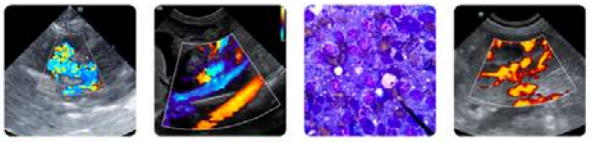

PATIENT

Carly Velazquez

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

43.8 lbs

WEIGHT

44 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Cutrone

HOSPITAL NAME

Greater Staten Island Veterinary Service

REFERRING VET

Dr. Cutrone

INVOICE

72127

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Presented on 1/12/26 for vomiting and then collapsing in the backayrd. She then came inside, urinated, vomited, collapsed and was laterally recumbent On presentation she was laterally recumbent Rescued from TX about 1 month ago. HW Negative Rads: • Abdomen: The peritoneal serosal detail is generally poor, with slightly heterogeneous wispy appearance, particularly at the cranioventral left abdomen. The head of the spleen is ill-defined and irregularly marginated, possibly enlarged. Free peritoneal gas is not clearly identified. The hepatic, renal and urinary bladder silhouettes are within normal limits. The decreased detail makes small intestinal loops difficult to be clearly distinguished from one another. The visible small intestinal loops are almost exclusively soft tissue opaque, with uniform diameters ranging 13-15 mm. There is no obvious small intestinal segmental dilation, and there is no visible small intestinal radio-opaque foreign material. The stomach is moderately distended by gas. The colon is not clearly identified. Conclusion and recommendations: Abdominal radiographs suggest peritonitis and/or mild to moderate peritoneal effusion. A splenic lesion (traumatic or less likely neoplastic given the young age) potentially causing hemoabdomen, or a left pancreatic lesion, are considered. No obvious lesions are noted affecting the GIT however its conspicuity is greatly decreased by poor peritoneal contrast.

Abnormal PE/Chem/CBC/UA Results: CBC RBC 9.87 M/µL 5.65 - 8.87 HIGH HCT * 69.0 % 37.3 - 61.7 HIGH HGB 22.0 g/dL 13.1 - 20.5 HIGH MONO 0.12 K/µL 0.16 - 1.12 LOW EOS 0.00 K/µL 0.06 - 1.23 LOW NEU 2.94 K/µL 2.95 - 11.64 LOW NEU 2.94 K/µL 2.95 - 11.64 LOW Chemlytes ALT 386 U/L 10 - 125 HIGH GGT 12 U/L 0 - 11 HIGH K 3.0 mmol/L 3.5 - 5.8 LOW PHOS 7.4 mg/dL 2.5 - 6.8 HIG AFAST (On presentation and after radiologist review) - No evidence of ascites - Intestines generally fluid filled but not clearly distended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Left kidney measured 6.6 cm. Right kidney measured 6.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measures 0.50 cm at the caudal pole. Right measures 0.62 cm at the caudal pole.

Spleen

The spleen was subjectively mildly enlarged. It exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence

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of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively borderline to mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent indistinct edematous gallbladder wall. The gallbladder contained a mild amount of non-organized bile debris. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild to moderate amount of mildly echogenic non-shadowing chyme/fluid. No overt visualized obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to primarily generalized mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with generalized soft to non-formed fecal matter.

Pancreas

The left pancreas was sonographically unremarkable. The right pancreas exhibited subjective mild prominent size and distinct pancreatic capsule compared to adjacent parenchyma, with mild non-homogeneous hypoechoic right pancreatic limb parenchyma.

Free Abdomen

No evidence of peritoneal effusion or visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Acute gastroenteropathy pattern exhibiting mild gastric and segmental to generalized intestinal ileus.
- Mildly prominent, non-homogeneous, hypoechoic right pancreas.
- Mild hepatosplenomegaly.
- Indistinct to minor edematous gallbladder with non-organized bile debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious gastroenteritis, enterotoxin, non-specific acute inflammatory bowel episode, occult parasitism, occult Addison's disease are all potentials. Definitive evidence of a mechanical gastrointestinal obstruction i.e., foreign body was not obvious, and is thought less likely, yet can't be definitively excluded. Acute anaphylactic episode is also a consideration. No evidence of intraabdominal masses, with non-specific, potentially reactive secondary inflammatory or less likely occult neoplastic hepatosplenomegaly.

