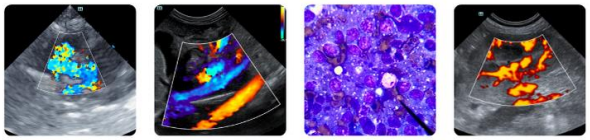


PATIENT
Salvador Zimmerman

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
M

AGE
10 years

WEIGHT
5.29 kg

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

IMAGING PERFORMED BY
Melissa Randolph

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Logan Law

INVOICE
10643

DATE
2/18/26

PRESENTING CLINICAL SIGNS

History:

- Initially presented 2/8/26 for diarrhea with blood, anorexia, and vomiting. P is known to get into things. Treated as outpatient sq fluids, cerenia injection. rx'd metronidazole, proviable, and cerenia PO.
- recheck 2/17 after possibly having 2 seizures. P having continued hyporexia, vomiting, diarrhea, and concern for weight loss. admitted for iv fluids, cerenia, ondansetron.
- concern for Development of neurologic signs, possibly seizure activity - r/o intracranial causes [stroke, tumor, infection], extracranial causes [metabolic, electrolyte imbalance]
- - Recent GI episode with elevated pancreatic values (historical finding) - r/o primary pancreatitis, secondary pancreatic inflammation, other

Abnormal PE/Chem/CBC/UA Results: PE: mild pain, reactive on abdominal palpation 2/5; BCS 4/9 2/8: CBC - WNL; Blood gas - Potassium 5.5 H; Chemistry -calcium 8.9 L 2/8CPL: 414.6 ng/mL abnormal/high 2/8 rads: full stomach despite P eating nothing today. Last food was last evening 2/17: Lactate 3.38; ALP 533 (2/8 was normal at 76) 2/17 CPL: 247 (Suspected) 2/17 rads: Suspected small volume of diarrhea within the lumen of the large intestine, suggesting colitis/enterocolitis. Otherwise, unremarkable intra-abdominal structures.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.1 cm in diameter.

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

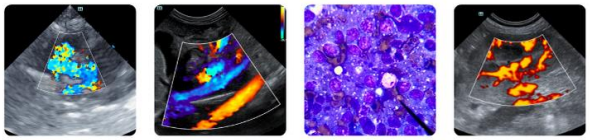
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.1 cm in length. Pinpoint to minor areas of medullary mineral were noted.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.55 cm width, and the right adrenal gland measured 0.56 cm width.

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



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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. Normal hepatic vascular volume was present. 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 without evidence of retained ingesta, fluid, 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.

Normal visible colon wall layers were present with semi-formed fecal matter.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable empty gastrointestinal tract with semi-formed fecal matter in colon
- Normal pancreas
- Sonographically normal liver – consistent with benign hepatopathy
- Mild benign prostatic hyperplasia
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant visceral pathology as a definitive cause of the patient's neurological gastrointestinal signs. Nonstructural gastrointestinal disease and mild pancreatitis at times may present as sonographically normal. Given the weight loss in this patient, a GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, if not done, and correlation with neurological exam is recommended. There is no evidence of gastrointestinal foreign material or obstructive pattern. Gastrointestinal support, which may include dietary therapy and as-needed gastroprotectants, would be appropriate pending further neurological assessment.

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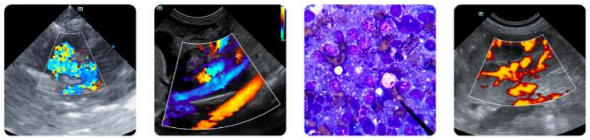

