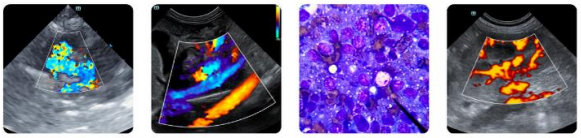

PATIENT

Blue Rosen

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

7 yr, 9 mon

WEIGHT

42 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Vets

REFERRING VET

Dr. Glennon

INVOICE

10555

DATE

1/15/26

PRESENTING CLINICAL SIGNS

Splenomegaly, anorexia, vomiting.
Abnormal PE/Chem/CBC/UA Results: PT PTT WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

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. The left kidney measured 5.3 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.59 cm caudal pole width and the right adrenal gland subjectively measured 0.51 cm caudal width.

Spleen

The spleen was subjectively mildly enlarged exhibiting 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 of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed fecal matter in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

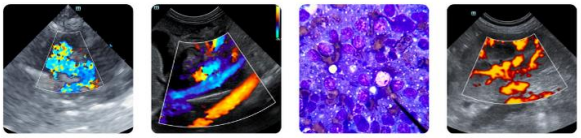
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract
- Mild splenomegaly exhibiting homogeneous parenchyma and symmetrical contour - hyperplasia, hematopoiesis, sedation if clinically applicable, potential mild splenitis, with splenic neoplasia considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology including no evidence of gastrointestinal mechanical obstruction, obstructive pattern, mural pathology, or foreign material. Correlation with pending splenic cytology is recommended. Gastrointestinal support which may include dietary trial, as-needed gastroprotectants, and empirical deworming, may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, and screening cortisol level to assess for occult disease may be considered if recurrent / persistent GI signs.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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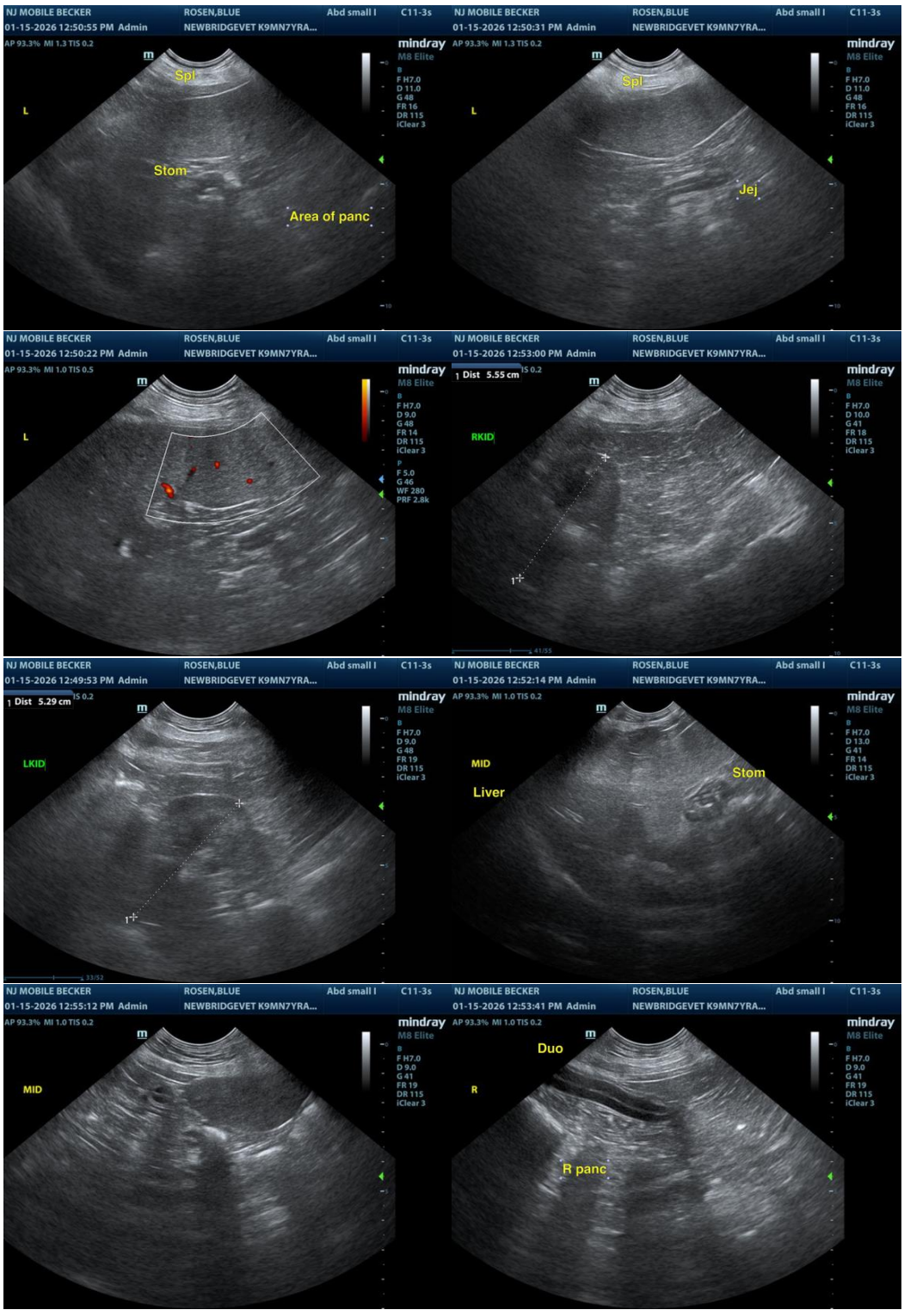

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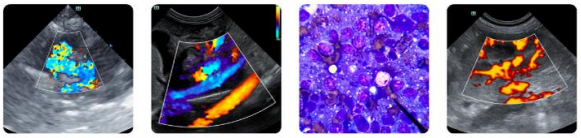

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com