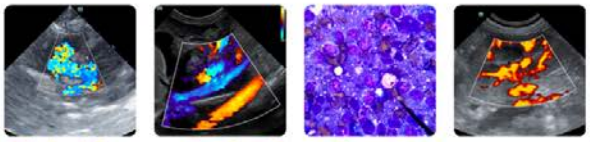


PATIENT

Joey Rojas

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

13 Years 6 Months

WEIGHT

6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ray

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Ray

INVOICE

72805

DATE

2/8/26

PRESENTING CLINICAL SIGNS

Started Jan 2nd, bloody diarrhea and nausea. The owner presented the patient again for 3 times vomiting, black tarry stool, and anorexia in Feb2nd. Treatment LRS fluid, famotidine, cerenia, sucralfate, and I/D diet.

Abnormal PE/Chem/CBC/UA Results: Polycytemia and lymphocytopenia HCT 61.2%

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 changes were noted.

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

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Medullary mineral to small renoliths noted. No evidence of pelvic dilation was present. The right kidney measured 3.3 cm.

The left kidney was not definitively visualized.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The right measured 0.46 cm at the caudal pole. The left measured 0.50 cm 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.

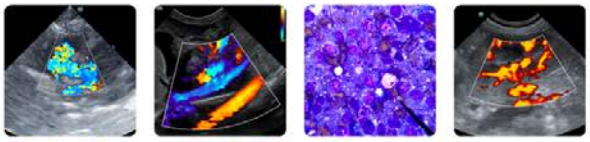
Liver

The liver presented normal in size with symmetrical contour. Mild non-uniform increased hepatic parenchyma echogenicity. A solitary, non-capsule deforming, mildly hypoechoic, non-homogeneous intraparenchymal nodule was noted measuring 1.5 cm in diameter. Subjective adequate vascular volume.

The gallbladder was non distended in size with mild, non-organized, hyperechoic debris. 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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Propensity for mildly prominent intestinal submucosal layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with mild luminal gas and soft 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

- Non-specific gastroenterocolonopathy.
- Non-homogeneous echogenic liver with intraparenchymal nodule.
- Non-organized gallbladder debris (non-mucocele).
- Right kidney mild chronic changes with medullary mineral/renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia (thought less likely), or other. Non-obvious or visualized gastrointestinal ulceration cannot be definitively excluded.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 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.

Although no reported hepatic enzyme elevations, hepatic parenchyma and nodule FNA cytology using 25-gauge needle and assuming normal clotting status warranted for further clarification.

Sonographic monitoring of the liver nodule for evidence of progression as well as as-needed gastrointestinal monitoring (if non-responsive or progressive gastrointestinal signs) is recommended.

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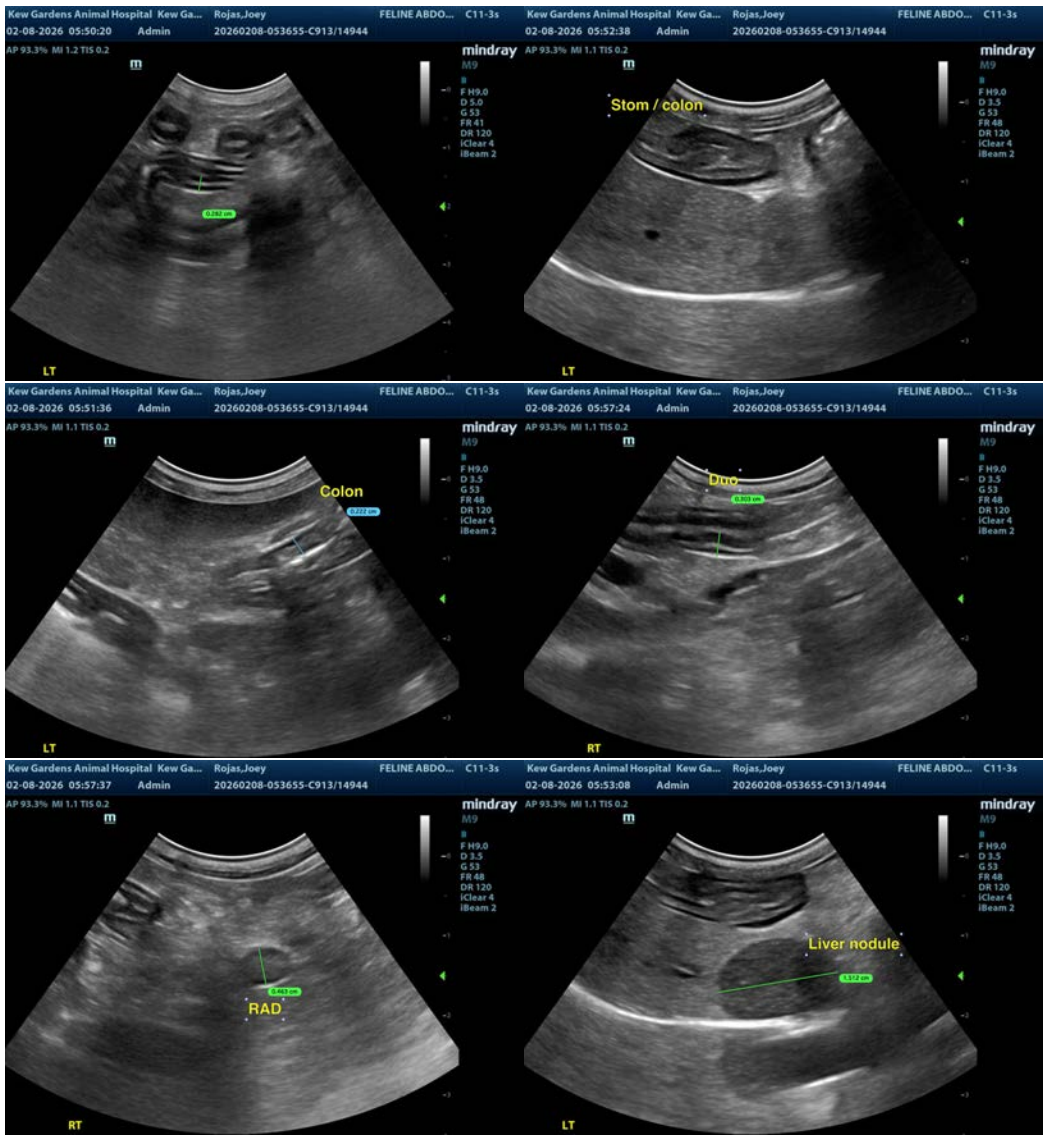

