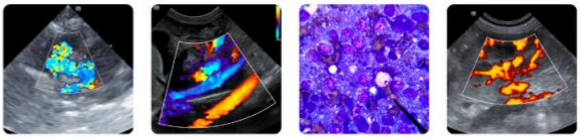


PATIENT

Koda Schmitt

SPECIES

Canine

BREED

Silky Terrier

SEX

Neutered Male

AGE

5 Years

WEIGHT

7.5 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Grace Kennedy

INVOICE

13927

DATE

02/23/26

PRESENTING CLINICAL SIGNS

- Several episodes of GI upset (vomiting, diarrhea, inappetence/complete anorexia) through the last year or so. This episode started 2/12 with no change in diet or inciting cause. Minimally responded to supportive therapies (SQ fluids, Cerenia, mirtazapine, Entyce). Performed sedated oral exam, no specific findings. Radiographs NSF, see blood work below. O has had a pet before with PLE and other GI issues.

Abnormal PE/Chem/CBC/UA Results: HCT 50% Mild reticulocytosis 148 K/uL WBC 10.4 K/uL (normal) platelets estimated >150K/uL Glucose 86 mg/dL Creatinine 0.9 mg/dL Na:K ratio 35 Chloride 106 mmol/L (low) Total protein 4.8 g/dL due to low albumin at 2.0 g/dL ALT/ALP normal cPL 152 U/L (0-200) Urinalysis normal

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 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. Mild medullary mineral was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.50 cm width at the caudal pole. The right adrenal gland measured 0.56 cm width at the caudal pole.

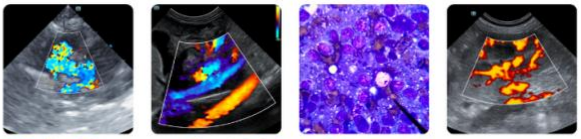
Spleen

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 normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized nondependent particulate biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid without evidence of gastric foreign material or overt obstruction to pyloric outflow.

The small intestine presented overall intact wall layering exhibiting segmental thickened jejunum and altered jejunal wall layer ratio owing to segmentally prominent jejunal muscularis and mucosa layers. Primarily empty intestinal lumen with mild segmental nonobstructive intestinal ileus to the level of the colon. Normal appearing small intestine wall measured 0.29 cm wall width. Segmentally thickened jejunum wall measured 0.42 cm wall width.

Normal visible colon wall layers were present with segmental gas and nonformed to liquid 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

Intermittent mildly prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild nonobstructive hypomotile stomach.
- Intact small intestine exhibiting segmental thickened jejunum.
- Nonformed fecal matter/gas in colon.
- Intermittent mild mesenteric lymphadenopathy.
- Normal area of pancreas.

Secondary Findings

- Bilateral mild renal medullary mineral.
- Normal volume liver.
- Mild nonorganized gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is nonspecific with considerations including dietary intolerance, inflammatory bowel disease, infectious disease/dysbiosis, emerging segmental intestinal neoplasia, mild pancreatitis, occult parasitism, occult Addison's disease (thought less likely) are all potentials.

Intestinal biopsies should be considered in this case given segmental thickened jejunum with altered wall layer ratio for a definitive diagnosis and further guidance of therapy. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50

