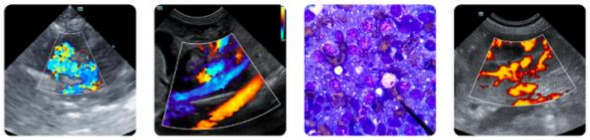

PATIENT

Zula Mielczarek

SPECIES

Canine

BREED

St. Bernard

SEX

Spayed Female

AGE

5

WEIGHT

70 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sanctuary Animal Clinic

REFERRING VET

Dr. Warnlokosooryia

INVOICE

12078

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Hyporexic lethargic and some weight loss Blood pressure elevated on multiple readings. Patient is very anxious and stressed in clinic.

Abnormal PE/Chem/CBC/UA Results: Elevated Ca as well as mild elevation of creatine. Ionized T4 pending

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 change were noted.

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 8.7 cm in length. The right kidney measured 8.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland measured 0.65 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 exhibited possible borderline subnormal 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 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 with mild lumen gas and no signs of ileus, obstruction or foreign material.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with nonthickened wall. Generalized empty small intestine lumen without mechanical/metabolic ileus to the level of the colon.

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

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

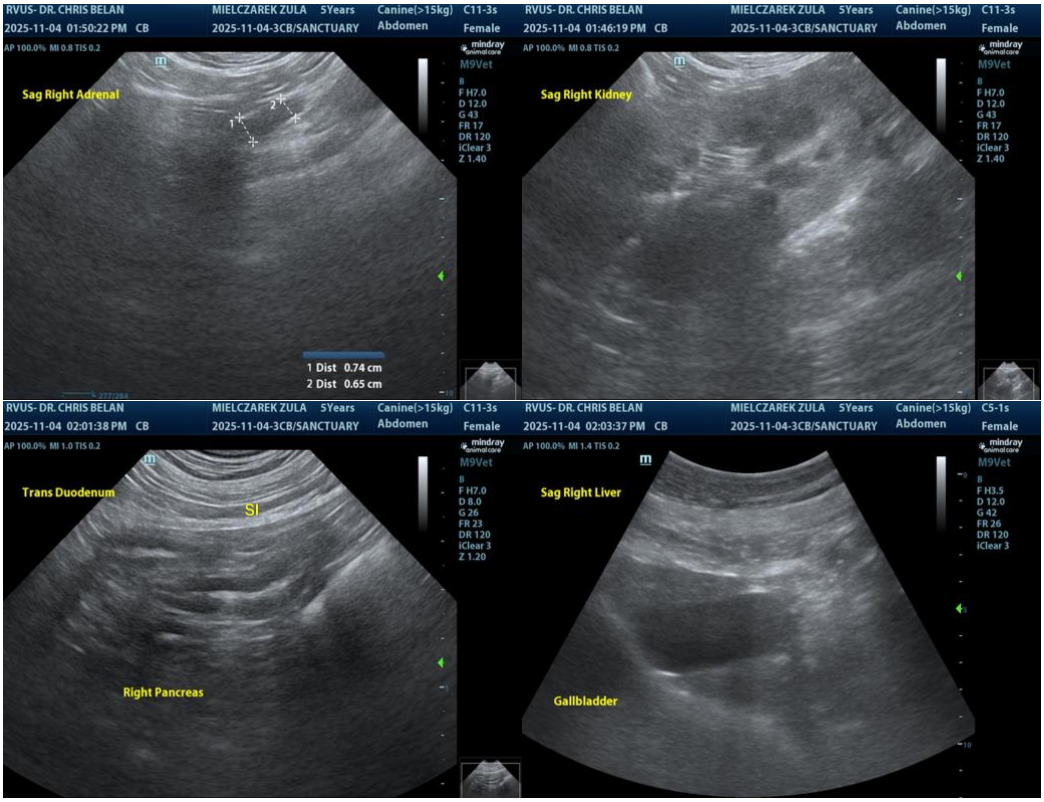
Multiple mildly enlarged hypoechoic to swollen mesenteric and medial iliac lymph nodes were visualized with an example measuring 3.2 cm x 1.4 cm and 3.4 cm x 1.6 cm. Mild perilymphatic hyperechoic omentum with no evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal to possible borderline subnormal liver.
- Normal spleen.
- Normal visualized gastrointestinal tract.
- Nonspecific yet multiple mildly hypoechoic to swollen mesenteric/medial iliac lymph nodes- hyperplasia, inflammation/infection, early neoplastic criteria are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of accessible lymph node and screening hepatosplenic FNA cytology are recommended for further clarification. Emerging lymphatic or potential multicentric neoplastic process may be suspected if confirmed mediastinal mass. Gastrointestinal support is indicated pending additional sampling and diagnostics. A GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for occult intestinal or pancreatic disease as a contributing factor.



