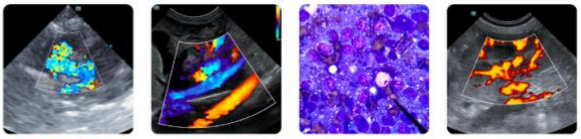


PATIENT

Taz McTavish

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Southpointe Pet Hospital

REFERRING VET

Dr. Blaise Callan

INVOICE

13407

DATE

01/26/26

PRESENTING CLINICAL SIGNS

The patient presented for investigation of chronic vomiting and weight loss, with concurrent findings including a heart murmur, advanced dental disease, and multiple SC masses.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mildly thickened wall isoechoic to the adjacent normal urinary bladder wall primarily visualized in the apical urinary bladder. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.42 cm. Focal micropolypoid apical wall with apical luminal surface changes. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal 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.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.72 cm width in the caudal pole. The right adrenal gland measured 0.76 cm width in the caudal pole.

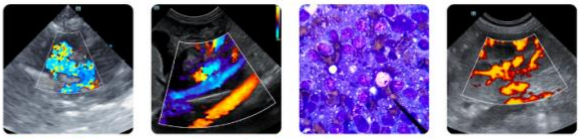
Spleen

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. The spleen was mildly folded in appearance.

Liver & Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A small thinly walled mid to left liver intraparenchymal cyst was present measuring 0.78 cm in diameter.

The gallbladder was non distended in size with moderate nonorganized nondependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT

Taz McTavish

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Southpointe Pet Hospital

REFERRING VET

Dr. Blaise Callan

INVOICE

13407

DATE

01/26/26

Gastrointestinal

The stomach presented primarily intact wall layering. The stomach contained a mild to moderate amount of retained mildly echogenic fluid and chyme. A solitary nonobstructive nonhomogenous mass lesion appearing to derive from the cranial gastric body wall extending mildly into the lumen was visualized. Documented intra-mass lesion blood flow on color doppler. The mass lesion measured approximately 3.0 cm in diameter. No evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.52 cm wall width.

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. Mild segmental hyperechoic duodenojejunal mucosal speckling present.

Normal visible colon wall layers were present with apparent formed feces 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 was evident.

Free Abdomen

No visualized significant omental lymphadenopathy was present. Minor perisplenic effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypomotile stomach with subjective nonobstructive gastric mural to lumen mass lesion- neoplasia, granuloma, polyp, inflammation/infection are all potentials.
- Normal empty small intestine with nonspecific duodenojejunal mucosal speckling.
- Subjective mild hepatomegaly with small intraparenchymal cyst- benign.
- Nonorganized gallbladder debris (non-mature mucocele).
- Bilateral mildly enlarged nonhomogenous adrenal glands.

Secondary Findings

- Mild folded spleen- benign.
- Bilateral chronic renal changes.
- Mild micropolypoid cystitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with CBC, chemistry panel and urinalysis is recommended. The stomach mass lesion did not obviously appear to obstruct pyloric outflow and is suggestive of potential metabolic or functional gastric ileus.

The small intestinal mucosal speckling may indicate patient/age variant although may also be associated with nonspecific enteritis. Given weight loss, a GI panel to include PLI, TLI, cobalamin and