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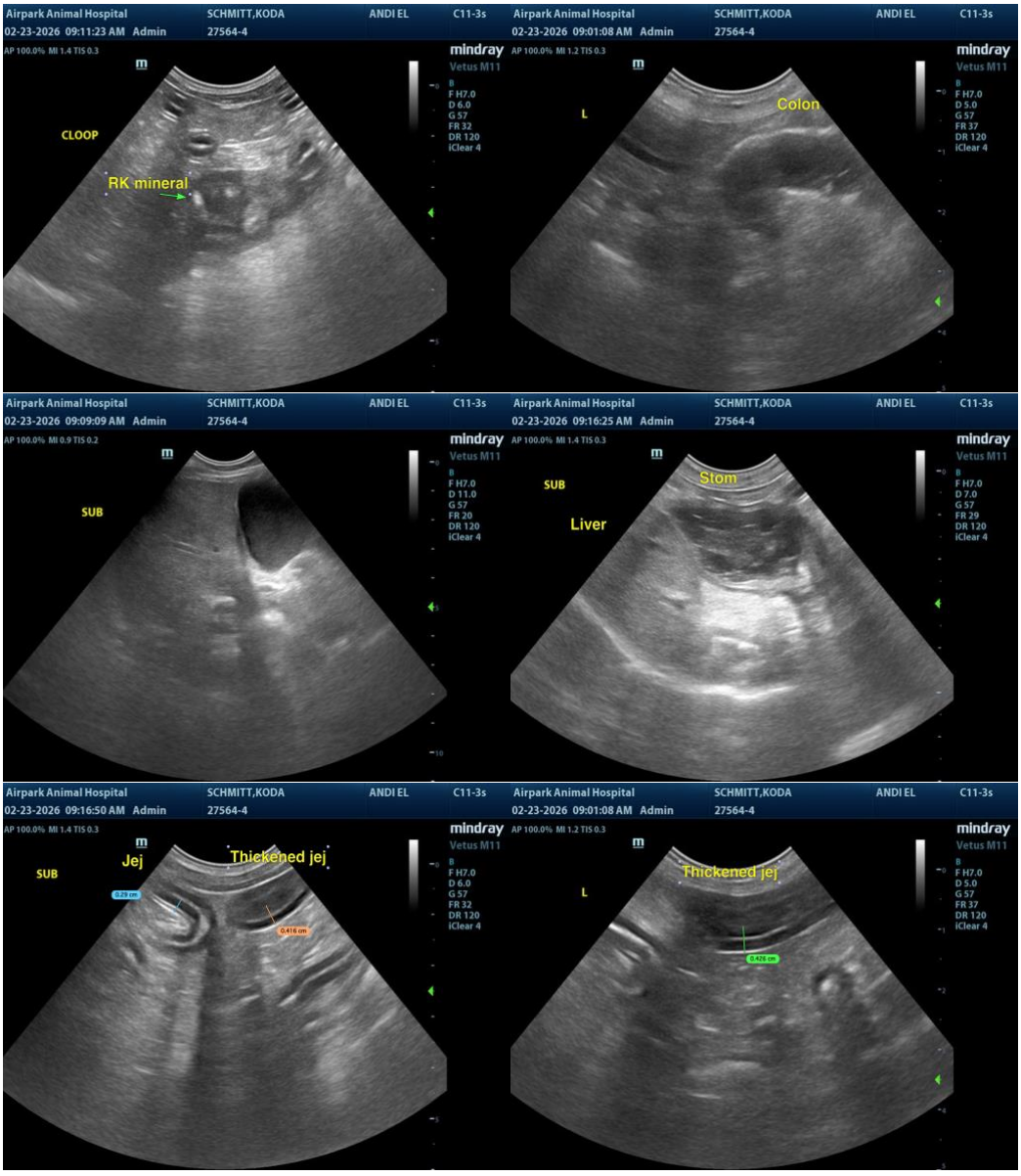
mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Sonographic monitoring of the small intestine for evidence of progressive mural changes going forward is advised. A GI panel to include PLI/TLI/Cobalamin/Folate and cortisol level are recommended.



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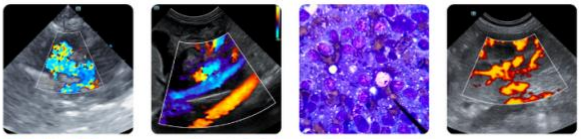

Clinical Sonography & Telecytology
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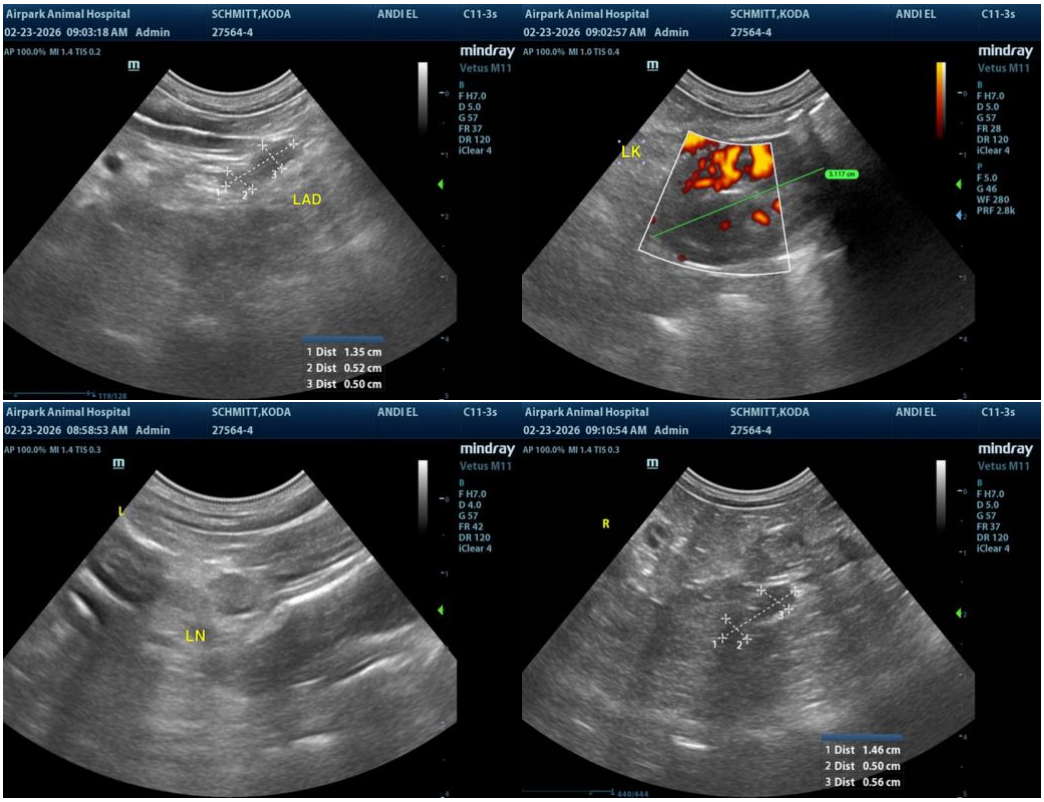

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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