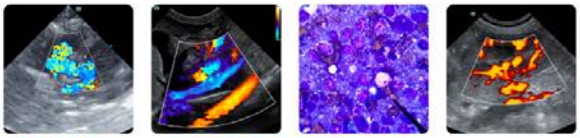

SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

Blue Stopka

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

12 Years

WEIGHT

55.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

75421

DATE

5/26/26

PRESENTING CLINICAL SIGNS

P presented for US due to normocytic, normochromic, non regenerative anemia HCT 37.1%, Ehrlichia positive (historical)

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 (1.05 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 (5.37 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 (6.03 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 0.56 cm at the cranial pole and 0.58 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 1.2 cm at the cranial pole and 0.61 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 (1.98 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 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.

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Gastrointestinal

The stomach contains moderate fluid and 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. 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. Jejunum wall measures 0.37 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 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. There is no significant lymphadenopathy noted but there are occasional prominent hypoechoic mesenteric structures possibly consistent with cystic lymph nodes or less likely hypoechoic omental nodules (no significant vascularity noted with power doppler). Examples measure 0.97 cm x 1.32 cm, 0.82 cm x 0.41 cm, and 0.60 cm x 0.62 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate fluid/shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted this could represent delayed gastric emptying or less likely a partial outflow tract obstruction (none observed).

- Hypoechoic, likely cystic mesenteric structures – Findings are most consistent with cystic lymph nodes. Omental nodules cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. Correlate with feeding history. If the patient was not fasted, this could be consistent with a post-prandial patient. If the patient was adequately fasted, consider the possibility of delayed gastric emptying. If there is any concern for underlying gastric disease, upper GI endoscopy could be considered to look for any small mucosal ulcerations, etc.

There are occasional small, hypoechoic mesenteric structures that appear poorly vascular based on color doppler evaluation. I suspect these are most consistent with cystic lymph nodes, which could be an incidental finding, although hypoechoic mesenteric nodules cannot be ruled out. Consider a fine needle aspirate if possible. if cytologic evaluation is not possible due to the small size, consider repeat imaging looking for further enlargement over time.

If not already done, recommend a pathologist review of the blood smear, thoracic radiographs looking for any evidence of pathology. Additionally, you could consider iron levels, looking for any evidence of an early iron deficiency, anemia, and/or further vector borne disease testing.

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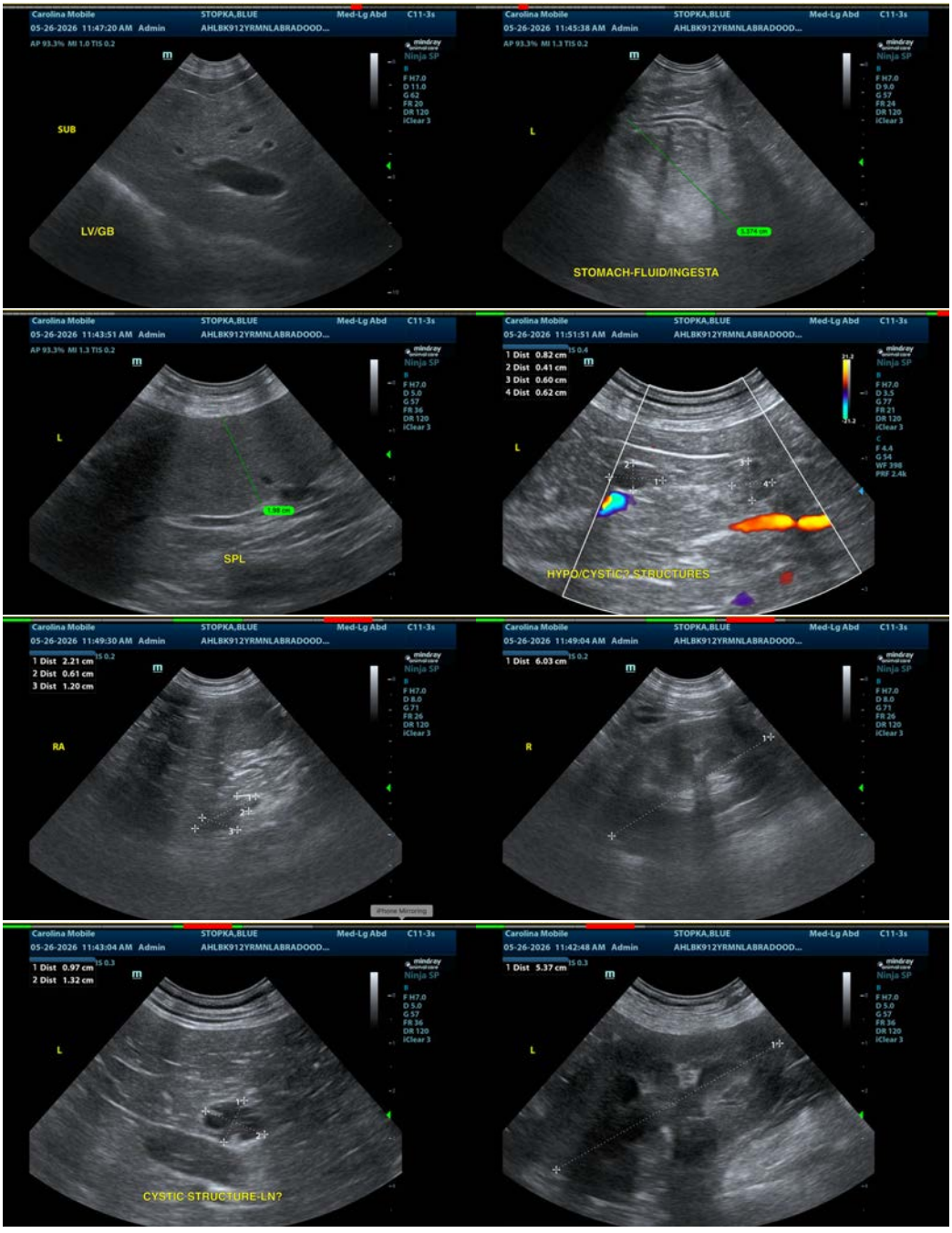

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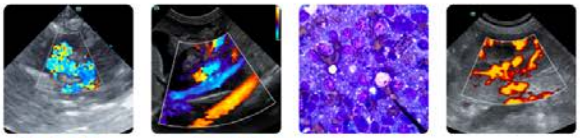

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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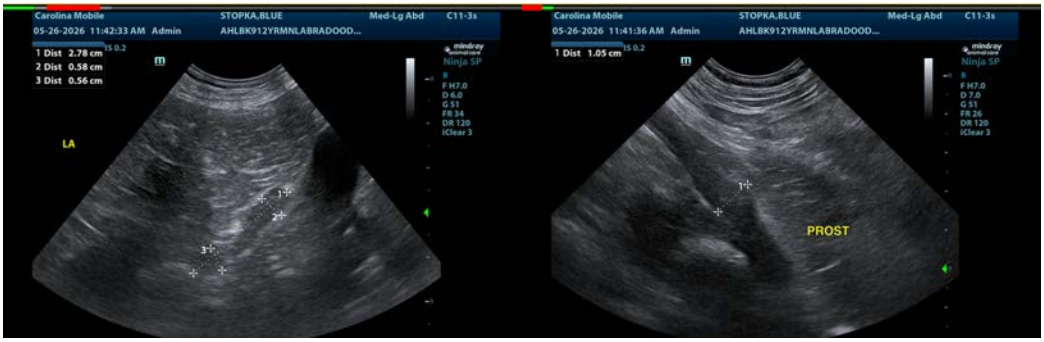

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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