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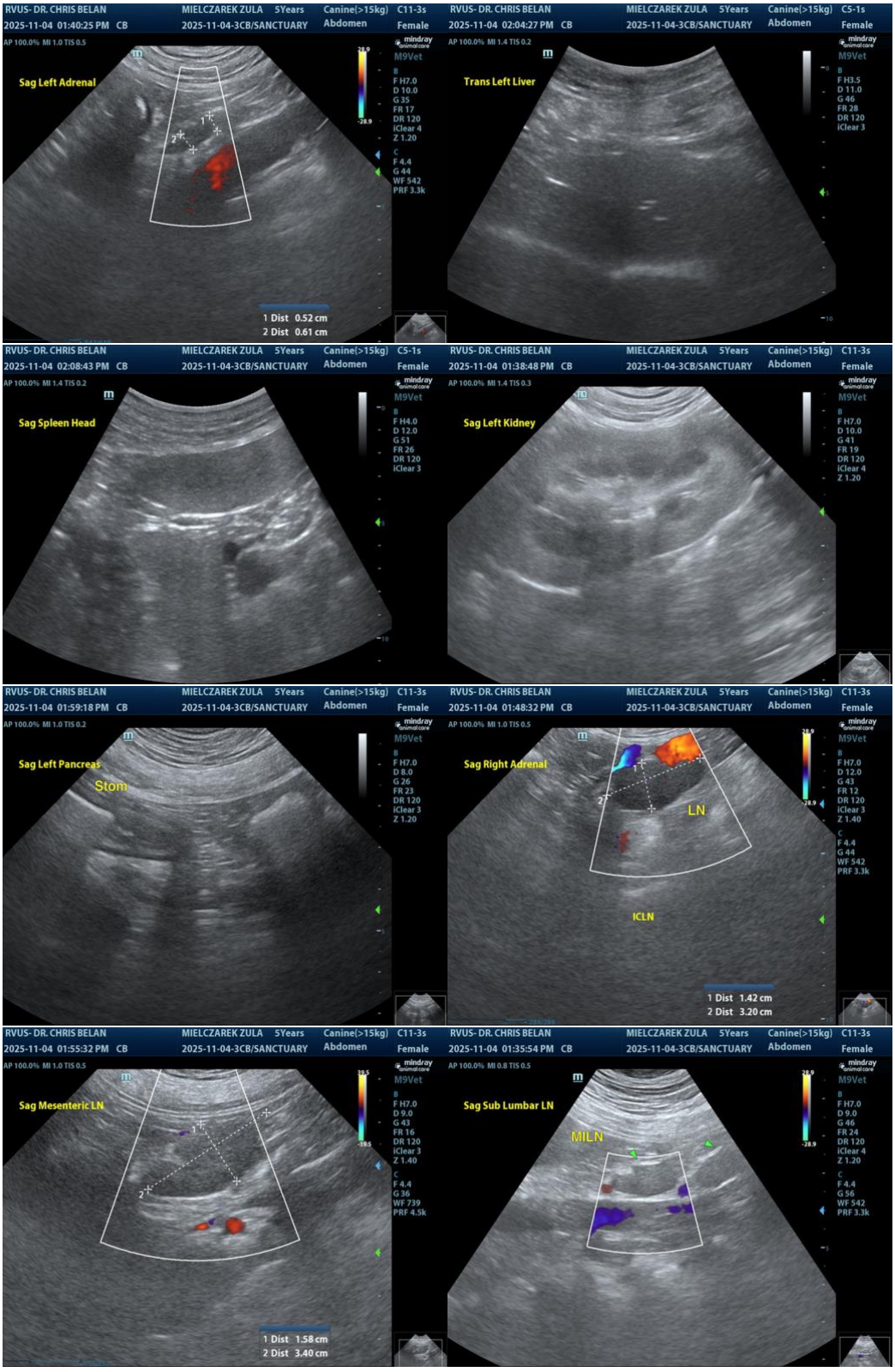

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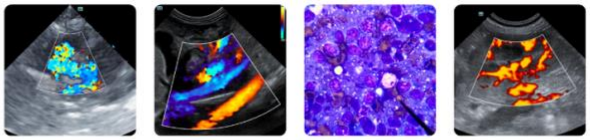

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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