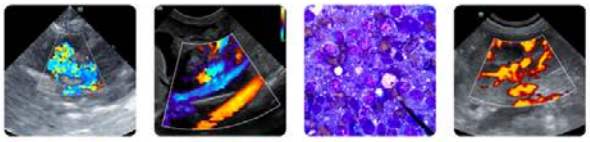


PATIENT

Beppe Baker

SPECIES

Canine

BREED

Boxer x

SEX

Neutered Male

AGE

4 Years 2 Months

WEIGHT

98.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Kermendy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Elaine Binor

INVOICE

74432

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History of chronic vomiting for the last several weeks. Not able to keep any food down last couple days. Concern for structural GI disease since CBC/Chem/CPL were unremarkable. Mild pain upon palpation of abdomen. rule out obstruction/FB/IBD/neoplasia or other structural disease process. No history of FB ingestion or new foods given. Diet was changed 3-4 weeks ago from Science Diet Biome to Natures Logic lamb/salmon/duck. Concern for IBD, food intolerance. Consider Cortisol check for Addisons

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, or masses. In the dependent portion of the urinary bladder there are several small, shadowing, hyperechoic foci present, most consistent with mineralized debris/small stones. An example measures 0.35 cm.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

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 (6.11 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 0.66 cm at the cranial pole and 0.67 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.

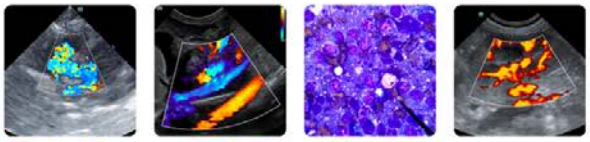
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (2.17 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule in the cranial pole measuring 1.16 cm x 1.09 cm.

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.



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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. 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 fluid and some 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. Correlate with the feeding pattern. Shadowing ingesta could represent normal ingesta, ingested foreign material, etc. No evidence of a definitive obstruction is visualized.

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. Jejunum wall measures 0.31 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

- Dependent mineralized debris/small stones visualized in the urinary bladder – Correlate with urinalysis +/- culture and radiographs.
- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mild/moderate fluid and shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive focal lesions are visualized associated with the small intestine, but this is a large dog, and a small focal lesion cannot be ruled out. No evidence of an obstructive pattern is visualized at this time.

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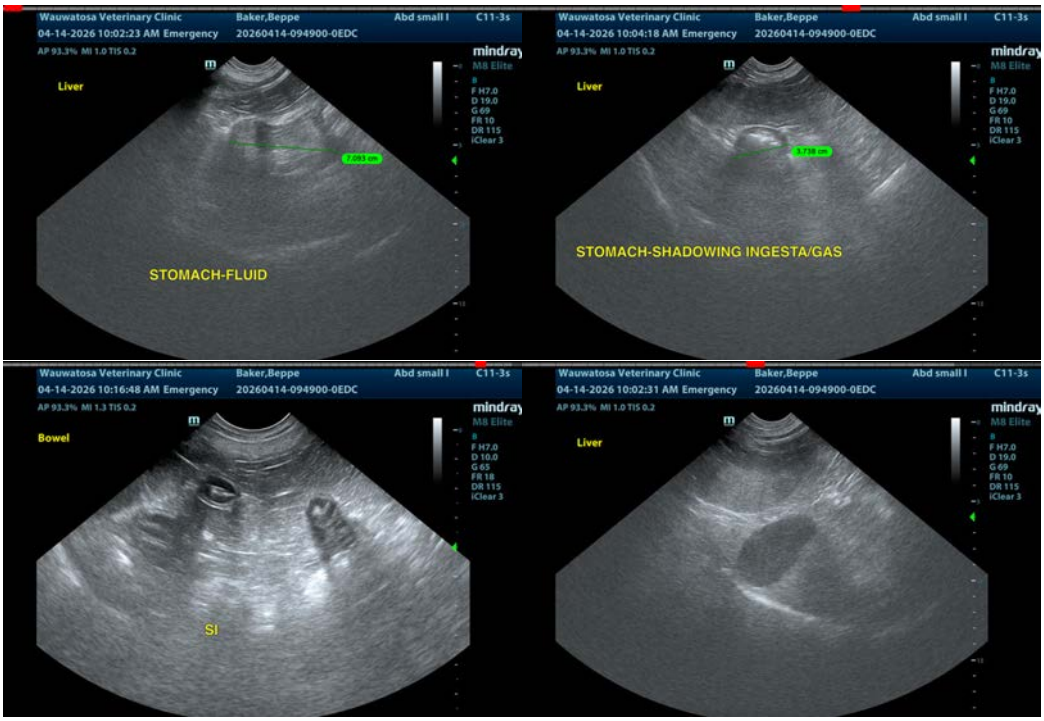
The stomach has some fluid and gas distention with some poorly defined shadowing material. Correlate these findings with patient's feeding history. This could represent ileus or partial/unseen outflow tract obstruction.

