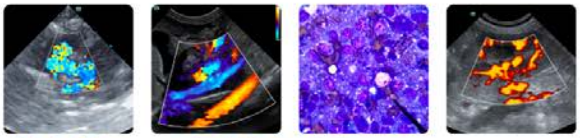


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Zoe Rowell

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

12 Years

WEIGHT

22.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates Veterinary Hospital

REFERRING VET

Dr. Merkel

INVOICE

72706

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Initial exam Jan 9/26 for lip smacking and inappetence. Uncomfortable with cranial abd palpation. Client declines workup. Takes Omeprazole home

Returns for workup Jan 12 as still not eating much. BW reveals a moderate to marked non-regenerative anemia, normal chems. Autoagglutination negative. Abd rads show subjectively large spleen but no mass effect, no obvious obstruction, etc). Client had declined further workup at this time - starting on Amino B plex, Prednisone and Omeprazole.

Recheck Jan 30 notes no improvement to pet. MM's now pale, and pet has Grade 2/6 heart murmur. Still mildly tense on abd palp. Did vomit today (not consistently happening). Repeat CBC shows worsening anemia though now appears regenerative. Continuing with prednisone (at 1mg/kg), Omeprazole & B Plex

Current Medications - Prednisone 1mg/kg SID, Omeprazole 20mg SID, Amino B plex 3 mls BID

Abnormal PE/Chem/CBC/UA Results: See attached Labwork and rads Primary Question to Be Answered in This Exam Potential cause for anemia - rule out splenic involvement

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.

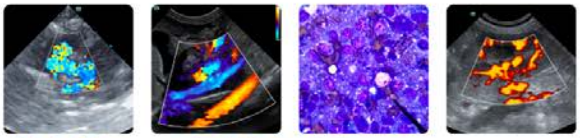
The left kidney has a normal shape and size (7.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.02 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 0.53 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 1.02 cm at the cranial pole and 0.60 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 (2.22 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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.

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 moderate shadowing ingesta. 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. Shadowing ingesta visualized within the stomach interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate fluid, gas, and shadowing ingesta. 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 0.31 cm. There is mild mucosal speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

There is a large amount of shadowing formed fecal material visualized within the colon. 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, 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.

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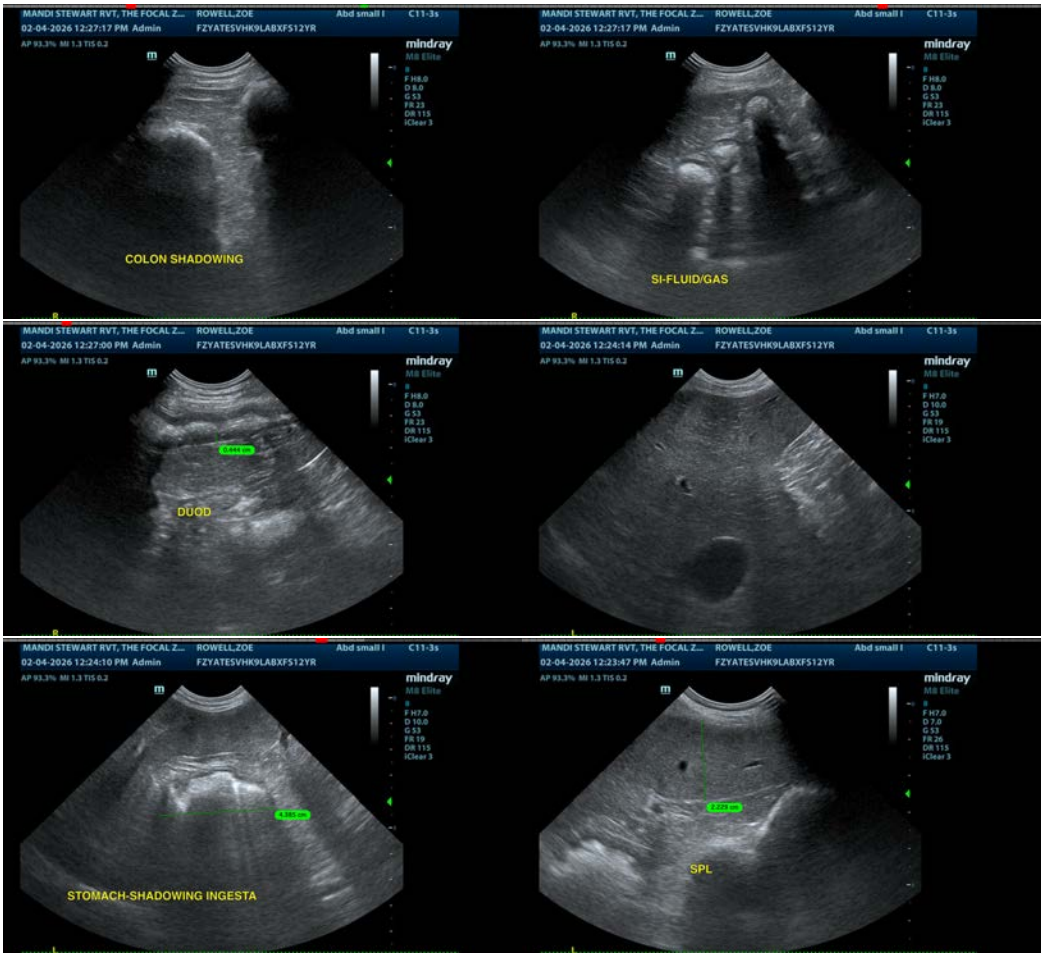
- Moderate to large shadowing ingesta visualized within the stomach and small intestine as well as significant shadowing from stool in the colon – Findings are most consistent with a non-fasted patient. Obstructive foreign material is much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the spleen, and there is no evidence of a significant lymphadenopathy. The stomach has a moderate amount of shadowing ingesta, and there is significant gas, fluid and ingesta visualized within the small intestine. Findings are suggestive of a post-prandial patient, but a degree of ileus may be a factor. Additionally, visualization is somewhat limited (particularly in the cranial abdomen) by what is suspected to be stool in the colon. Repeat evaluation with a longer fast may be of benefit if symptoms are persistent.