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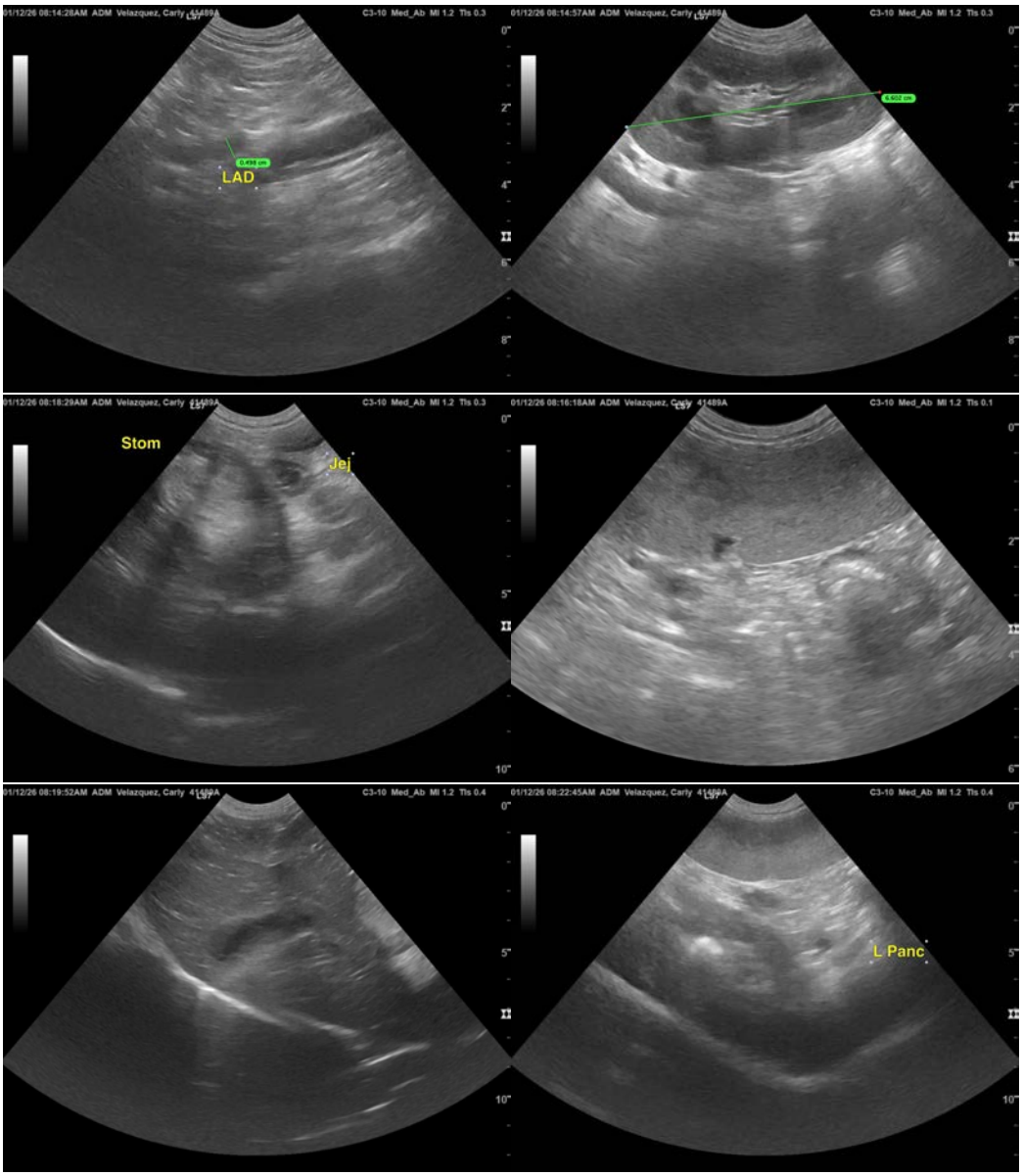
Assuming normal clotting status and using 25-gauge needle, further assessment may include hepatosplenic FNA cytology +/- Leptospirosis titers/PCR. Initial supportive care for non-specific acute gastroenteropathy and potential low-grade to emerging pancreatitis, with close clinical monitoring and as-needed sonographic reassessment pending clinical reassessment is recommended.



