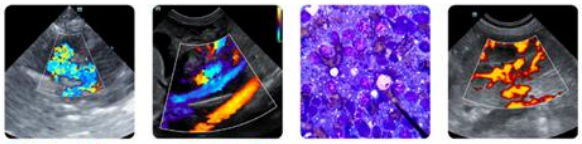


PATIENT

Raymond Brusovanski

SPECIES

Canine

BREED

Standard Schnauzer

SEX

MN

AGE

10.5yr

WEIGHT

27.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tuxedo Animal Hospital

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

DR BROWN/DR MANDER @ BRIDGEWATER VET

INVOICE

23357

DATE

12/29/2025

PRESENTING CLINICAL SIGNS

Seen at emergency hospital - Was in for eating less and trouble getting up, activity declining lately. Xmas day dx with ear infection - came back Dec 27th for not moving, groaning, no eating or drinking, barely going to the bathroom, possible bloated belly Was given emavert, Metacam, gabapentin, proviable.

Abnormal PE/Chem/CBC/UA Results: Xrays - diffusely gas dilated SI with poor visability in cranial abdomen of VD PE: BCS 6/9, soft, freely moveable SQ mass on left abdomen CBC: LYMPHS = 1.01 x10^9/L (1.05 - 5.10) MCH = 20.5 pg (21.2 - 25.9) CHEM: TP = 86 g/L (52 - 82) GLOB = 55 g/L (25 - 45)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The residual prostate appeared normal and free of pathology measuring 1.3 cm in diameter.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

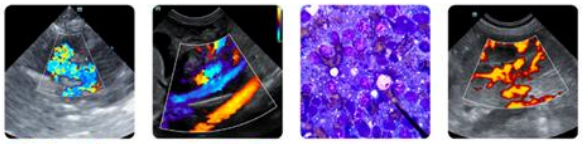
Spleen

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/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. Normal vascular volume. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was non distended containing lumen gas and a mild amount of non-shadowing pyloric ingesta. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with normal muscularis/mucosa ratio. Mild to non-obstructive duodenal ileus with segmental jejunal mild jejunal gas pattern to level the colon was present.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

Generalized normal omental echogenicity was present.

A brief sonographic evaluation of left subcutaneous mass exhibited primarily homogenous subcutaneous tissue without overtly visualized or definitive subcutaneous free fluid. Suspect deep visualized rib in conjunction with radiographic location of the left subcutaneous swelling or mass.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall sonographically normal gastrointestinal tract with mild gastric gas and possible retained non-shadowing gastric ingesta, mild non-obstructive duodenal ileus and segmental jejunal gas.
- Normal visualized colon containing formed fecal matter.
- Normal area of pancreas.
- Age-related renal changes.
- Primarily homogenous yet nonspecific left subcutaneous mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant abdominal visceral pathology. Empirical therapy for possible nonspecific gastroenteritis is recommended. Correlation with neurological and musculoskeletal exam is suggested. A spec CPL or full GI panel and screening cortisol level to assess for occult disease as a contributing factor may be considered.

The clinical significance of the left subcutaneous mass is unclear yet did not overtly appear to involve the abdominal cavity in conjunction with abdominal radiographs. FNA cytology of the subcutaneous mass could be considered for further clarification.

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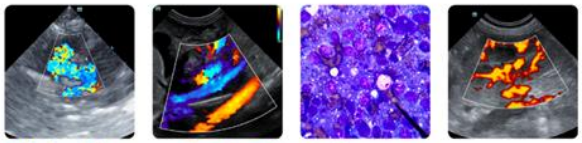

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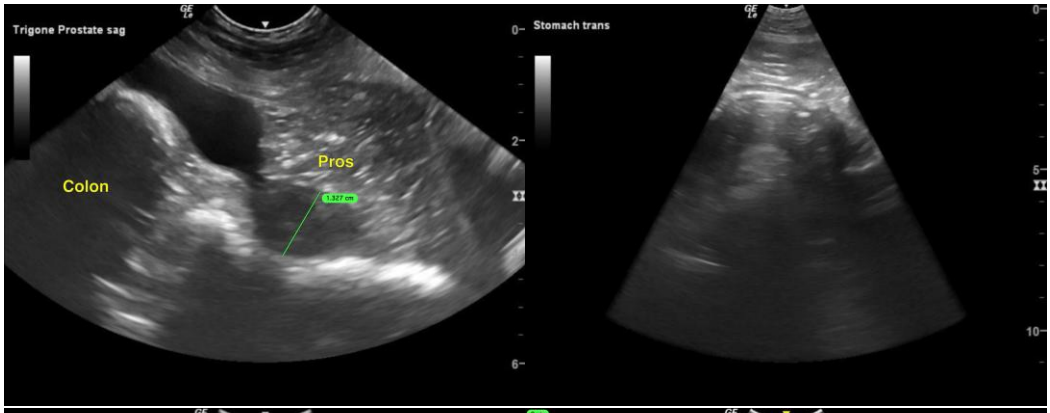

