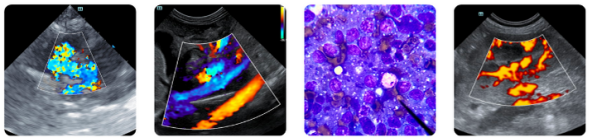

PATIENT

Karleigh Steadman

SPECIES

Canine

BREED

German Shepard

SEX

Female Spayed

AGE

9y

WEIGHT

94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Sarah Garver, DVM

INVOICE

13281

DATE

3/13/26

PRESENTING CLINICAL SIGNS

History:

- Few weeks of intermittent diarrhea.
- Over past week, O notes PU/PD with abdominal "hardening" and bloating and discomfort.
- Whining and
- pacing noted at home.
- P still has appetite but is slower to eat.

Abnormal PE/Chem/CBC/UA Results: O declines lab work due to normal labs in December. Fecal negative at this time. PE unremarkable. Concerned about possible central mass effect on radiographs.

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.

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. The left kidney measured 6.8 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented subjective mildly enlarged in size. 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 was subjective borderline enlarged in size with normal vascular volume. 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 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. 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 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 was evident.

Free Abdomen

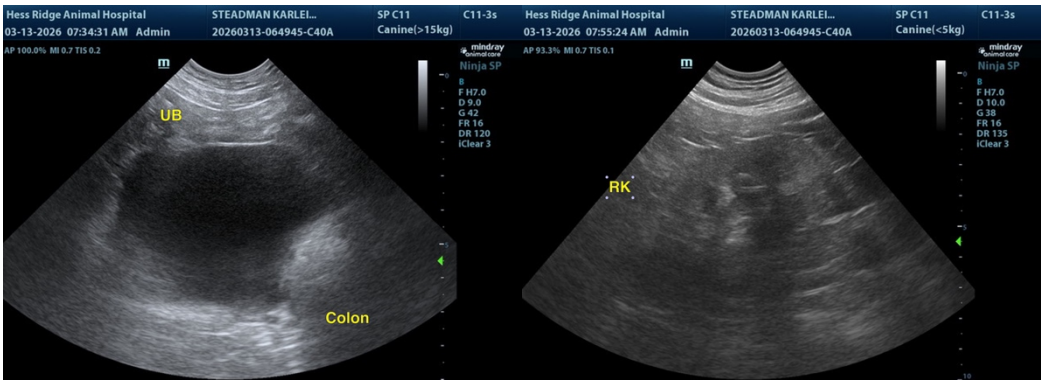
No omental masses, visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract and visualized colon
- Mild splenomegaly
- Borderline hepatomegaly
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepato-splenic presentation is most consistent with benign criteria with considerations including sedation, i.e. dexdomitor hyperplasia, hematopoiesis, vacuolar hepatic changes, breed associated hypersplenism without overt evidence of neoplastic criteria which is considered unlikely. No evidence of intraabdominal mass or overt abdominal pathology as a definitive cause of the patient's clinical signs. Further assessment may include a GI panel (PLI/TLI/Cobalamin/Folate) adrenal screening, and +/- leptospirosis titer/PCR. Gastrointestinal support which may include dietary trial, high colony count probiotic such as Proviable and empirical deworming despite fecal testing may prove beneficial. Screening 3-view chest radiographs suggested if not done.



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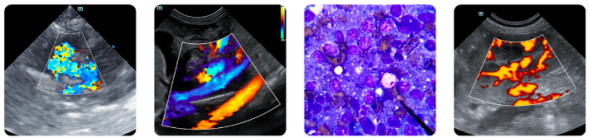

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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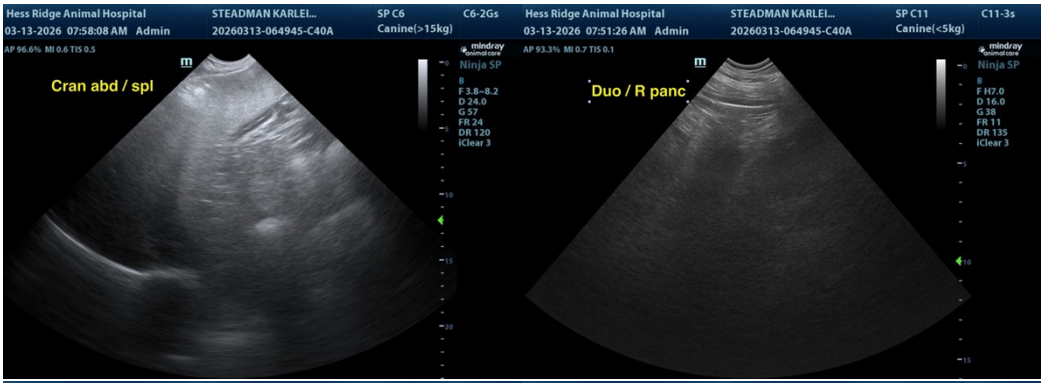

