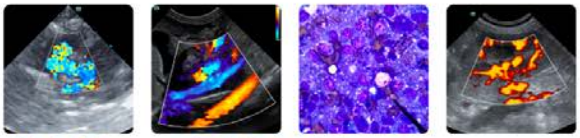


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Jock McNally

SPECIES

Canine

BREED

Shepherd x

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

26.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Parkside Animal Hospital

REFERRING VET

Dr. Zak

INVOICE

75245

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Off and on eating behavior (always a good eater) but recently losing interest in food. Losing weight, No V/D/C/S, not PU/PD, not himself. No meds.

Abnormal PE/Chem/CBC/UA Results: Albumin low21.0g/L, ALT high 137U/L(6-118) Amylase 2186U/L(280-1400) 4 dx negative

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 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 (7.77 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 (7.41 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 0.77 cm at the cranial pole and 0.78 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.

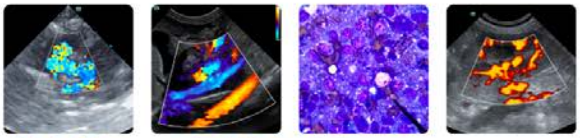
The right adrenal gland is normal in size measuring 1.28 cm at the cranial pole and 0.45 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.71 cm in width at the level of the hilus). The spleen echotexture is mildly mottled, 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 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 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.

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid distension some other areas have mild fluid distension. Wall appears subjectively, mildly increased. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.37 cm.. There is a section of bowel with intraluminal shadowing material concerning for focal obstructive material with some reactive mesentery in the region.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. No significant lymphadenopathy. The omentum is generally normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Subjectively mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, mottled right limb of the pancreas – Findings are most consistent with pancreatic remodeling +/- mild pancreatitis.
- Focal shadowing material with the bowel with surrounding inflammation-findings are concerning for obstructive/partially obstructive foreign material
- Scant free abdominal fluid/regional inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal area of small intestine which contains intraluminal shadowing material most consistent with obstructive/partially obstructive material and mild surrounding inflammation.

Correlate with radiographs and current clinical signs. If an obstruction is suspected consider exploratory surgery to further evaluate with the intention to evaluate for obstructive foreign material

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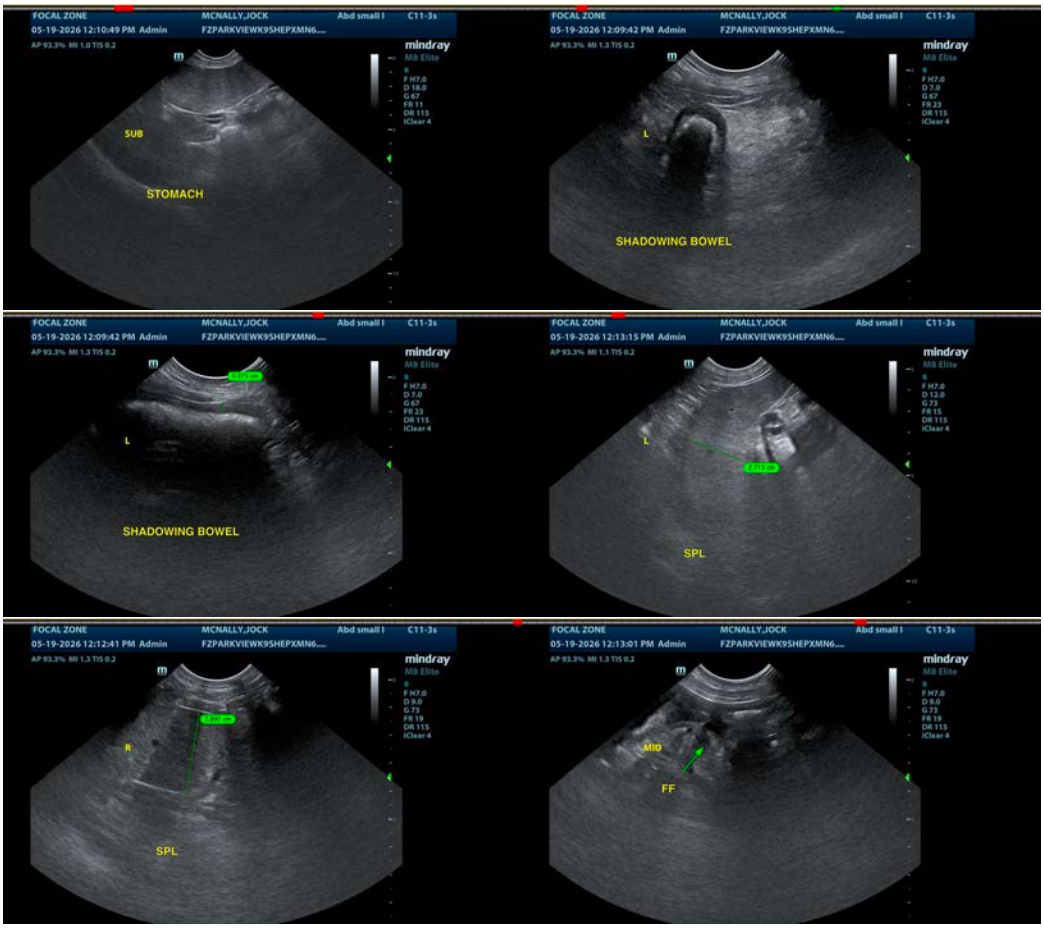
and to obtain biopsies of the GI tract. If this doesn't fit with your clinical assessment consider hospitalization and rehydration/stabilization with re-evaluation in 8-12 hours.