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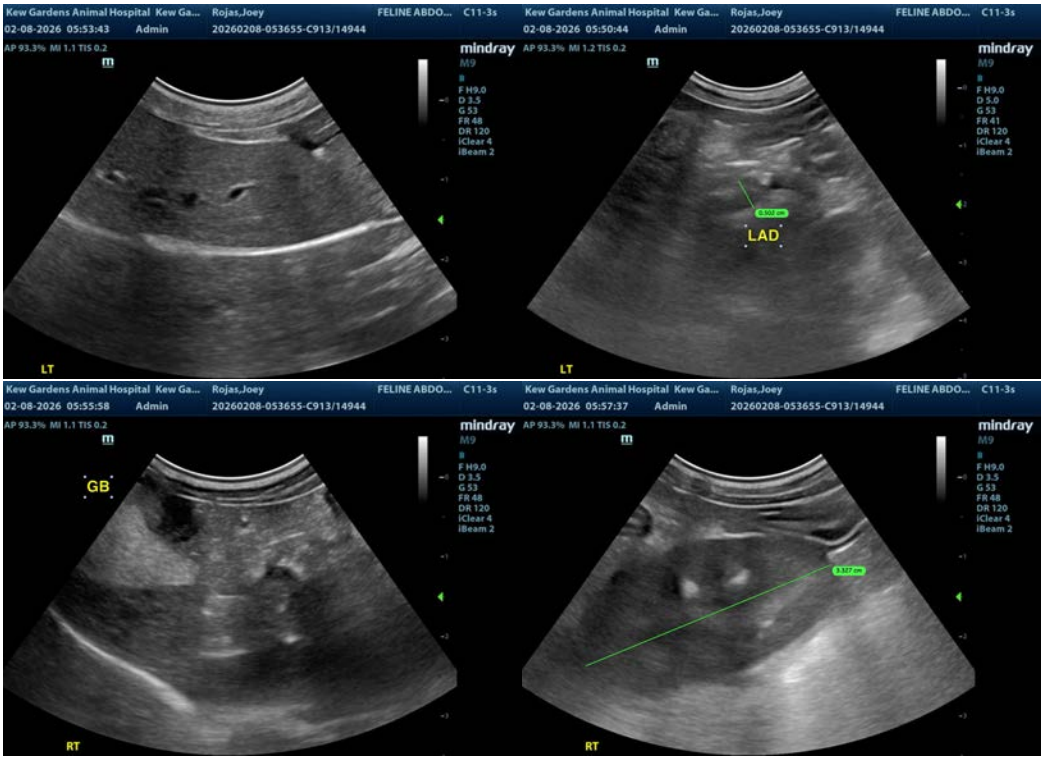

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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