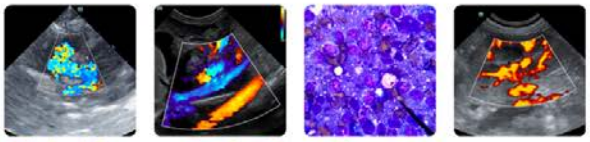


PATIENT

Gotham Wartman

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services, Ltd.

REFERRING VET

Alpine 24/7

INVOICE

75147

DATE

5/13/26

PRESENTING CLINICAL SIGNS

Presented for acute severe vomiting beginning evening prior to presentation (~12 episodes progressing from bilious/foamy material to mild hematemesis), lethargy, anorexia, abdominal discomfort, and subsequent hemorrhagic diarrhea while hospitalized. Historical concerns include chronic grade 4–5/6 systolic heart murmur and chronic marked ALP elevation/hepatomegaly managed with ursodiol and Denamarin. No previous echocardiogram performed.

Abnormal PE/Chem/CBC/UA Results: Initial PE: QAR/dull, nauseous, ~8% dehydrated, moderate-marked cranial abdominal pain/tension, grade 4–5/6 systolic murmur - no overt CHF signs CBC/Chemistry: mild leukopenia/lymphopenia markedly elevated ALP (1539 U/L) markedly elevated lipase (4757 U/L) mild hypokalemia (3.4 mmol/L) renal values WNL Radiographs: mild hepatomegaly mild gas/fluid distension of stomach and intestines no definitive obstructive pattern or radiopaque FB mild subjective cardiomegaly

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 (0.93 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.

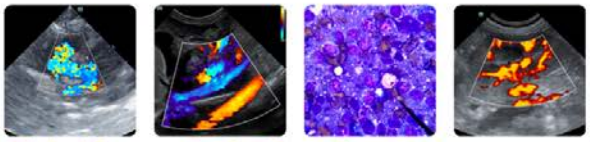
The left kidney has a normal shape and size (5.33 cm) with pinpoint cortical mineralizations most consistent with dystrophic mineralization. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.23 cm) with pinpoint cortical mineralizations most consistent with dystrophic mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is plump, measuring 0.47 cm at the cranial pole and 0.61 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 plump, measuring 0.49 cm at the cranial pole and 0.85 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 (1.03 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 mildly 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.59 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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 0.26 cm. Jejunum wall measures 0.17 cm. Visualized peristalsis appears appropriate. There is a mild gastroenteritis type pattern visualized. No focal lesions observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall appears prominent, measuring at 0.19 cm with intact wall layering.

Pancreas

The pancreas is visible/mildly mottled in both limbs. 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. There is no evidence of a significant diffuse lymphadenopathy. Occasional prominent mesenteric lymph nodes are visualized. A jejunal lymph node is visualized measuring 0.51 cm in diameter. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline plump adrenal glands – Possible differentials would include anatomic variation or early hyperplasia.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- 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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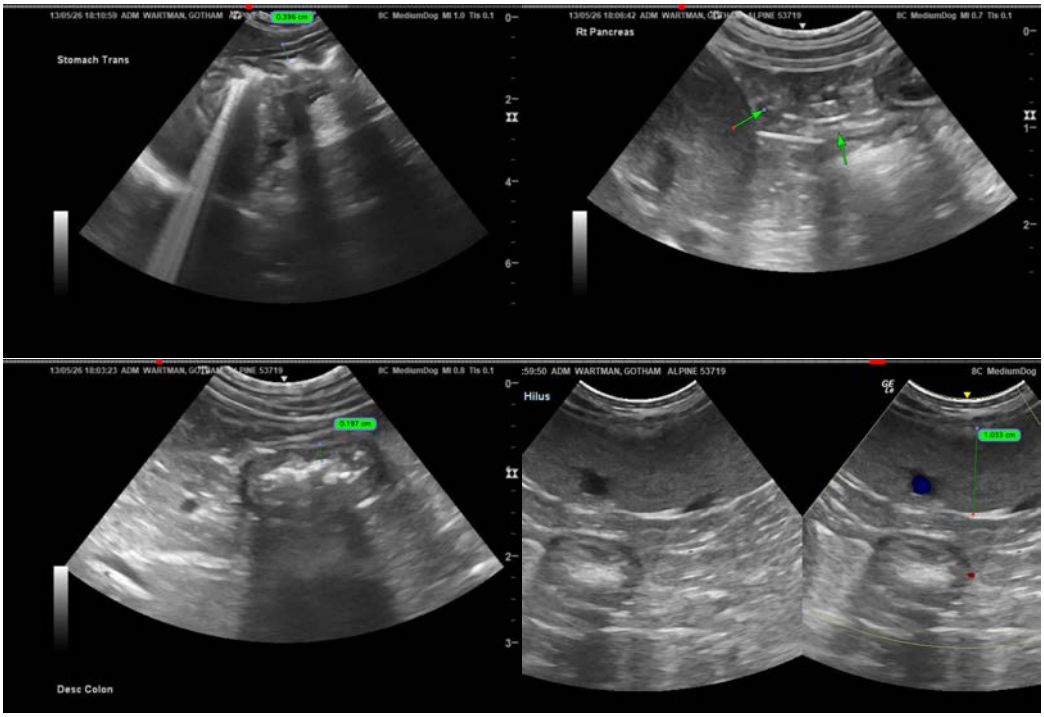
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Mild enterocolitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the vomiting and diarrhea reported. Subjectively there is a mild inflammatory type pattern visualized associated with the large and small bowel. Recommend non-specific therapy for gastroenterocolitis and pancreatitis. Consider screening for any GI parasites and/or infectious causes of diarrhea. If symptoms are persistent, consider repeat imaging, looking for the development of a focal lesion.

