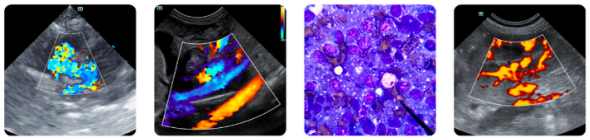


PATIENT

Milo Franklin

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Male Neutered

AGE

2y

WEIGHT

18 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Schwanebeck

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Kelly Schwanebeck

INVOICE

13068

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Milo is a 2 YO MN Lab mix who was presented for vomiting with blood. Vomiting started on Friday once then Saturday once. O started chicken and rice which seemed to help until today. He has vomited multiple times today that is orange/red in color. P still has an appetite. O thinks he has lost weight.

Abnormal PE/Chem/CBC/UA Results: PLT 138 10^3/uL 140-520 Glu 129 mg/dL 63-124 Lact 6.18 mmol/L 0.60-3.00 K+ 3.4 mmol/L 3.5-5.0 BE(ecf) -5.4 mmol/L -5.0-5.0 pCO2 28.0 mmHg 30.0-47.0 ALP 434 U/l 0-140 GGT 25 U/l 0-14 TBIL 1.6 mg/dl 0.0-0.5 IP 6.1 mg/dl 1.9 -5.0 Ca 8.9 mg/dl 9.0-12.2 BUN 8.5 mg/dl 9.0-29.0 ALT 1126 u/i 0-120

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate particulate and non-dependent to mobile sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 6.2 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

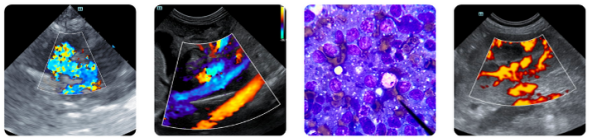
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

Spleen

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

Liver

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



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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 was empty and non-distended in appearance with mild lumen gas. Mildly thickened hypoechoic wall with no obvious visualized obstruction to pyloric outflow or foreign material present.

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 feces in lumen.

Pancreas

The left pancreas was prominent in size with mild non-homogeneous parenchyma.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Scant pockets of mid to caudal abdomen peritoneal effusion and normal omental echogenicity present.

PRIMARY FINDINGS

- Acute to subacute gastritis with sonographically unremarkable empty small intestine
- Suspect mild pancreatitis
- Intermittent mild mesenteric lymphadenopathy
- Scant peritoneal effusion

SECONDARY FINDINGS

- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal foreign material or obstructive pattern. Non-sonographically evident micro ulceration is possible. No indication for immediate surgical intervention with empirical therapy for gastritis. +/- coverage for helicobacter with clinical and as needed sonographic monitoring is recommended. Screening cortisol level to rule out occult Addison's disease is warranted. Upper gastrointestinal endoscopy with potential biopsies may be indicated if continued clinical signs. Urine C/S on sterile urine sample is recommended if inflammatory sediment on urinalysis.

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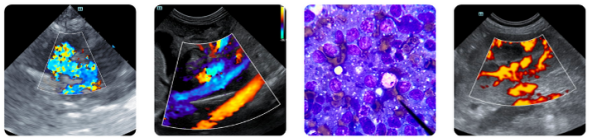

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Educational Teleconsultation Services™

