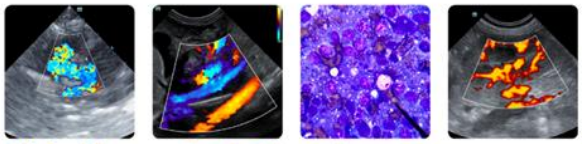


PATIENT

Archer Thompson

SPECIES

Canine

BREED

Vizsla Mix

SEX

MN

AGE

12yr

WEIGHT

74lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield Veterinary Hospital

REFERRING VET

Rodriguez

INVOICE
23280

DATE
12/18/2025

PRESENTING CLINICAL SIGNS

Presented for vomiting, diarrhea, hyporexia. PE WNL, Afebrile. Currently on carprofen, gabapentin, trazadone, prozac

Abnormal PE/Chem/CBC/UA Results: ALK: 1946, Chol: 383, otherwise WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were 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 7.8 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.87 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 0.78 cm width at the caudal pole.

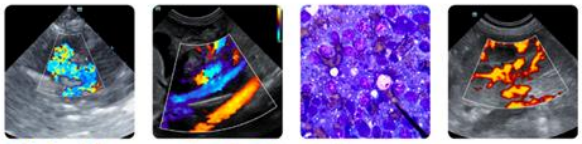
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented 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. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.55 cm width. Mild gastric distension with primarily anechoic fluid and non-shadowing ingesta was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional hyperechoic mucosal speckling. A segmental ileus pattern consisting of mild fluid accumulation and lumen gas in the intestinal lumen was present without obstruction or foreign material. No evidence of pathology at the level of the ileocolic junction.

Normal visible colon wall layers were present with soft feces and lumen gas.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute gastroenteritis pattern with soft fecal matter in colon.
- Normal area of pancreas
- Hepatopathy-subjective benign
- Mild non-organized gallbladder debris

Secondary

- Mild age related renal changes
- Intermittent benign splenic nodules- consistent with myelolipomas.
- Normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, acute inflammatory bowel /IBD, occult parasitism, occult Addison's disease, mild pancreatitis, and less likely occult neoplasia are all potentials. No evidence of mechanical gastrointestinal obstruction or foreign material. Reactive, vacuolar or non-obstructive cholestatic hepatopathy is suspected.

Hepatic and gastrointestinal support is indicated. A GI panel, screening cortisol level and hepatic FNA cytology could be considered if continued gastrointestinal signs or progressive hepatopathy.

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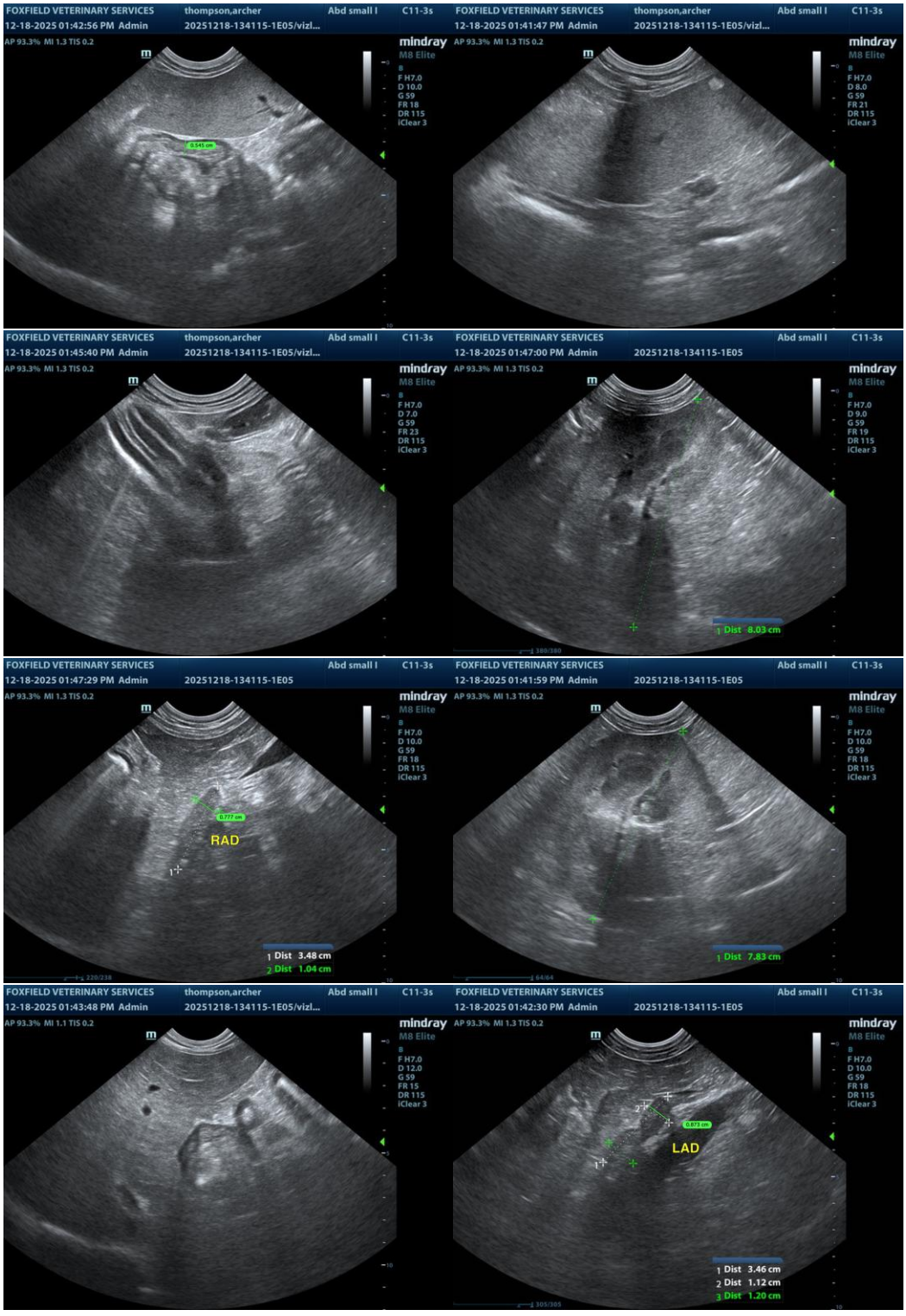