The right limb of the pancreas is somewhat prominent, possibly consistent with mild pancreatitis. Correlate with a quantitative PLI level for further evaluation.

In some views the spleen appears mildly mottled. The significance of this is uncertain. You could consider a fine needle aspirate or continued monitoring with ultrasound.



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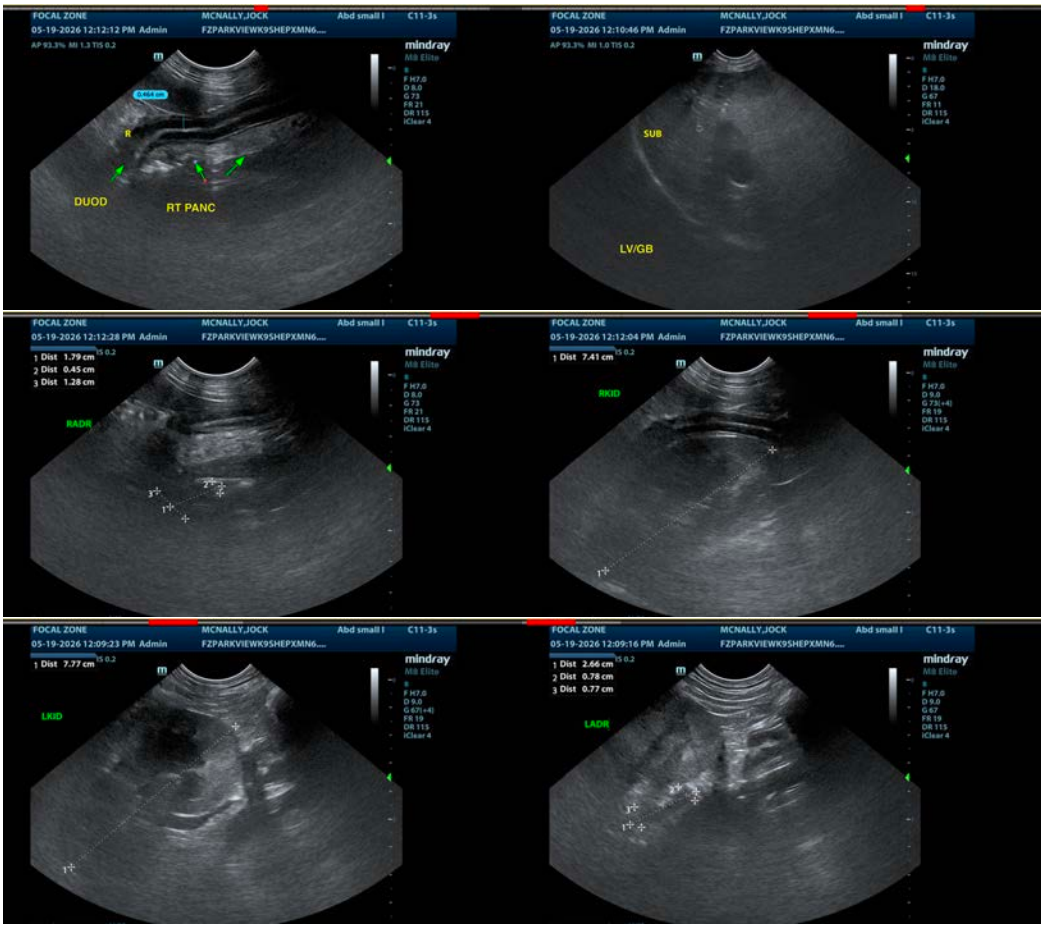

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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