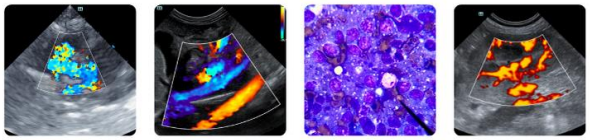


PATIENT

Charles Vandetta Campbell

SPECIES

Canine

BREED

Weimarener

SEX

MN

AGE

1 year, 4 months

WEIGHT

65 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook - SDEP Certified Clinical

HOSPITAL NAME

River's Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

10400

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History of eating things we should not vomiting for 3 days.

Abnormal PE/Chem/CBC/UA Results: See attached labwork - CBC == HIGH PCV DEHYDRATED //// CHEM HIGH ALT ALK PHOS GGT Rads attached - Chest cavity is clear esophagus is okay right lateral abdomen shows significant inflammation loss of detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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 was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 6.9 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

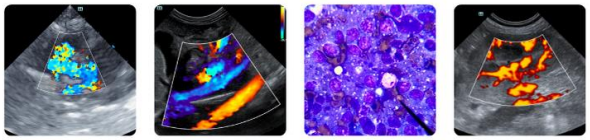
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width 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/ 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. 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.58 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty small intestinal lumen was noted with mild segmental mid-abdomen jejunal nonshadowing chyme.

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 were evident.

Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.4 cm x 0.88 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal primarily empty gastrointestinal tract with mild segmental nonshadowing jejunal chyme
- Mild mesenteric lymphadenopathy - suspect mild mesenteric lymphadenitis owing to inflammatory bowel episode
- Sonographically normal liver / gallbladder - consistent with benign hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of mechanical gastrointestinal obstruction, i.e., foreign body, stricture, or mass. Dietary intolerance / indiscretion, infectious disease, enterotoxin, nonspecific inflammatory bowel episode, occult Addison's Disease, or occult parasitism, in conjunction with suspect acute nonspecific hepatitis (viral/bacterial/Leptospirosis/toxin), given primarily elevated ALT, are possible. Hepato-gastrointestinal support is indicated.

Further assessment of the liver may include, assuming normal clotting status, FNA cytology +/- Leptospirosis titer / PCR. Recheck sonogram if progressive hepatopathy or gastrointestinal signs.

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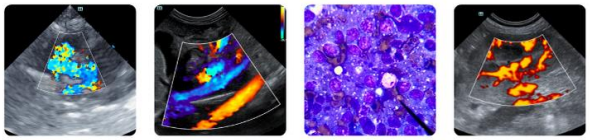

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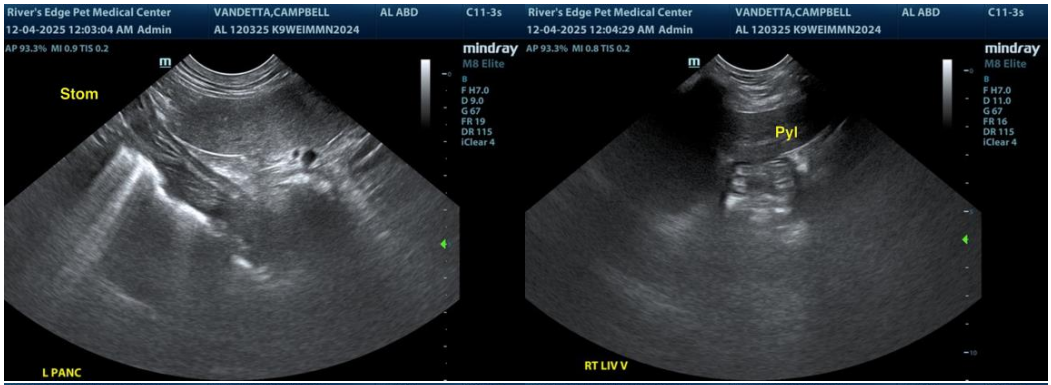