There is a small, hypoechoic nodule in the spleen. I suspect this is currently an incidental finding unrelated to the current symptoms, but this could represent a benign or early neoplastic lesion. Recommend a fine needle aspirate and continued monitoring with ultrasound.

Consider the following:

- Consider a baseline cortisol to screen for atypical Addison's.
- Consider serial radiographs +/- barium study, looking for additional evidence of delayed gastric emptying or an obstruction.
- 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.

If there is a persistent concern for possible obstructive foreign materiel or a focal lesion, further evaluation could include a contrast CT scan in a very large dog. Alternately, you could consider exploratory with the intention to obtain biopsies of the GI tract (duodenum, jejunum and ileum) and look for any focal lesions. Alternately, you could consider upper GI endoscopy to evaluate the stomach, but the more distal GI tract cannot be fully evaluated with endoscopy.



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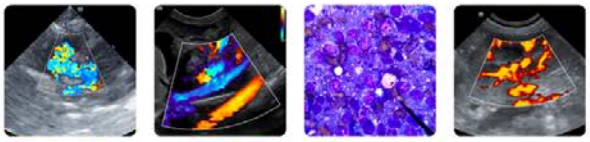

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SonoPath.com info@sonopath.com 1.800.838.4268

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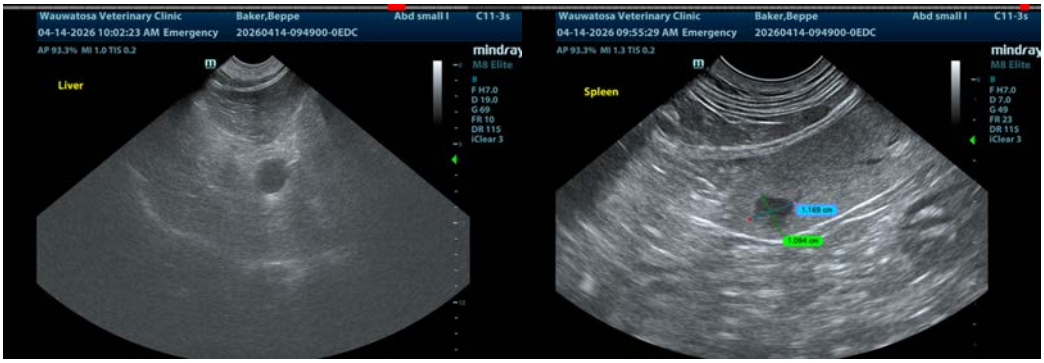

