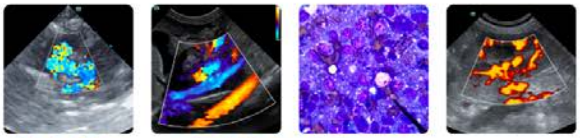


PATIENT

Pluto Ianniello

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

7 Years

WEIGHT

30.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Snelgrove Vet Services

REFERRING VET

Dr. Vimalarajah

INVOICE

75658

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Pale pink MM, CRT less than 2 sec, BAR, T 38.9C Since going to emerg and going home with Cerenia he was not vomiting, but once meds stopped on Sunday the vomiting started again. Gave 1/2 tab Cerenia yesterday and still vomited. Has lost weight. Has been on Famotidine and Cerenia.

Abnormal PE/Chem/CBC/UA Results: CBC showed anemia and reticulocytosis, chem NSF, pancreatic lipase WNL

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 (6.84 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 (5.91 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 0.46 cm at the cranial pole and 0.47 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.

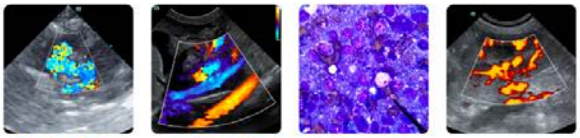
The right adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.69 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 normal/borderline small in size. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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

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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. The gastric wall appears mildly thickened with intact wall layering, measuring at 1.15 cm. 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 0.34 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. There is no evidence of a significant diffuse lymphadenopathy. In the cranial abdomen there is abnormal irregular hypoechoic tissue most consistent with a cranial abdominal lymph node measuring 1.59 cm x 2.5 cm with surrounding reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

- Normal/borderline small liver – Possible differentials could include anatomic variation, a deep chested dog or chronic liver disease with fibrosis, portosystemic shunt, etc.
- Mildly thickened gastric wall with intact wall layering – Findings are most consistent with gastritis. Infiltrative neoplasia is less likely.
- Abnormal tissue in the right cranial abdomen – Findings are most consistent with a prominent lymph node. Irregular pancreatic tissue cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No large mass lesions are observed, and no focal lesions are visualized associated with the GI tract. This does not rule out the possibility of underlying gastrointestinal disease, as there are many differentials for vomiting that cannot be definitively diagnosed by ultrasound alone.

On some views the gastric wall appears mildly thickened and there is some regional inflammation and a prominent lymph node in the cranial abdomen. Findings could be consistent with gastritis. No evidence of definitive pancreatitis is visualized, but this could also be a factor. Consider empirical treatment for gastroenteritis and close monitoring.