PATIENT

Taz McTavish

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Southpointe Pet Hospital

REFERRING VET

Dr. Blaise Callan

INVOICE

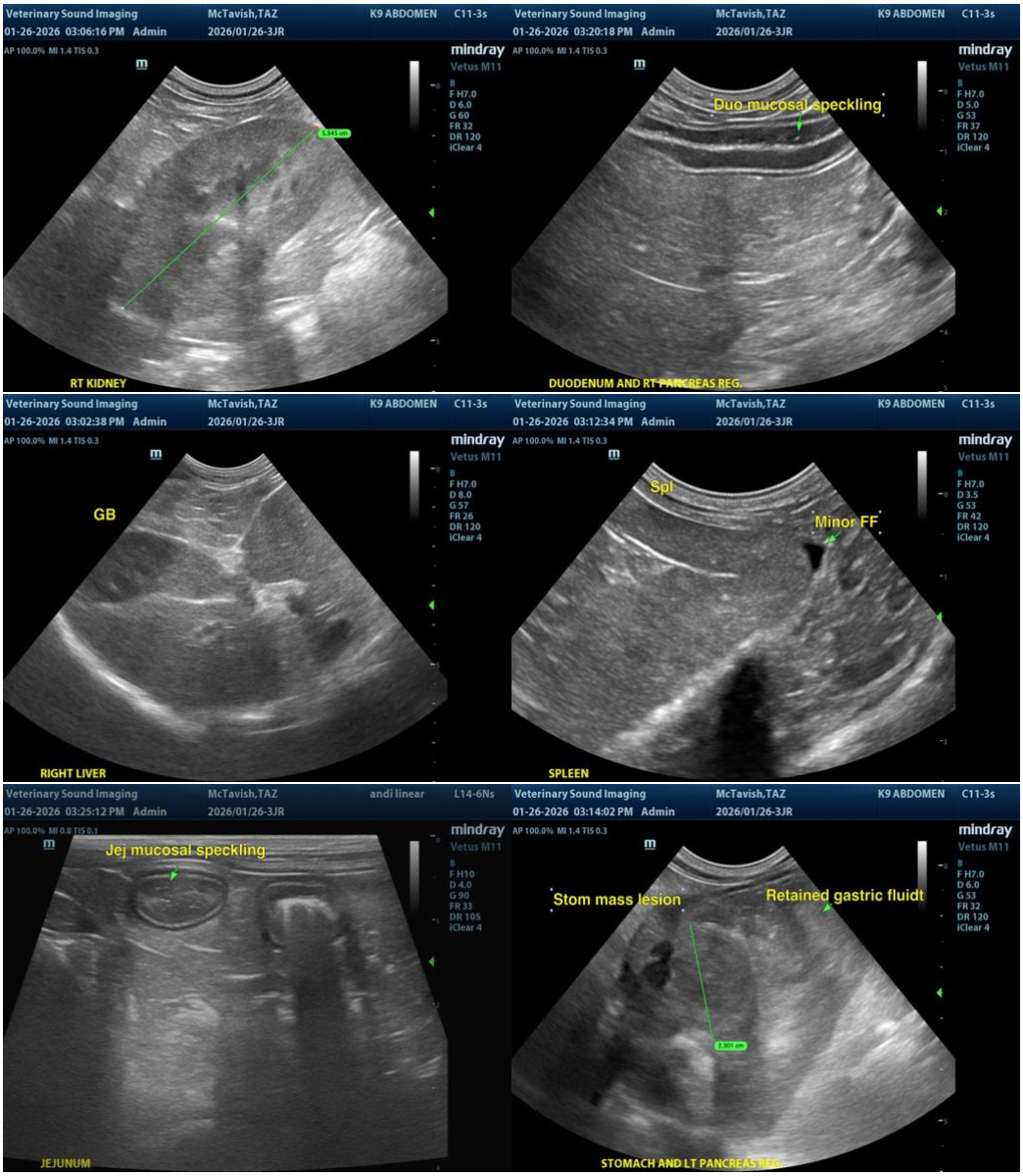
13407

DATE

01/26/26

folate and recheck three view chest radiographs if not recently done is suggested. Gastric endoscopy, if available, is recommended for further assessment of the mass lesion and potential for biopsy.

Gastroprotectants and smaller more frequent feedings of a canned bland or hydrolyzed diet may prove beneficial. Adrenal workup may be considered if clinical signs are consistent with Cushing's syndrome.



