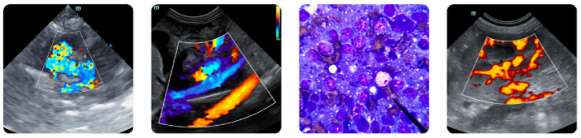

PATIENT

Jimmy Klein

SPECIES

Canine

BREED

Poodle Mix

SEX

Male Neutered

AGE

12y

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

All Creatures Great and Small Fairfield

REFERRING VET

Dr. Ruiz

INVOICE

13209

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- Intermittent vomiting and inappetence
- Normal PE
- Hx of IBD
- On Hydrolyzed protein diet only
- X-Rays Normal
- Medications: Cerenia start on 2/16 SID

Abnormal PE/Chem/CBC/UA Results: WNL

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

The area of the aortic trifurcation was 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. Minor medullary mineral. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenals were overtly normal in size, position and shape. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland measured 0.52 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 subjective borderline enlargement with normal vascular volume. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Small, deep mid liver, thinly walled intraparenchymal cyst was

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present containing anechoic fluid and measuring 1.2 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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. Duodenum wall measured 0.44 cm and jejunum wall measured 0.37 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall, sonographically unremarkable gastrointestinal tract/colon
- Mild heterogeneous remodeled pancreas
- Borderline hepatomegaly with small intraparenchymal cyst – benign
- Mild gallbladder debris (non-mucocele)
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A spec cPL or full GI panel to include PLI/TLI/Cobalamin/Folate to assess for chronic pancreatitis or non-structural intestinal disease as a contributing factor to the gastrointetsinal signs is suggested. In conjunction with hydrolyzed protein diet and current anti-nausea medication, gastro protectant Omeprazole 1.0 mg/kg SID may prove beneficial. Although considered less likely, screening cortisol level to rule out occult Addison's disease may be considered. Sonographic monitoring indicated if continued or progressive gastrointestinal signs or weight loss. Monitoring of hepatic enzymes for evidence of emerging hepatopathy or cholestasis suggested.

New Jersey Mobile
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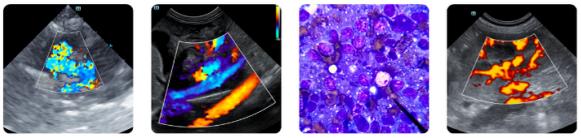

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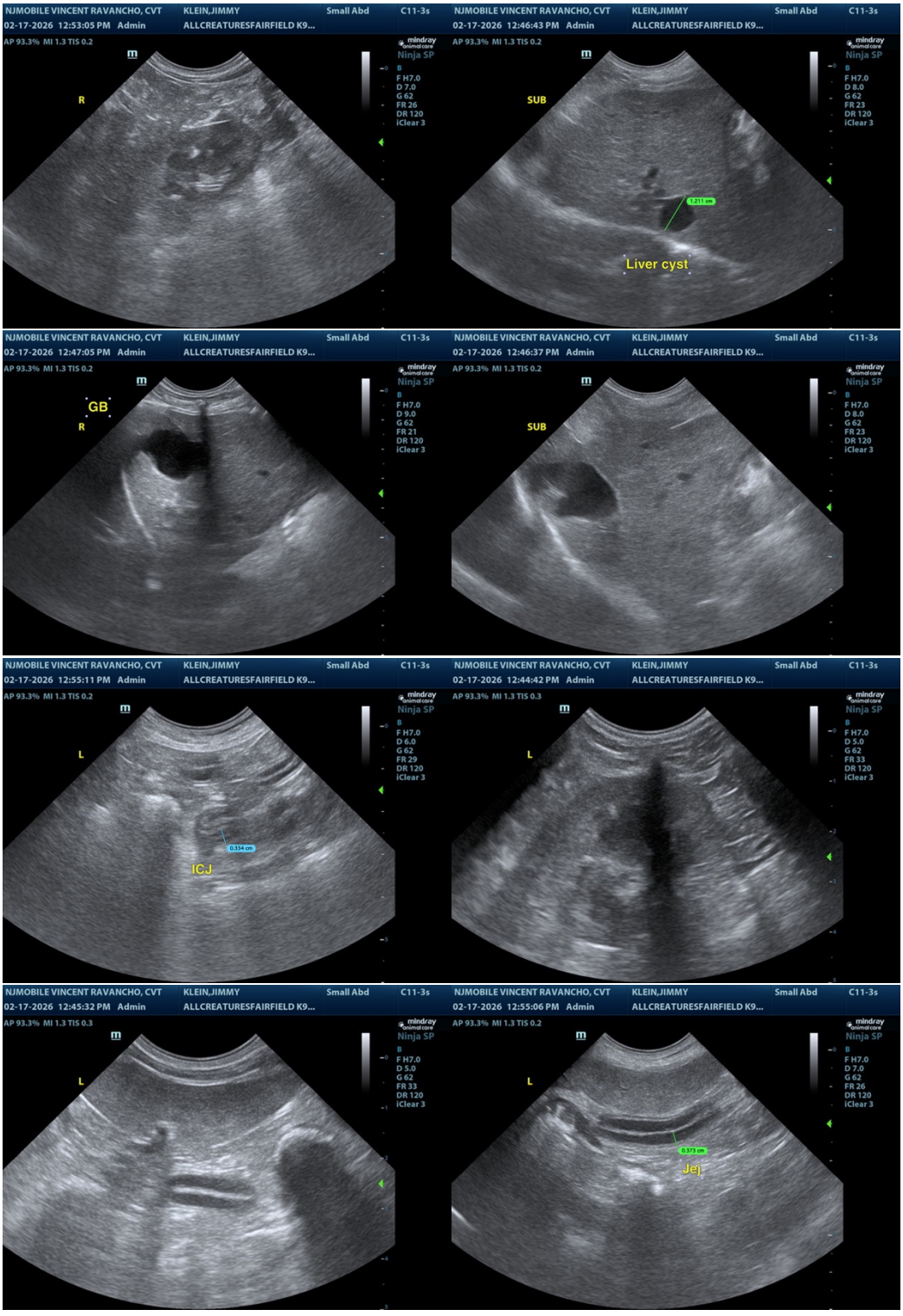