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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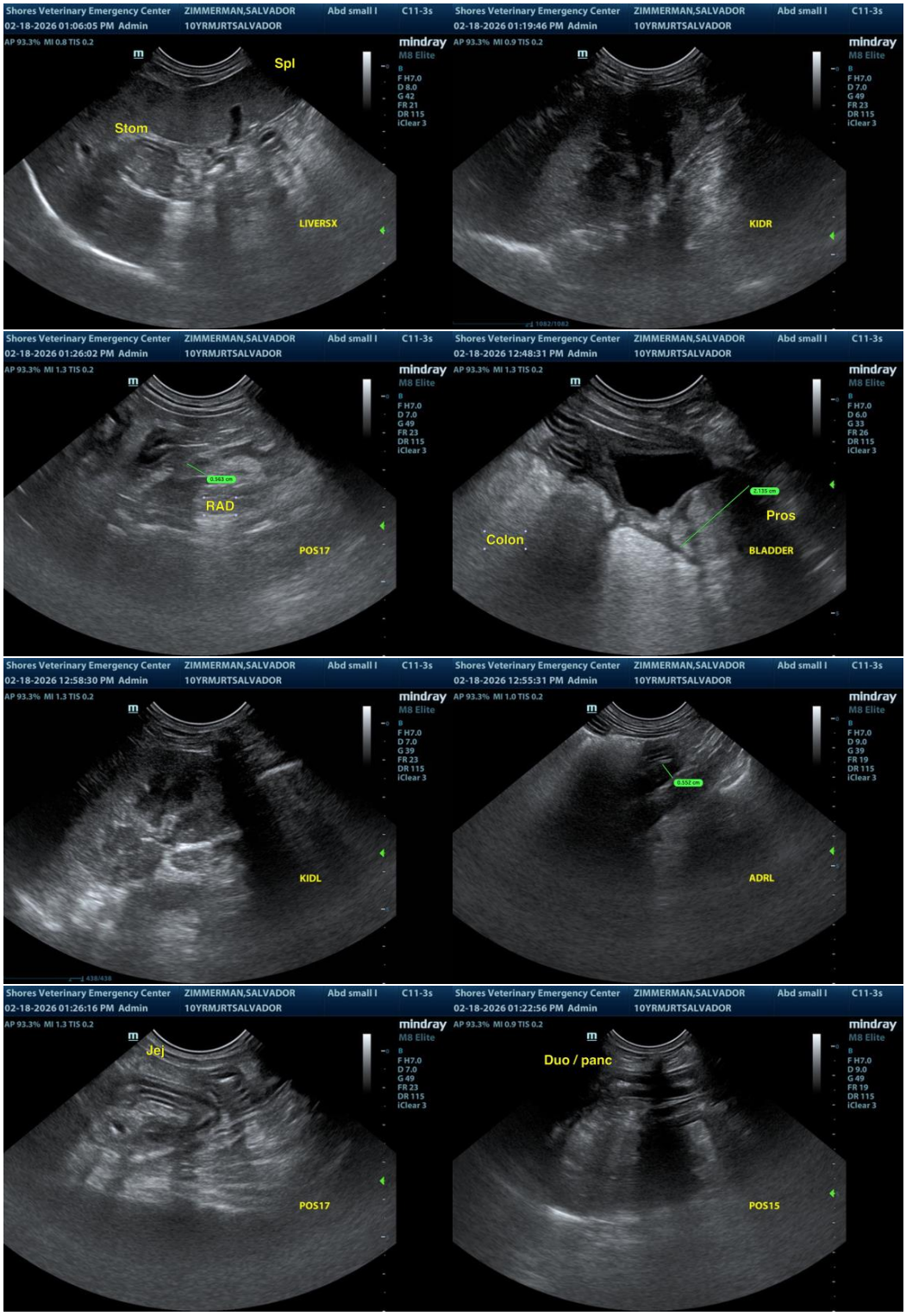

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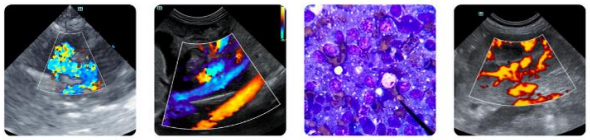

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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