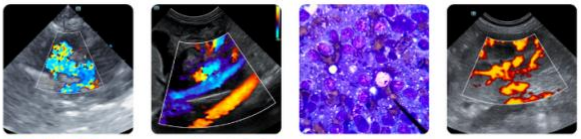


PATIENT

Buddie Peterson

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

25.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Glra

HOSPITAL NAME

Aspen Animal Clinic

REFERRING VET

Dr. Ross

INVOICE

14690

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- Pertinent History
- Buddy has a history of a sensitive stomach and experiences intermittent bouts of diarrhea approximately once q 3 months. He has required medication for this in the past.
- Significant Weight Loss (~10%)
- Heart Murmur (Grade 3-4/6) – The murmur has audibly increased in intensity since the last examination. Currently, there are no clinical signs of congestive heart failure, such as coughing or exercise intolerance.
- Advanced Periodontal Disease - needs dental

Abnormal PE/Chem/CBC/UA Results: ALT 132 18 - 121 U/L AST 23 16 - 55 U/L ALP 554 5 - 160 U/L GGT 22 0 - 13 U/L CBC wnl , 4DX negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary border demarcation was also present. The left kidney measured 7.5 cm in length. The right kidney measured 7.1 cm in length. Intermittent cortical cysts were present.

Adrenal Glands

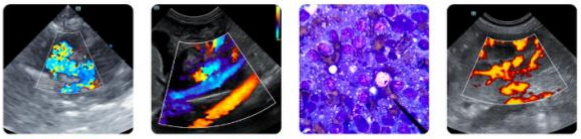
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.89 cm width in the caudal pole. The right adrenal gland measured 0.80 cm width in the caudal pole.

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 mildly enlarged in size. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to variable parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with nonthickened hyperechoic walls. A solitary nonobstructive choleolith was present measuring approximately 2.0 cm in diameter in the area of the gallbladder neck. 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. Mildly thickened nonobstructive pyloroduodenal junction wall with indistinct wall layering measuring approximately 1.9 cm in diameter.

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. The duodenum wall measured 0.60 cm wall width. The jejunum wall measured 0.40 cm wall width.

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

Pancreas

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

Free Abdomen

Nonenlarged to minor prominent jejunal 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

- Enlarged nonhomogenous liver- chronic vacuolar or inflammatory hepatopathy, hyperplasia, fibrosis, nonobstructive cholestasis, occult neoplasia are all potentials.
- Nonobstructive choleolith with possible mild chronic cholecystitis.
- Nonobstructive thickened pyloroduodenal junction with overall structurally unremarkable small intestine.
- Semi formed fecal matter in colon.
- Possible chronic pancreatitis with remodeling.
- Chronic renal changes exhibiting cortical cysts.
- Intermittent minor jejunal lymphadenopathy- subjective benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology is warranted for initial clarification, while gold standard hepatic biopsies for histopathology are likely required for a definitive diagnosis. Upper gastrointestinal endoscopy is warranted if concurrent upper gastrointestinal signs are non-reported or arise.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.

Hepatosupportive medications with sonographic reassessment of the gallbladder if progressive cholestasis may prove beneficial. Dietary trial, high colony count probiotics such as Proviable,