PATIENT

Taz McTavish

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Southpointe Pet Hospital

REFERRING VET

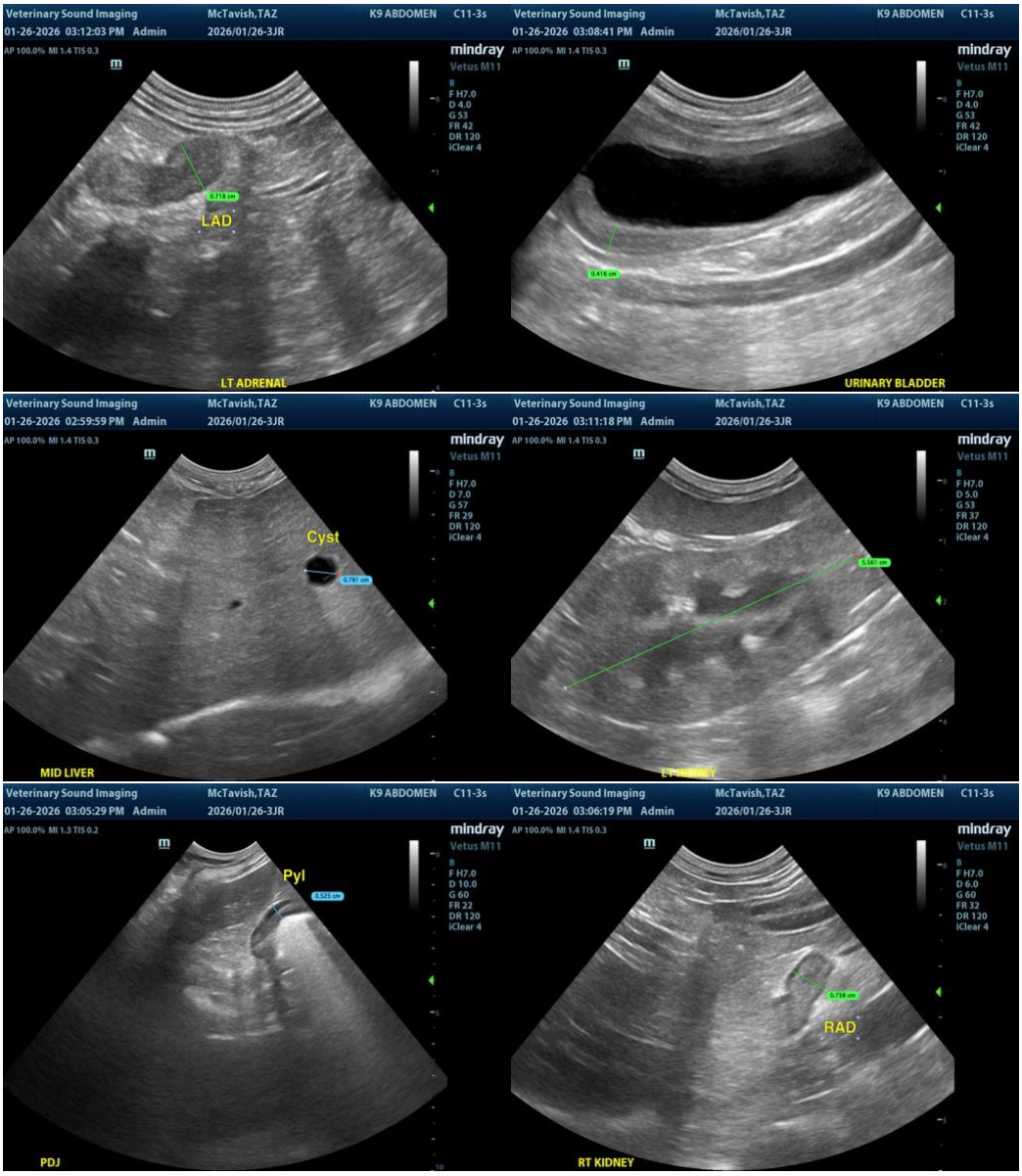
Dr. Blaise Callan

INVOICE

13407

DATE

01/26/26



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