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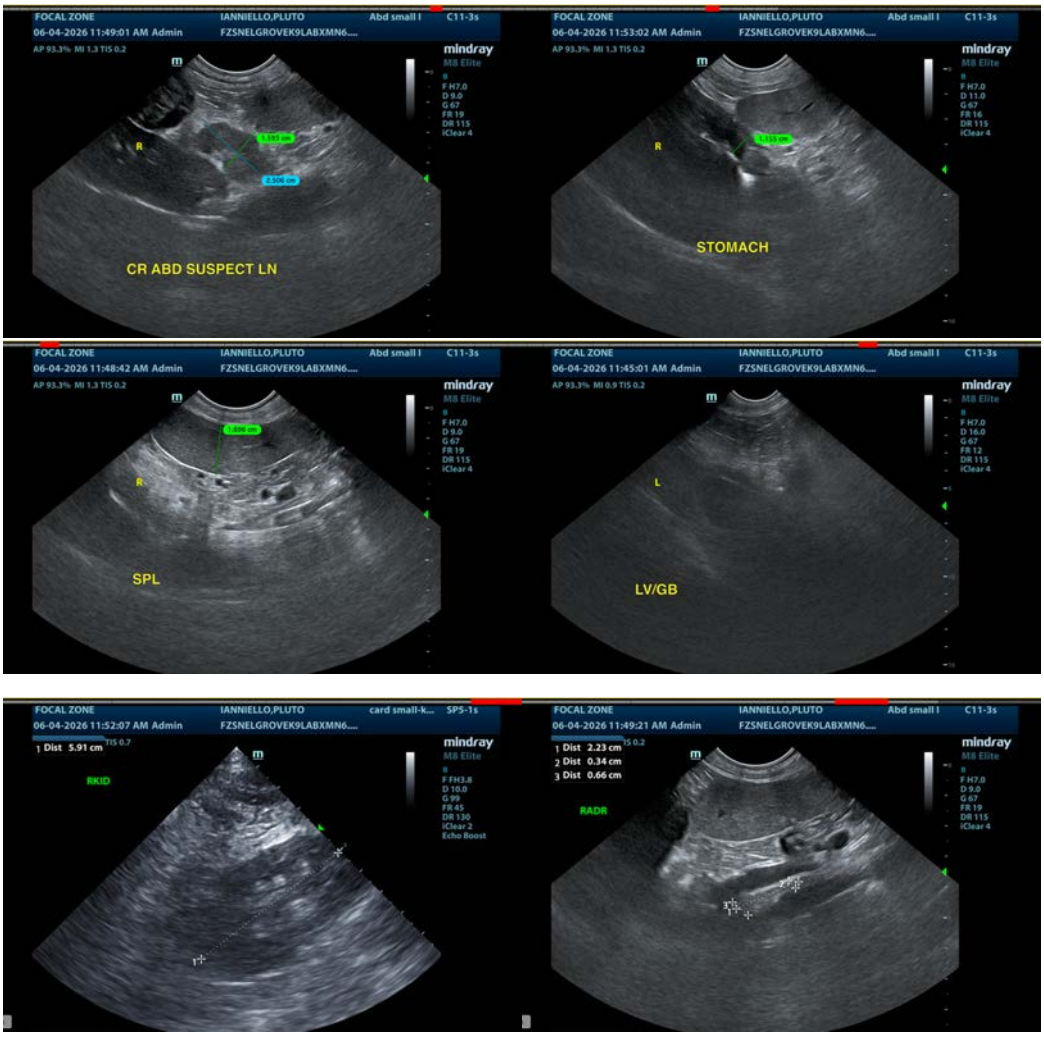
The weight loss reported could be concerning for possible more chronic issue. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate for further evaluation and to try and decide if a more significant gastrointestinal workup is recommended. Recommend pathologist review of the blood smear to evaluate the reticulocytosis noted, as well as full bloodwork including urinalysis. In this individual you could consider pre- and post-prandial bile acids to assess liver function, and a baseline cortisol as well as 3-view thoracic radiographs and abdominal radiographs. If symptoms are persistent, you could consider a follow up ultrasound, looking for the progression of today's lesions or the development of new lesions.



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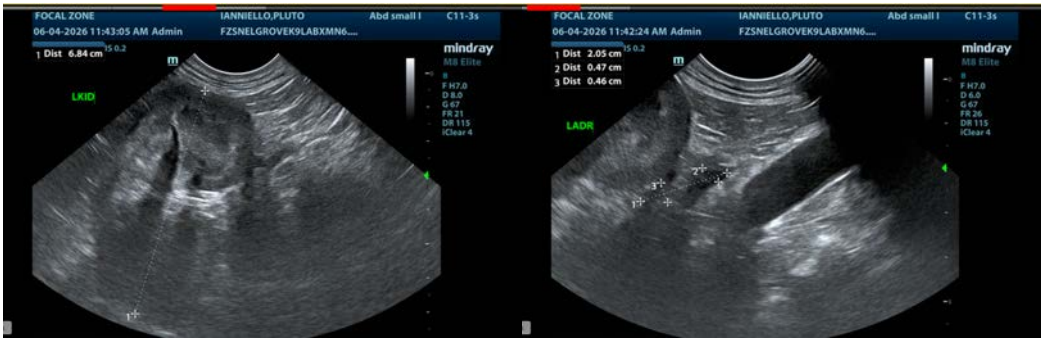

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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