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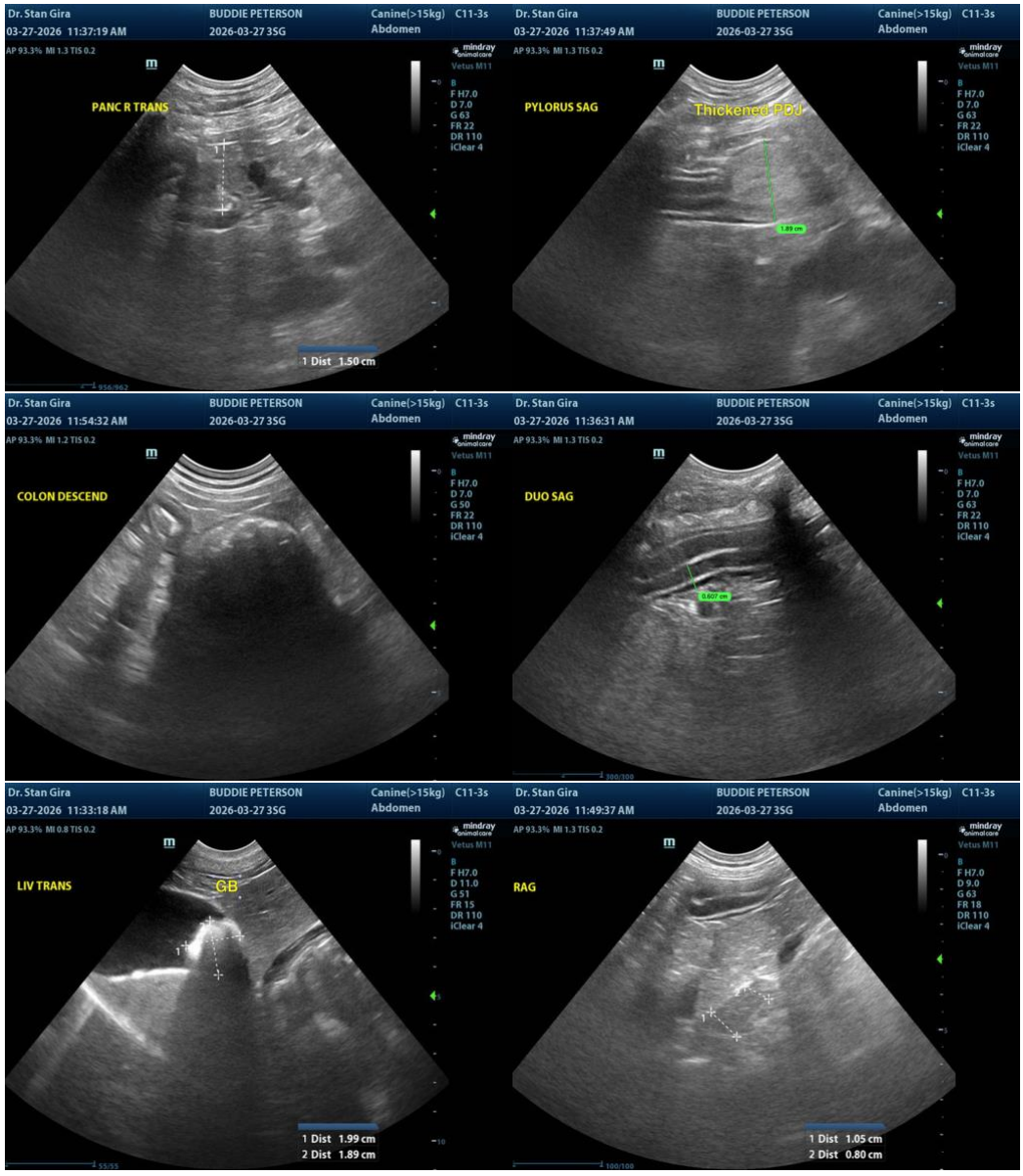
empirical deworming and cobalamin supplementation with concurrent gastroprotectants may be considered if recurrent gastrointestinal signs.



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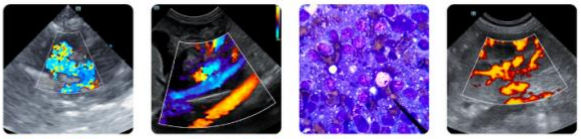

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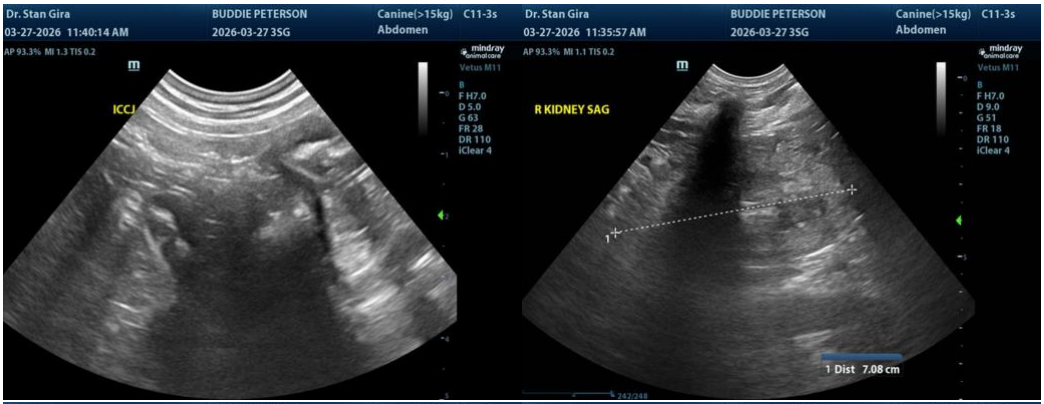