The liver is subjectively large and mildly heterogeneous. Given the chronic ALP elevation, this could be consistent with a vacuolar hepatopathy. If further evaluation is desired, consider a fine needle aspirate and pre- and post-prandial bile acids to assess liver function.



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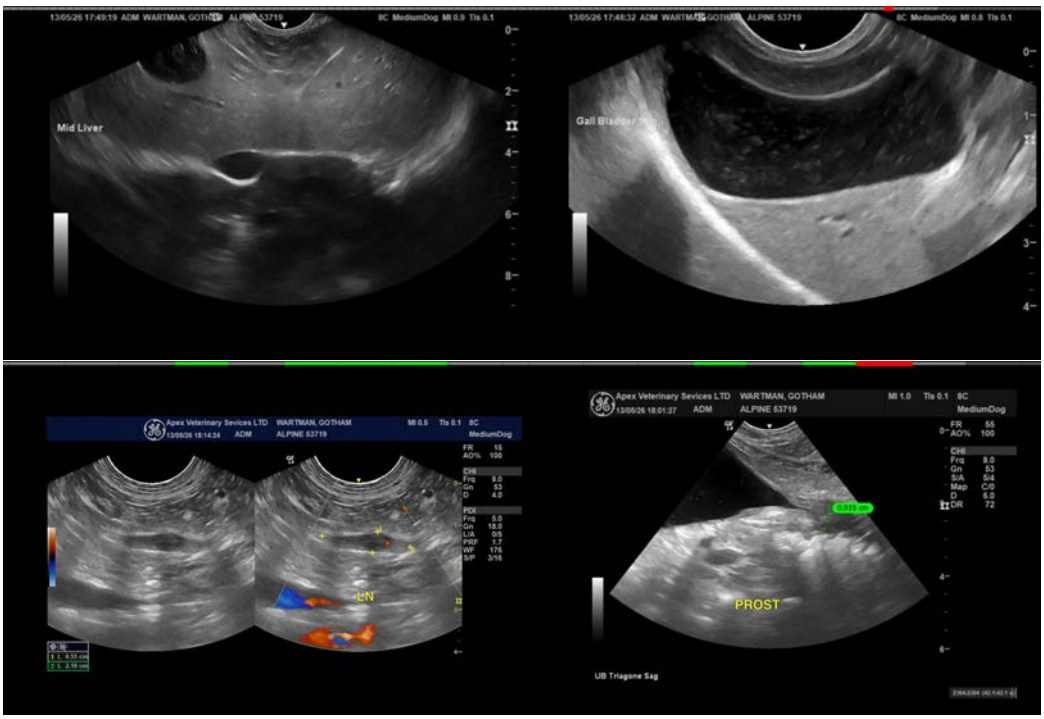

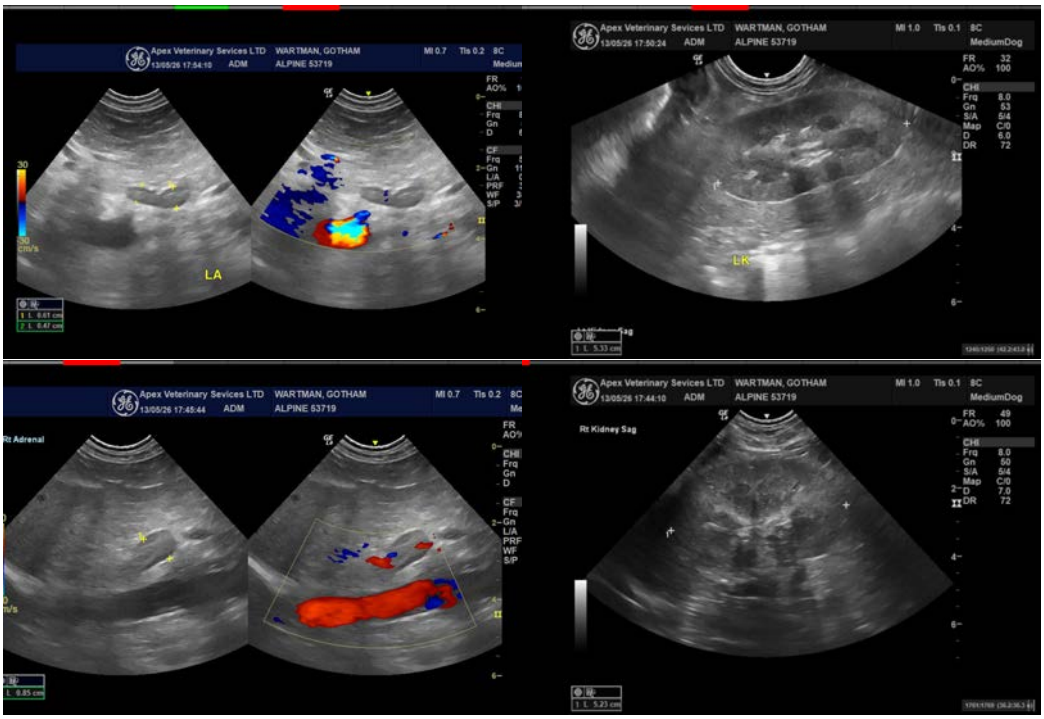

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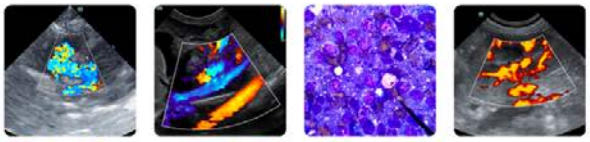

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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