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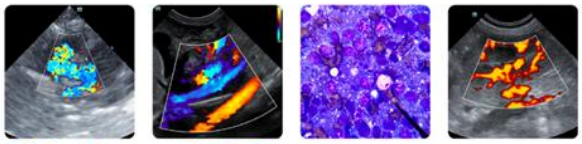

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SonoPath.com info@sonopath.com 1.800.838.4268

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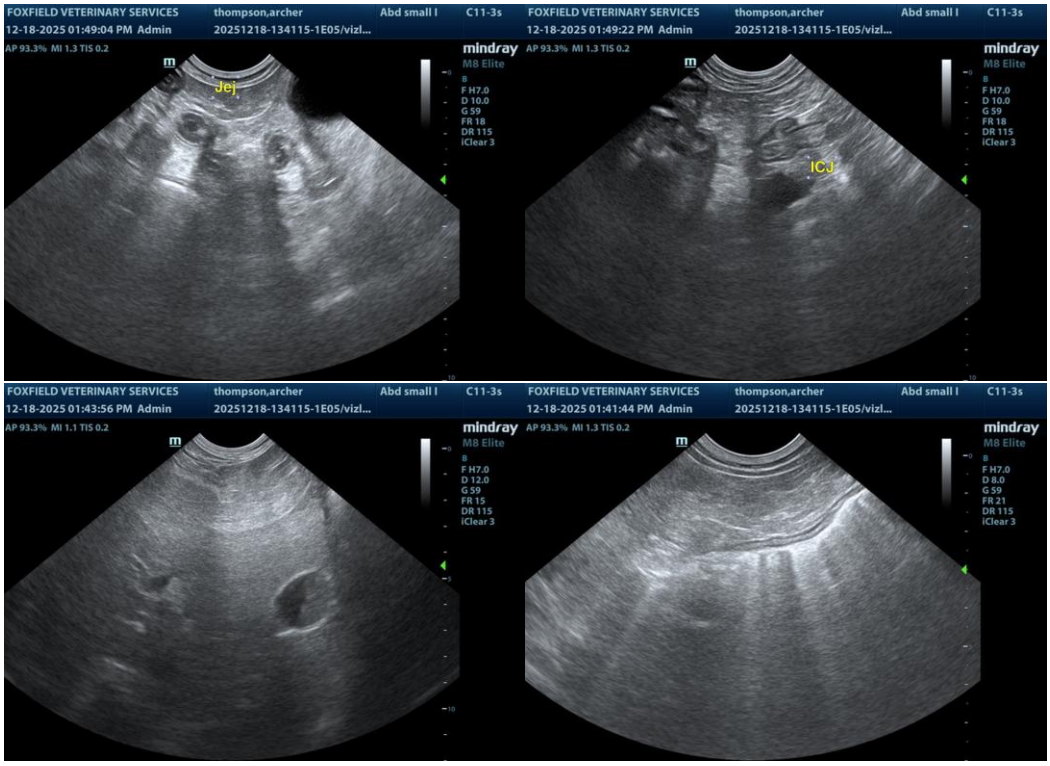

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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