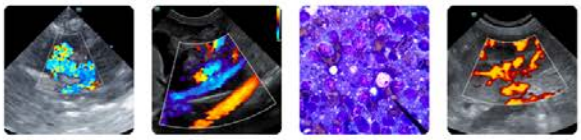


DATE

3/17/26

PATIENT

Happy Bubba Luther

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

2/9/22

WEIGHT

7.31 lbs

INTERPRETED BY

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

HOSPITAL NAME

Fallston Veterinary Clinic

REFERRING VET

Dr. Gates

INVOICE

73750

PRESENTING CLINICAL SIGNS

Patient History: Originally seen for appt on 3/10 for vomiting every 3 hours and diarrhea. BW showed ALP elevation (295). cPL normal. Cerenia and low fat GI diet plus metronidazole prescribed. Diarrhea and vomiting have stopped but patient still is lethargic with decreased appetite. X-rays showed stool in colon and lots of small intestinal gas but no FB or obstructive pattern seen. P has a history of suspected microvascular dysplasia. In January 2023 ALT was 714, ALP normal, AST 90, BUN 33. AUS suspicious of microvascular dysplasia

Current Medications: Maropitant Citrate 16mg- 1/2 tablet SID- began 3/14/26, Proviable Capsules- began 3/10/26 Give 0.40 ml BID 5 days- began 3/11/26
Labwork Results: Labwork attached, reported as: ALP=309 on 3/10/26
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 (0.77 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 (3.71 cm) with mild pyelectasia at 0.17 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.52 cm) with mild pyelectasia at 0.12 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 0.76 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.

Spleen
The spleen is subjectively normal in size (1.04 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 borderline small in size. It is normal in 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.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of 0.30 cm 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 0.48 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with nonformed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon measures at 0.17 cm with intact wall 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

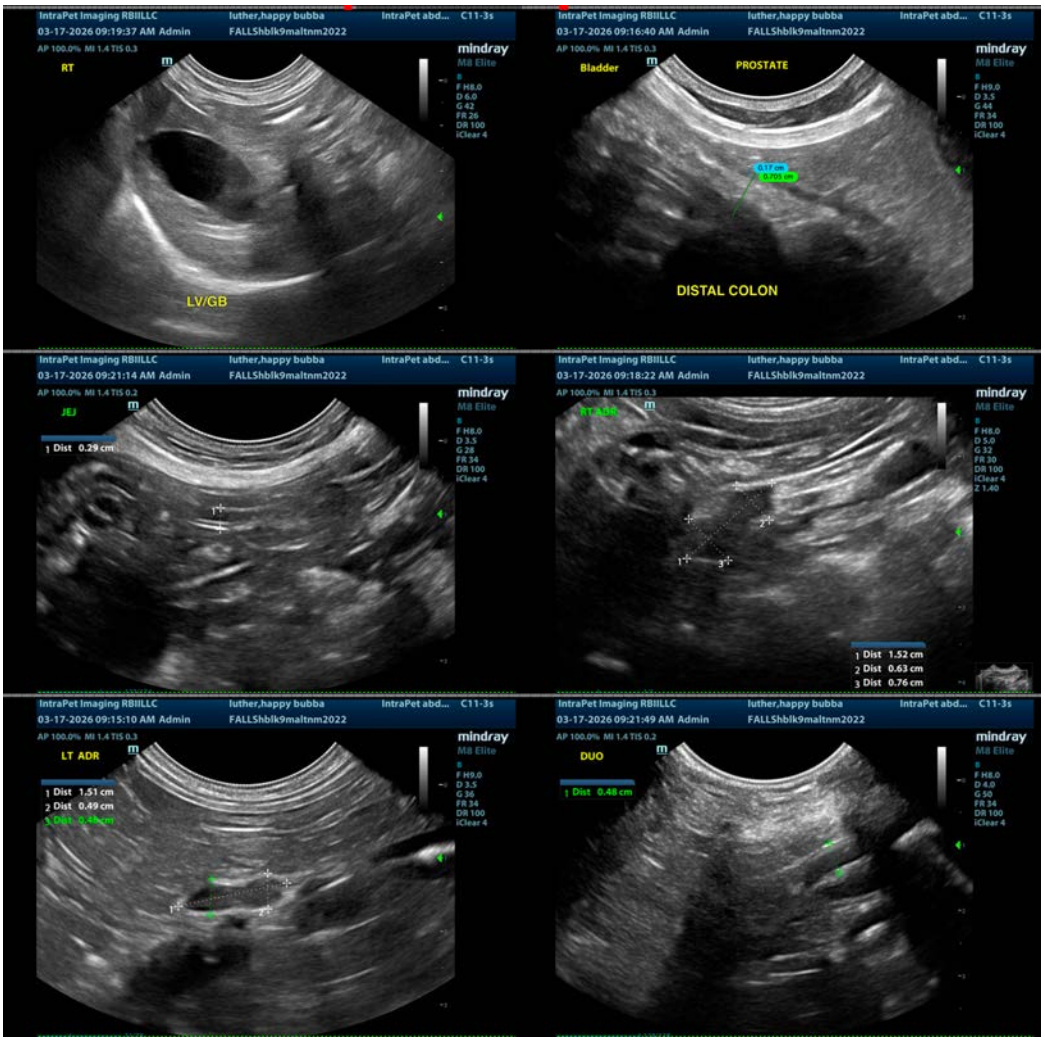
- Mild pyelectasia visualized associated with both kidneys – Findings could be consistent with mild PU/PD, anatomic variation, less likely pyelonephritis. Consider a urinalysis and culture to further evaluate.

- Borderline small liver – Findings could be consistent with anatomic variation, congenital liver disease (portosystemic shunt, microvascular dysplasia, etc.), less likely chronic liver disease and cirrhosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild and somewhat non-specific. Subjectively the liver appears small. No evidence of a shunting vessel is visualized, but this cannot be definitively ruled out. Correlate with pre- and post-prandial bile acids. If liver function is significantly abnormal, consider a contrast CT scan to further evaluate for a small shunt. Ultimately, biopsies of the liver may be necessary to further evaluate (histopathology, culture and copper levels).

If a liver function test is normal, there is the possibility of some other concurrent issue such as underlying gastrointestinal disease, etc., which does not always exhibit significant changes on ultrasound. For possible initial steps, you could consider a hydrolyzed protein prescription diet, screening for GI parasites and infectious causes of diarrhea, and empirical treatment for gastroenteritis.



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.

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