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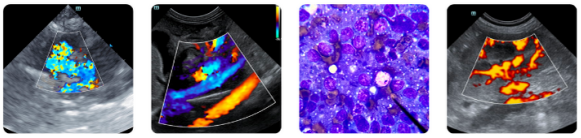

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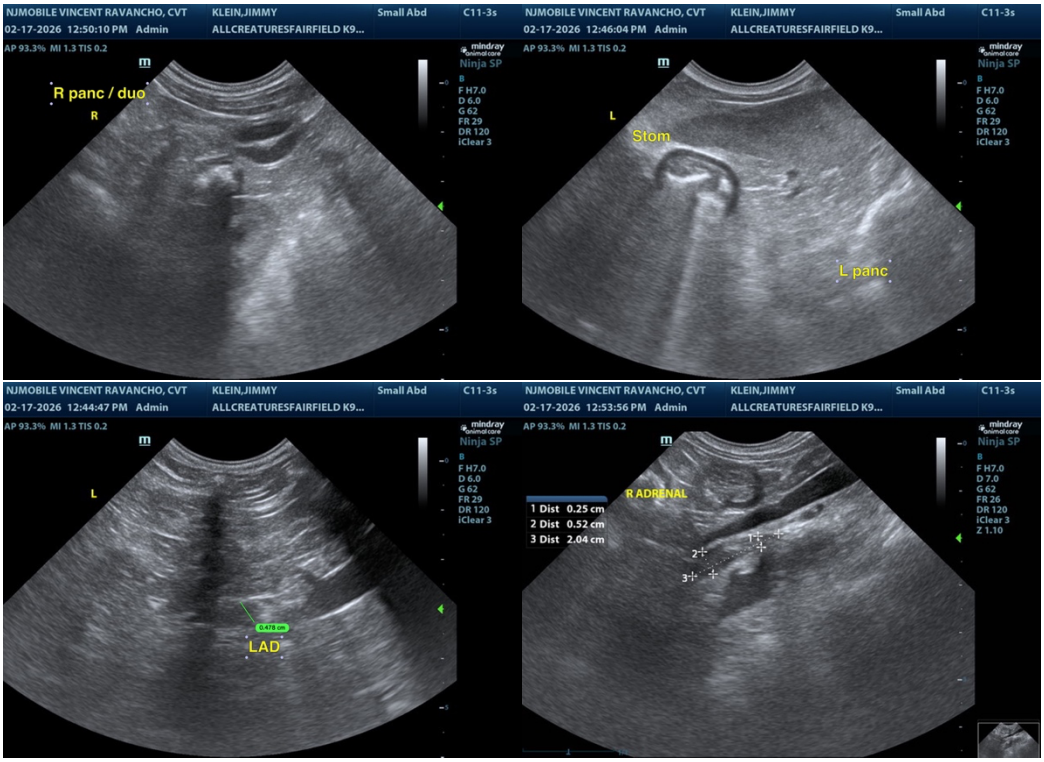

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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