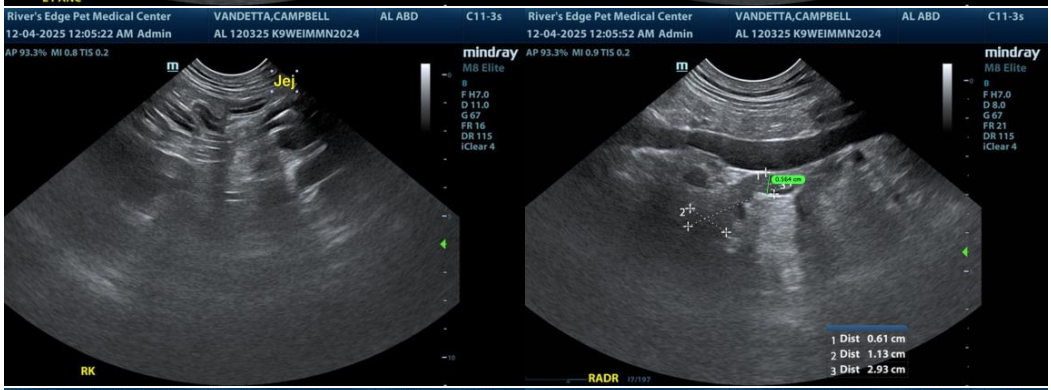

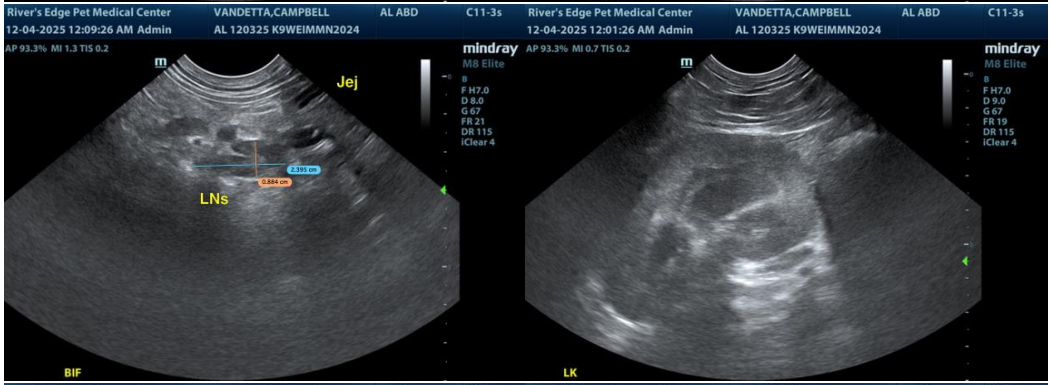

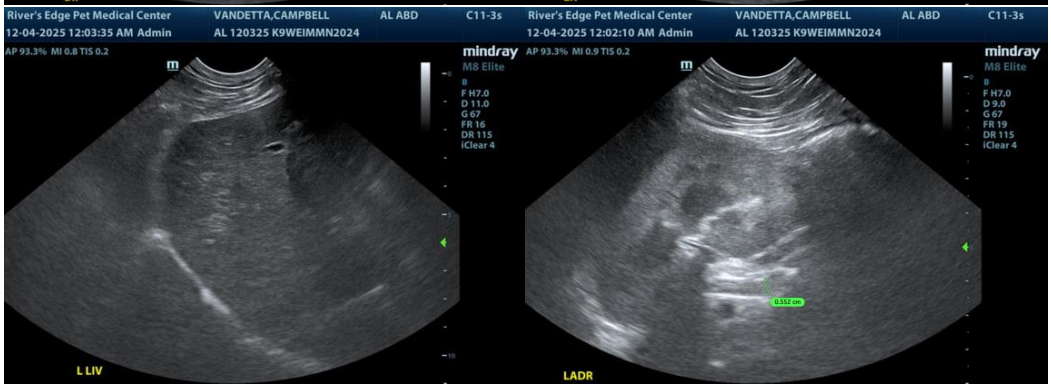

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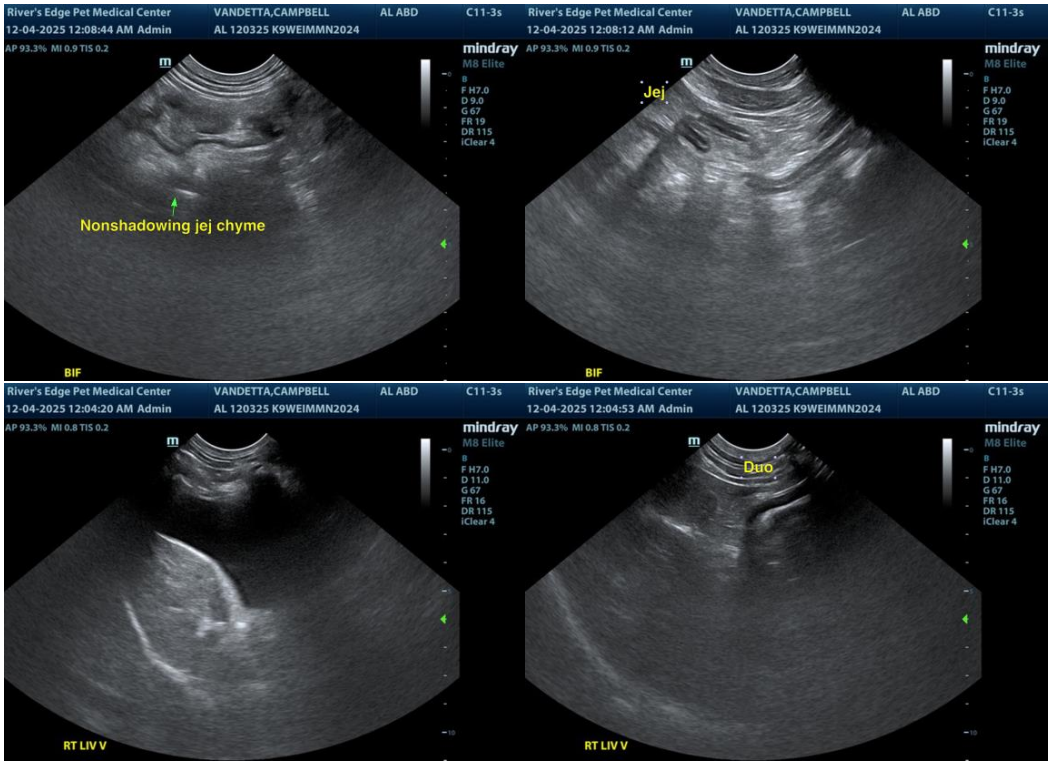

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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