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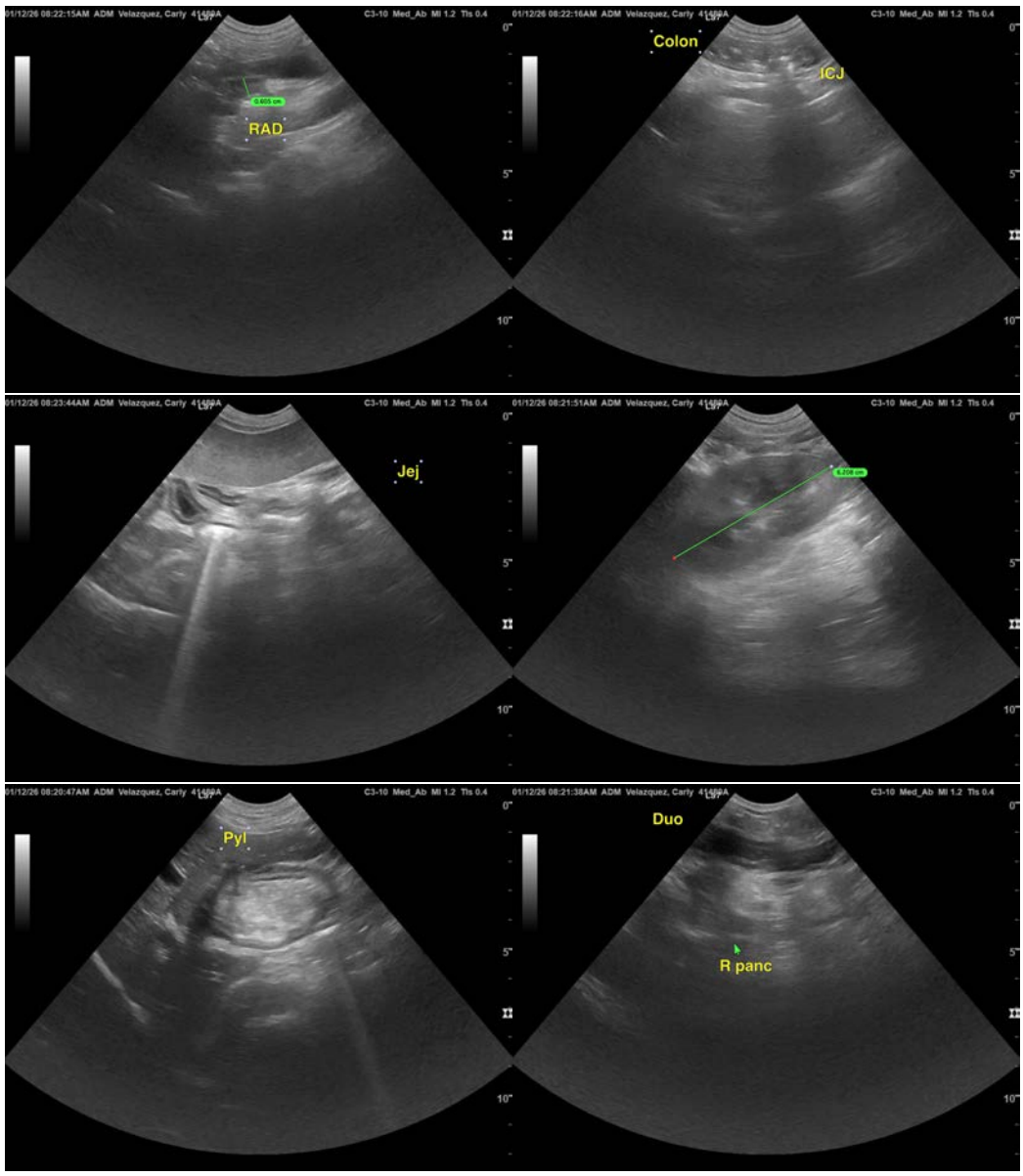

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com