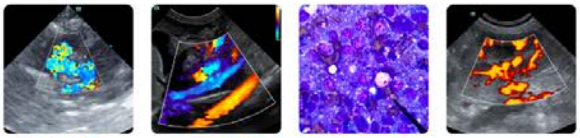


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Petra Winer

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

9 Years

WEIGHT

37.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Eldale VC

REFERRING VET

Dr. Turpin

INVOICE

73558

DATE

3/11/26

PRESENTING CLINICAL SIGNS

P presenting BAR for acute onset of hematemesis March 6 at 12:30pm. ~1 hour ago, vomited up what appeared to be clot of blood. About 10-15 minutes after happened again - this prompted O to call clinic. O reports P is otherwise behaving normally. Ate her breakfast normally. Has had some treats and milk bone since. Interestingly no food in vomitus - only the blood. Still seems bright and happy on her walk prior to onset of symptoms, was off leash so possible got into something during this time. No new foods or treats, no human foods or high fat foods. Nothing around house P has gotten into. Had been doing fine leading up to this as well. No other concerns - e/d well, no d/c/s.

Current Medications - Hx 2 week course of NSAID given from Feb 13-27th, finished ~1 week ago.

Abnormal PE/Chem/CBC/UA Results: Urea 15.8 ALP 233 Radiographic Findings Some formed stool in distal colon, with some softer looking fecal material proximal to this. Small amounts of gas within SI with no abnormal distension. Interestingly, there is a large amount of material within the stomach, which is unusual given P has only vomited what looked to be blood and has not eaten since this AM. Primary Question to Be Answered in This Exam Gastric Ulcer?

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.

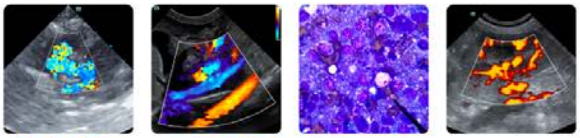
The left kidney has a normal shape and size (6.53 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.76 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 0.39 cm at the cranial pole and 0.52 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 1.07 cm at the cranial pole and 0.57 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 (3.25 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 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 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. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.27 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

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are mild. No lesions are visualized associated with the stomach. Unfortunately, this does not rule out the possibility of gastric ulceration, as ultrasound can be

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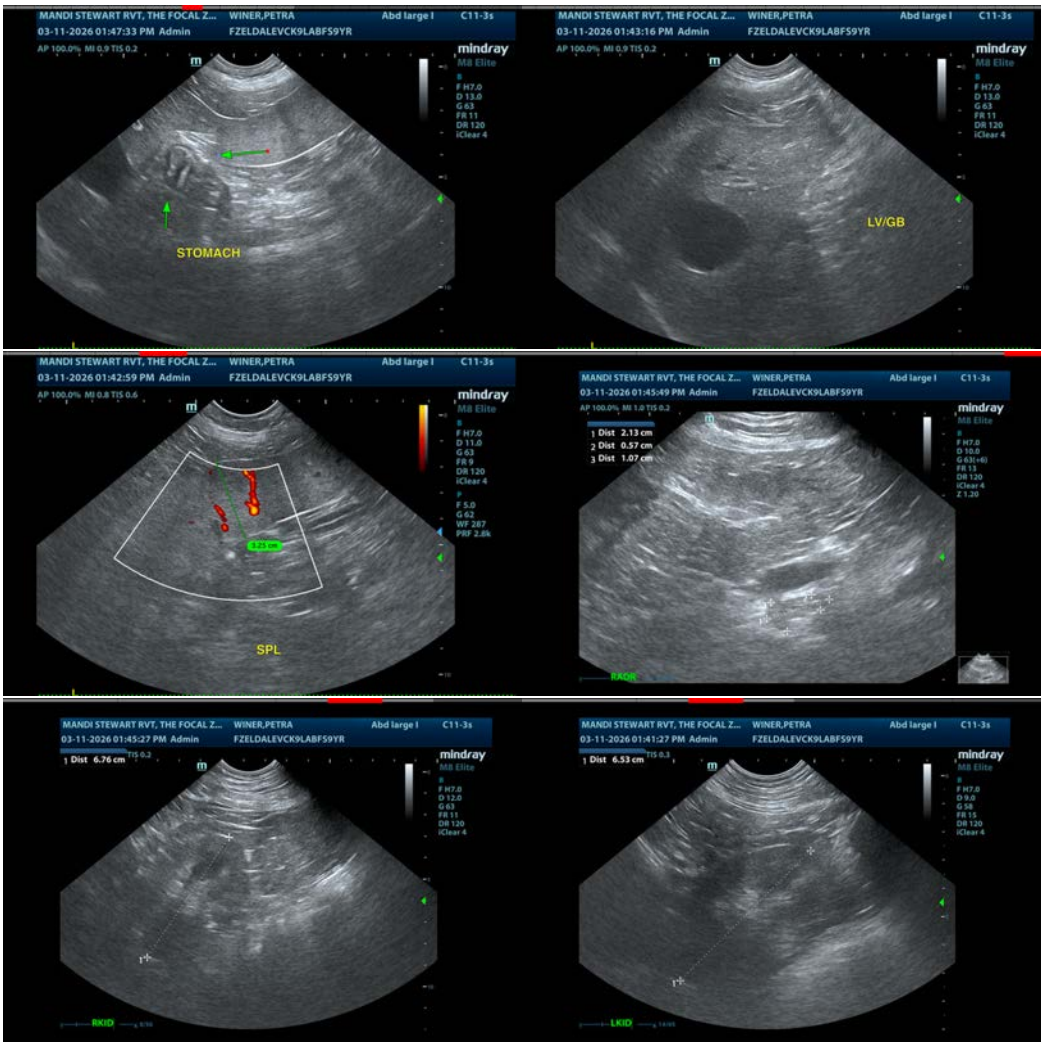
insensitivity in picking up some focal gastric lesions. Consider anti-ulcer therapy +/- treatment for helicobacter. If symptoms are persistent, recommend upper GI endoscopy to further evaluate.

Additionally recommend a digital rectal exam to look for evidence of melena and question the owner about the possibility of more chronic evidence of melena.

The liver is mildly heterogeneous. This is a non-specific finding. No focal lesions were observed. This could be consistent with a mild vacuolar hepatopathy or similar. Recommend continued monitoring at this time.



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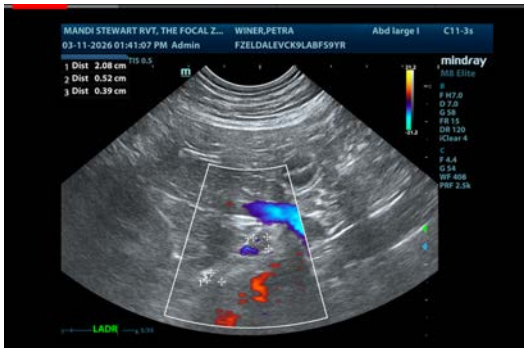

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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