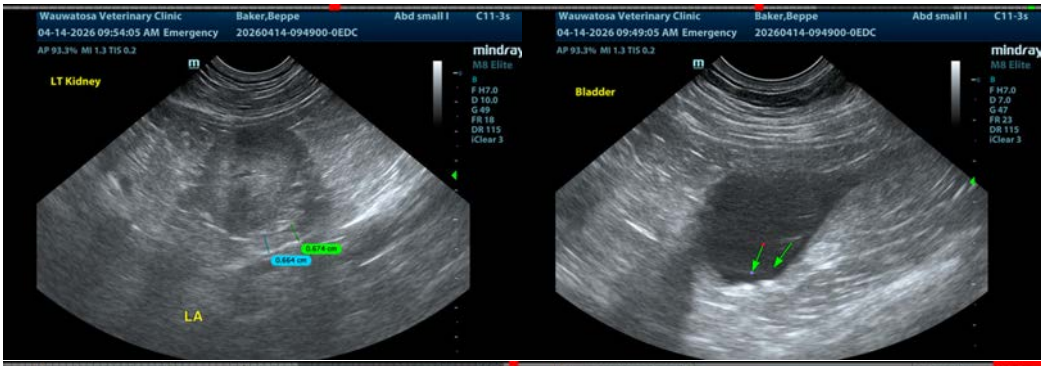

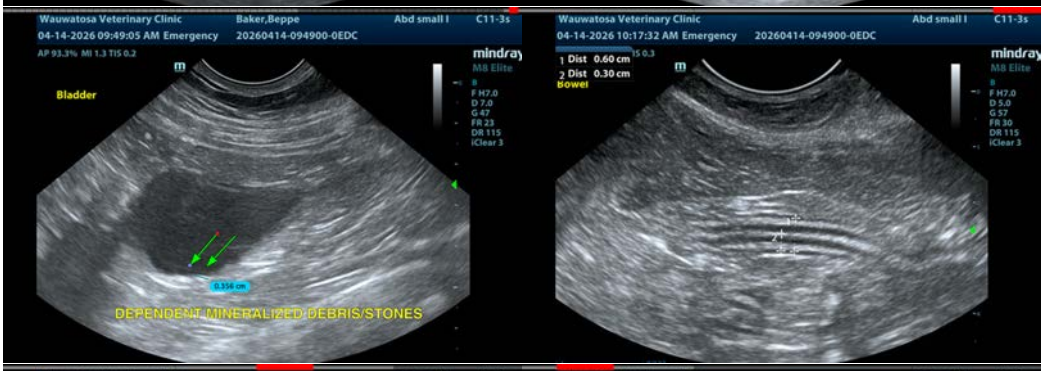

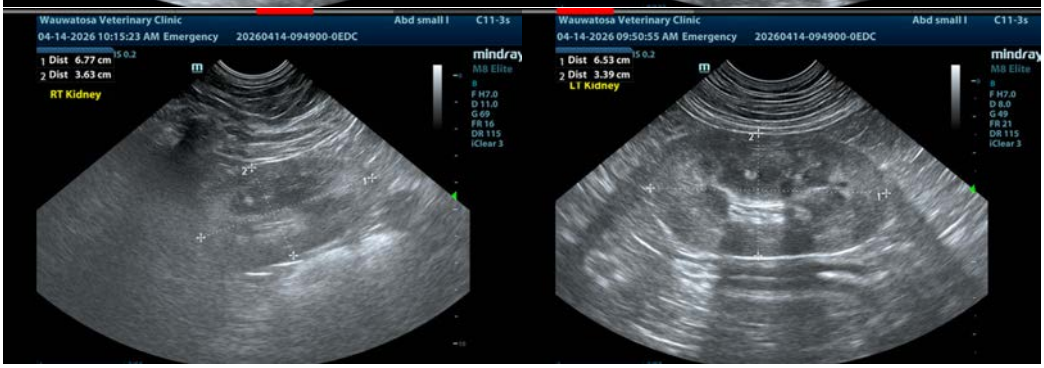

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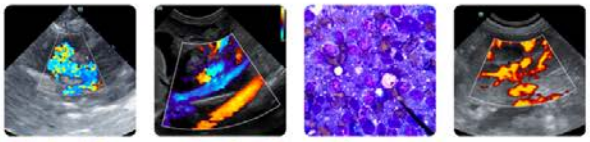

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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