The liver is mildly heterogeneous. The significance of this is uncertain. Fine needle aspirate could be uncertain.

Recommend a pathologist review of a blood smear, looking for any abnormal cells, hemoparasites, etc.



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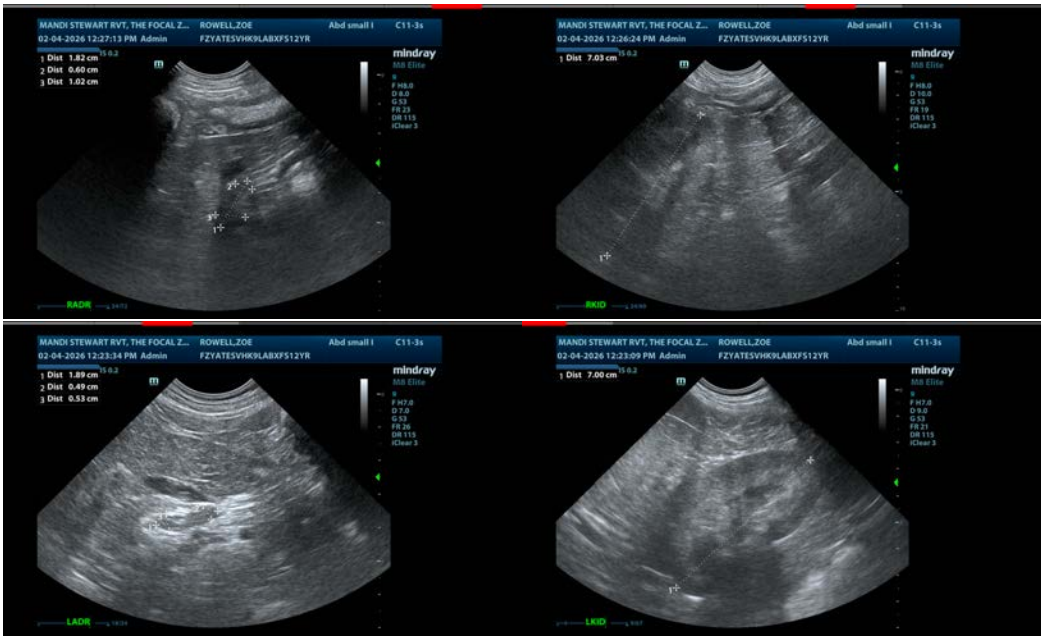

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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