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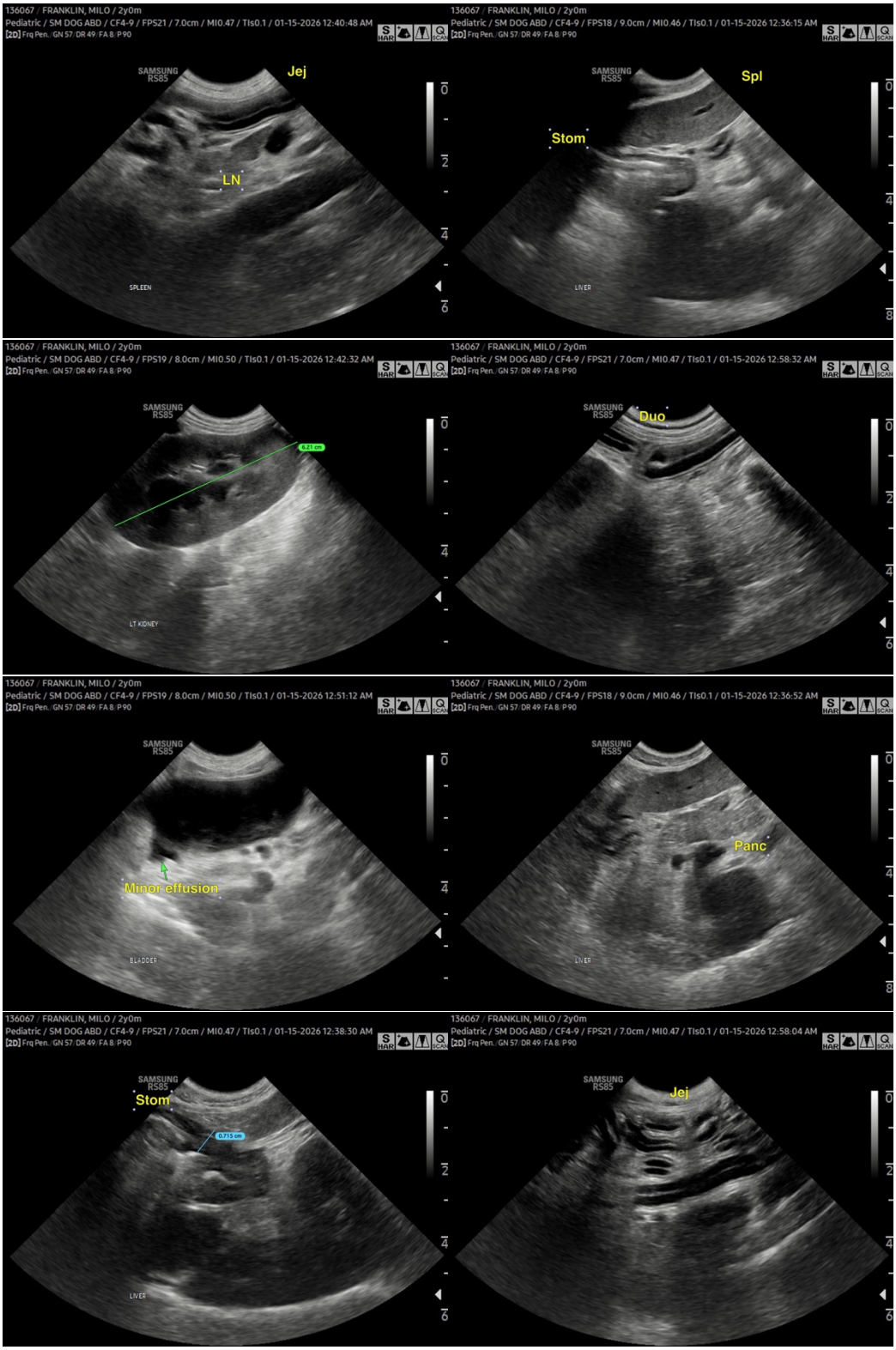

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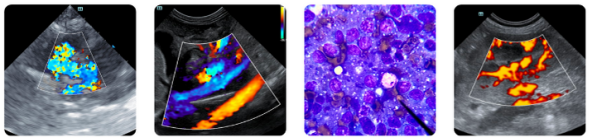

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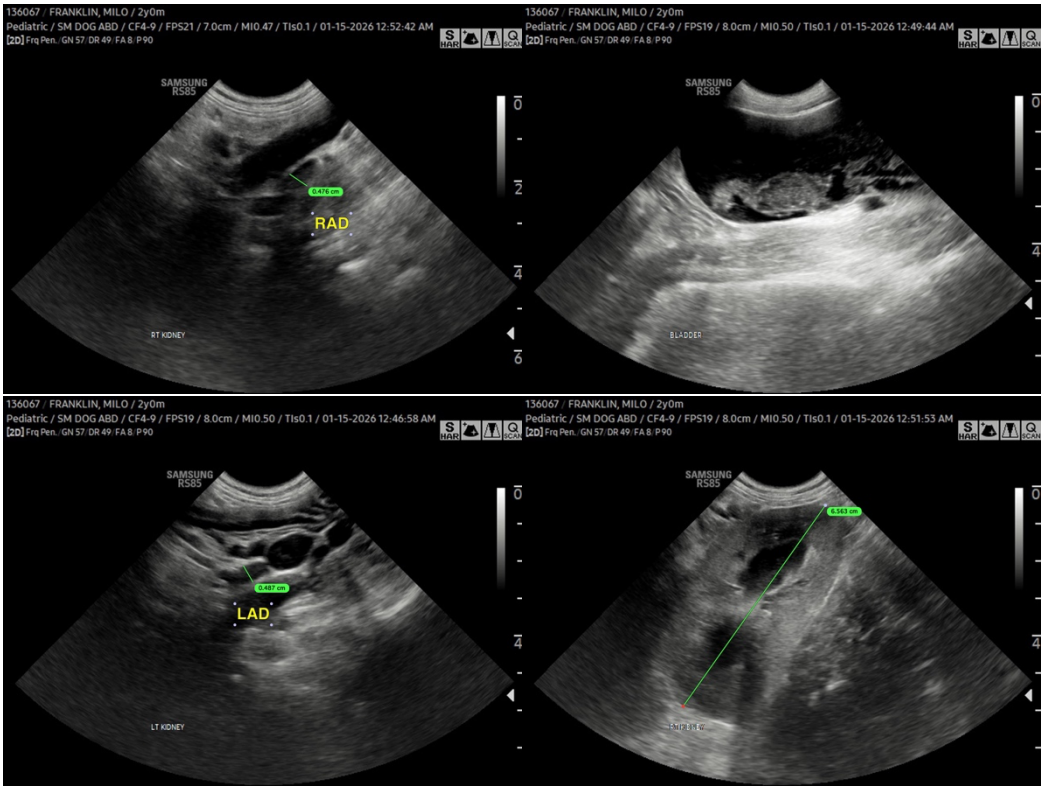

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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