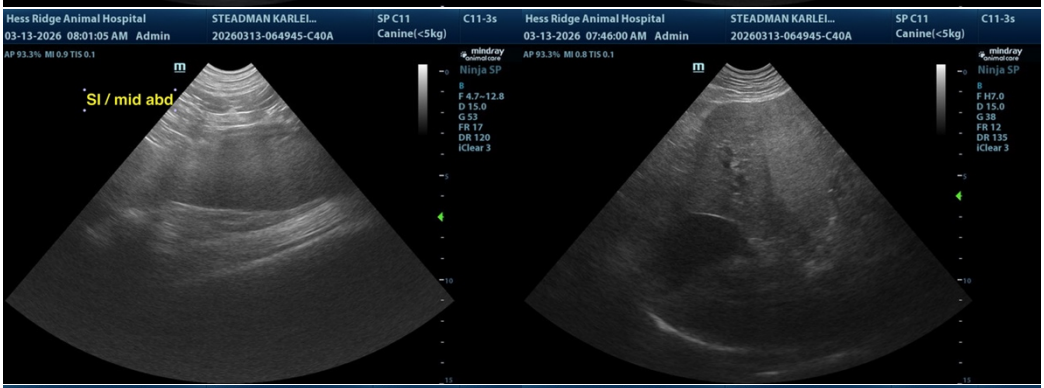

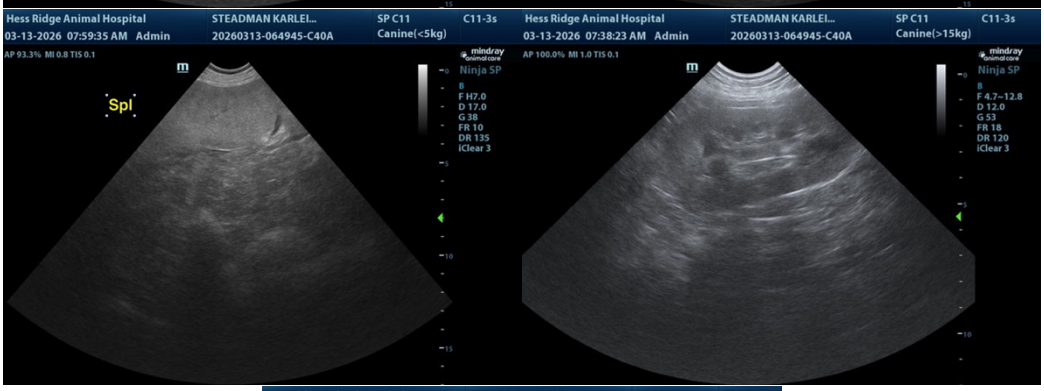

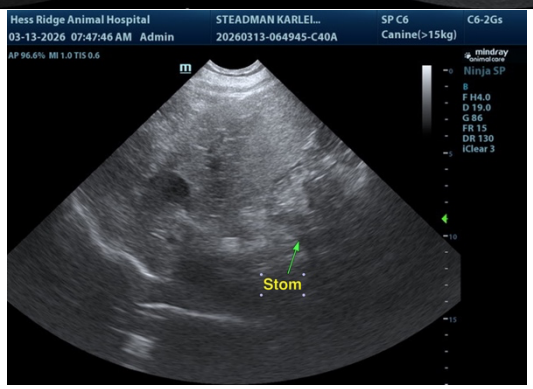

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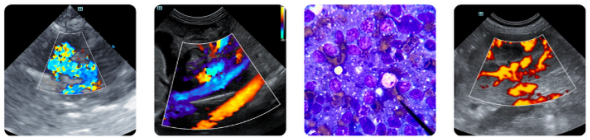

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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