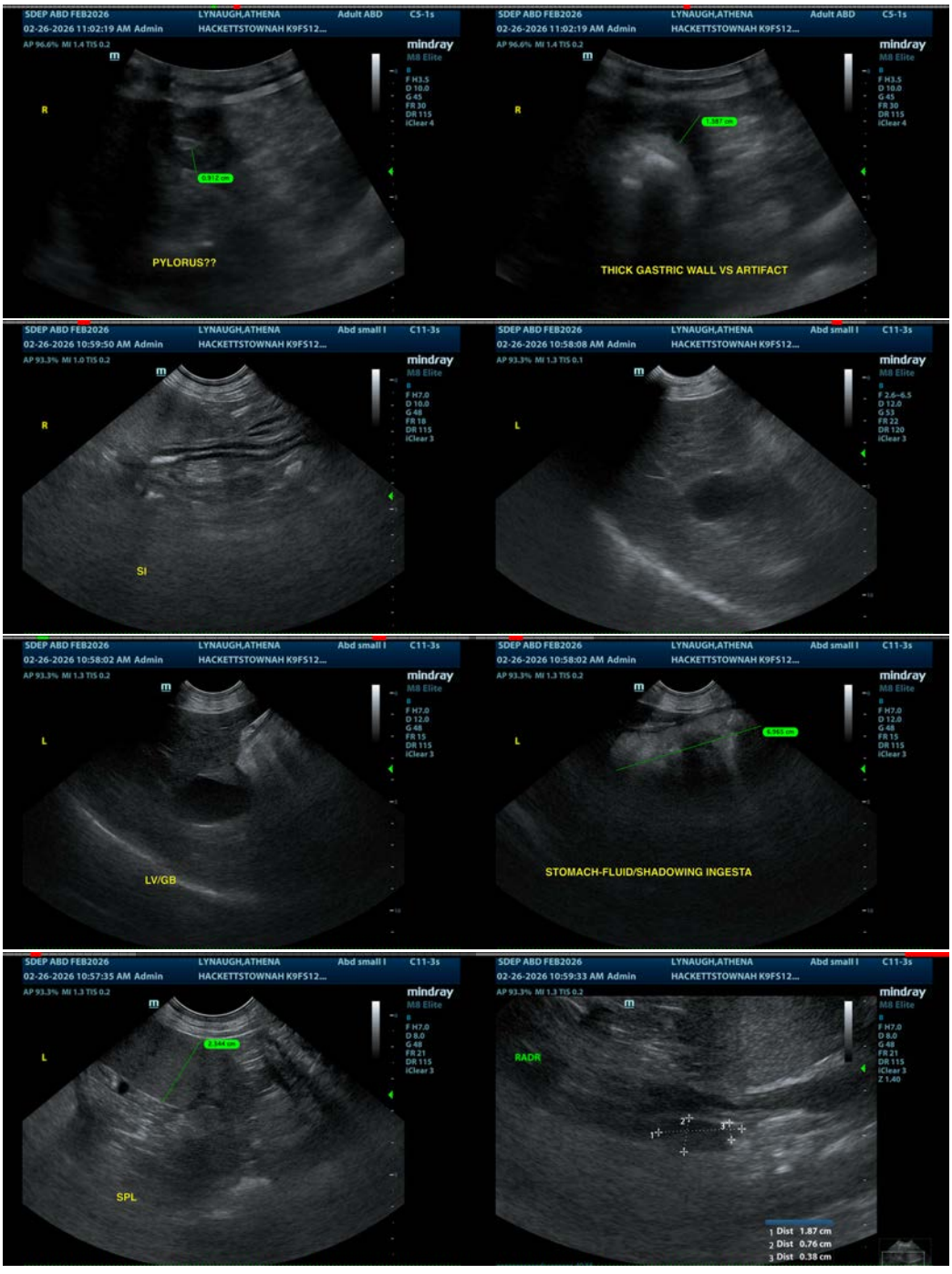
lesions.



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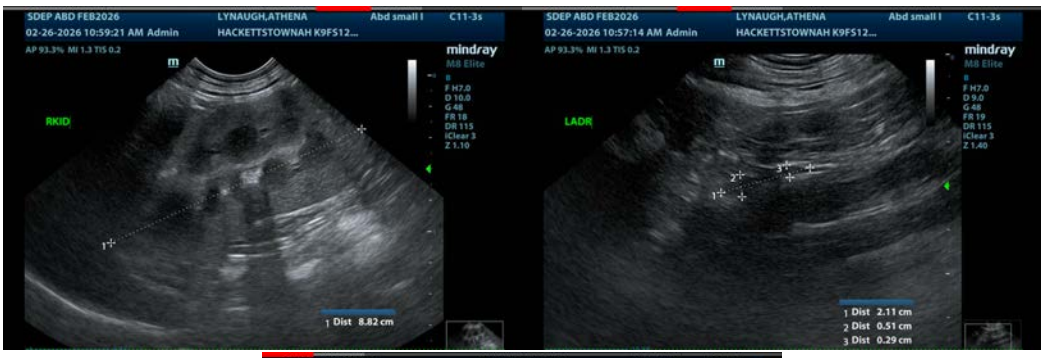

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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