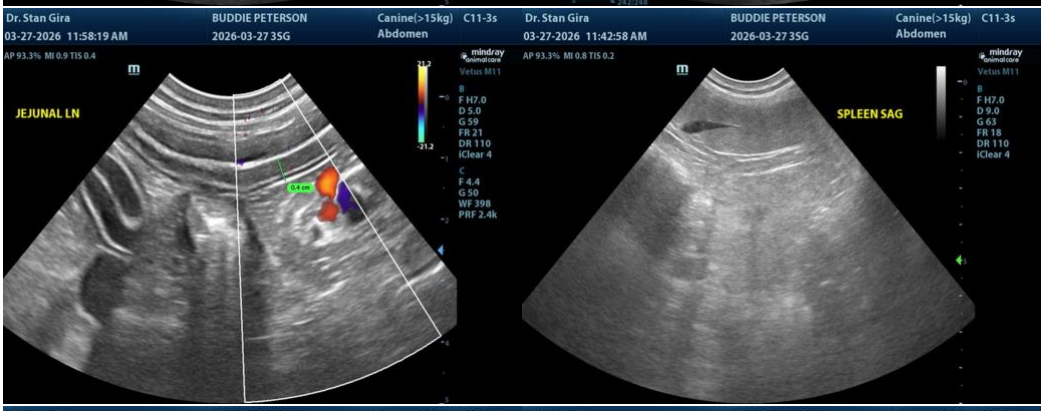

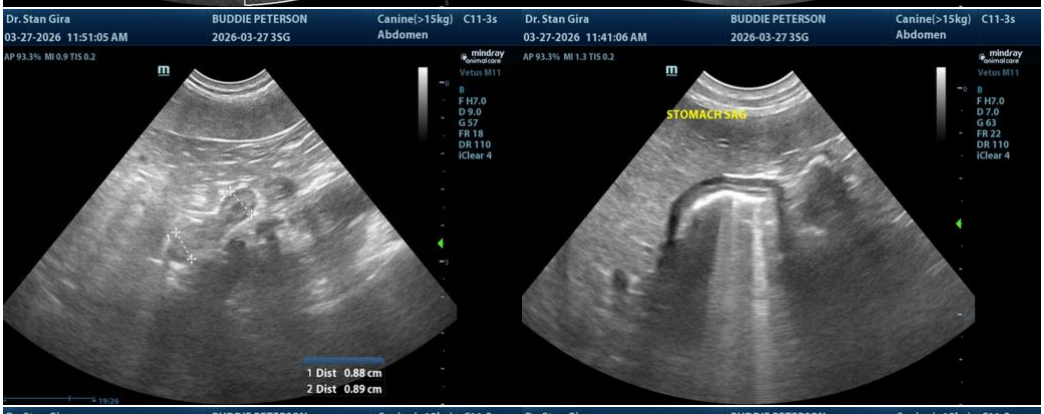

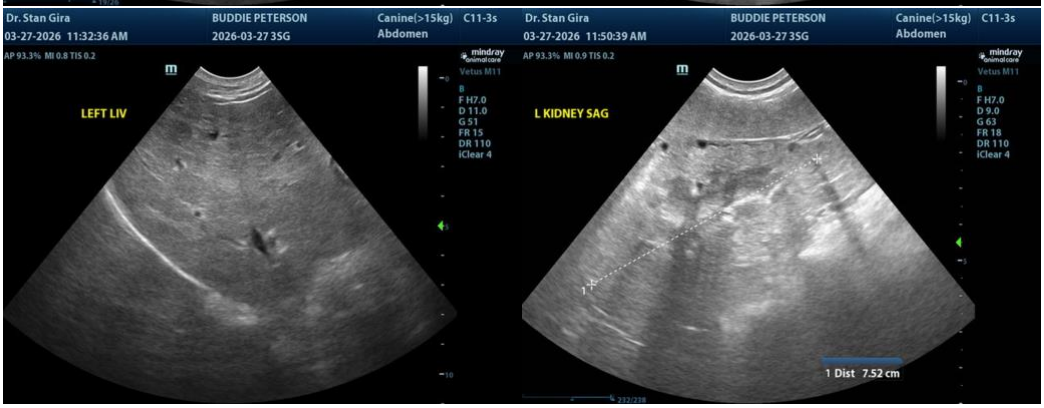

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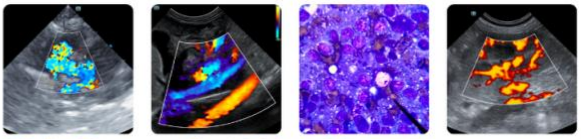

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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