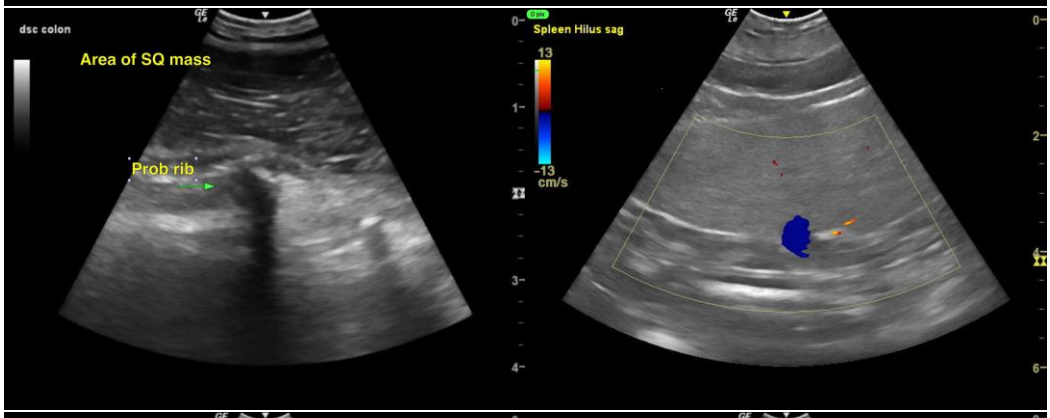

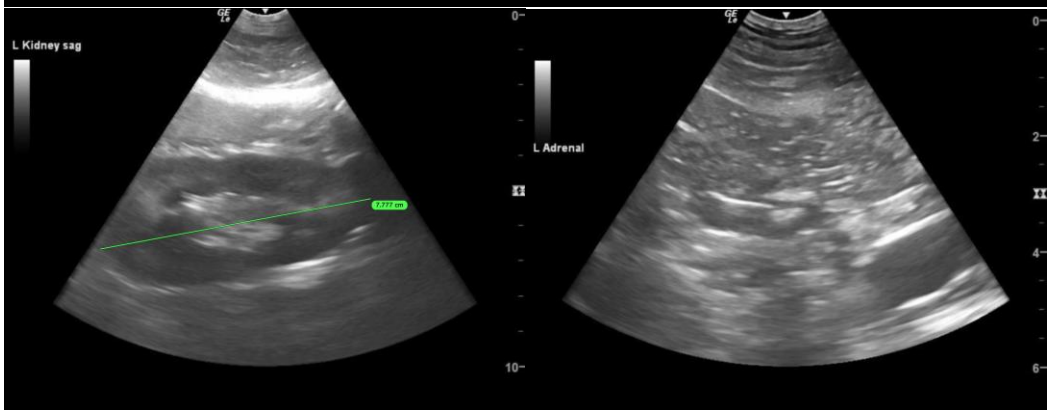

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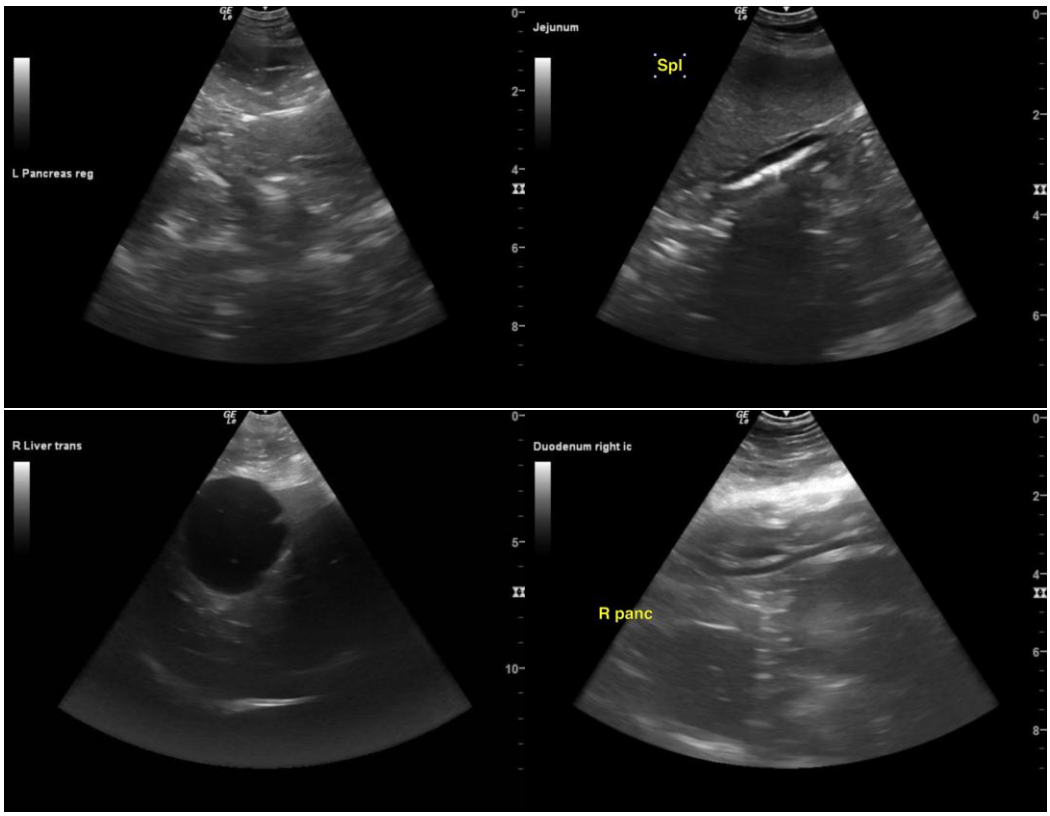

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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