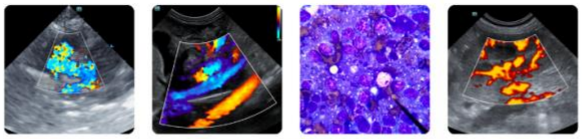


PATIENT

Ralphie Ballins

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Neutered Male

AGE

2015

WEIGHT

58.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary Hospital

REFERRING VET

Dr. Wimer

INVOICE

14762

DATE

03/31/26

PRESENTING CLINICAL SIGNS

Decreased appetite. Liquid diarrhea. Vomiting, increased thirst.

Medication: metoclopramide

Labs: ALP 227, ALT 122, Albumin 1.5, White blood cell 25.1

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 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 7.2 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole.

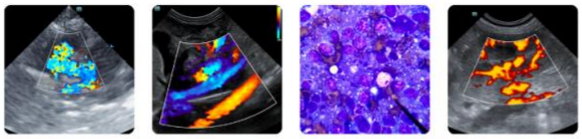
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mildly distended with overtly normal visible wall. The stomach contained strongly shadowing content exhibiting mild near field hyperechogenicity extending into the area of the pylorus. The area of strongly shadowing gastric content measured 3.3 cm in diameter.

The small intestine presented intact prominent to mildly thickened wall owing to propensity for prominent to mildly thickened mucosa. Subjective decreased mucosa echogenicity exhibiting segmental mildly hyperechoic intestinal mucosal speckling to fogging. Concurrent segmental primarily jejunal corrugation and variable jejunal ileus containing retained fluid and nonspecific mildly nonhomogenous to hyperechoic content including hyperechoic lumen echo. Concurrent empty small intestinal segments suspected distal to the intestinal ileus was also visualized.

Normal visible colon wall layers were present with subjective mild distention and containing variably formed fecal matter with nonformed fecal matter in the proximal colon and soft fecal matter in the transverse to descending colon.

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

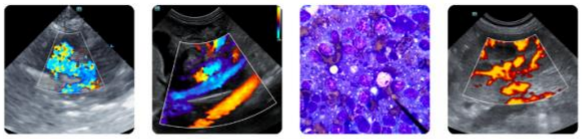
Multiple variably enlarged to irregular swollen hypoechoic mesenteric lymph nodes were present. Primarily peri-intestinal to perilymphatic generalized mildly hyperechoic omentum. No overt significant peritoneal effusion. Some lymph nodes exhibited abnormal width to length ratio (< 0.5) with an example measuring 3.5 cm by 1.9 cm.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric content- consistent with gastric foreign material.
- Diffuse enteropathy exhibiting variable segmental intestinal ileus corrugation and mild hyperechoic mucosal speckling/fogging, concurrent empty small intestinal segments.
- Variable formed fecal matter in colon.
- Variable irregular to swollen nonhomogenous to hypoechoic mesenteric lymph nodes, perilymphatic/peri-intestinal to generalized hyperechoic omentum.
- Hepatopathy with mild gallbladder debris (non-mucocele).
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing gastric content is consistent with foreign material given no evidence of retained barium on provided recent radiographs. Segmental partially obstructive to indistinct intestinal foreign material is highly suspected. This warrants exploratory laparotomy with expectation toward gastrotomy and potential enterotomy. However, concurrent primary gastrointestinal disease with considerations including inflammatory, infectious or neoplastic etiologies with associated mesenteric lymphatic reactive hyperplasia, lymphadenitis or metastatic lymphadenopathy are also probable.



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Assuming normal clotting status, initial screening hepato-lymphatic FNA cytology to assess for neoplastic criteria could be considered. Intestinal and lymphatic biopsies at time of surgery are considered essential yet albumin level less than 2.0 is a potential complicating factor. Perioperatively, some or all of the following protocol is recommended with monitoring of albumin level. Guarded prognosis indicated.

Part or all of this protocol may be considered based on your clinical impression of the patient:

OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitary effusions, monitor concurrent PLN and liver disease:
Plasma 10 mL / kilogram IV over 4 hours
Or **Human albumin** 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day
And Colloids/Hetastarch
10 to 20 mL per kilogram per day and dogs
10 to 15 mL per kilogram per day cats
(Can bolus first 1/3 of dose over 15 minutes)
& maintain on LRS maintenance otherwise.
High colony count probiotic Proviable or Visbiome
Famotidine 1 mg/kg Iv Im po dc Sid /bid
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po TID
Diet: Highly digestible high-quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.
Prednisone or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg SID. **Chlorambucil** in refractive severe IBD/alimentary lymphoma cases (monitor CBC for rare bone marrow suppression) 4 mg/m^2 Q 24-48 hours.
Cobalamin (B12) 250-1500 ug/dog weekly x 6 weeks.
Calcium supplementation if necessary.
Aspirin 0.5-1 mg/kg/day **or Clopidogrel** (Plavix) 1-5 mg/kg/day.

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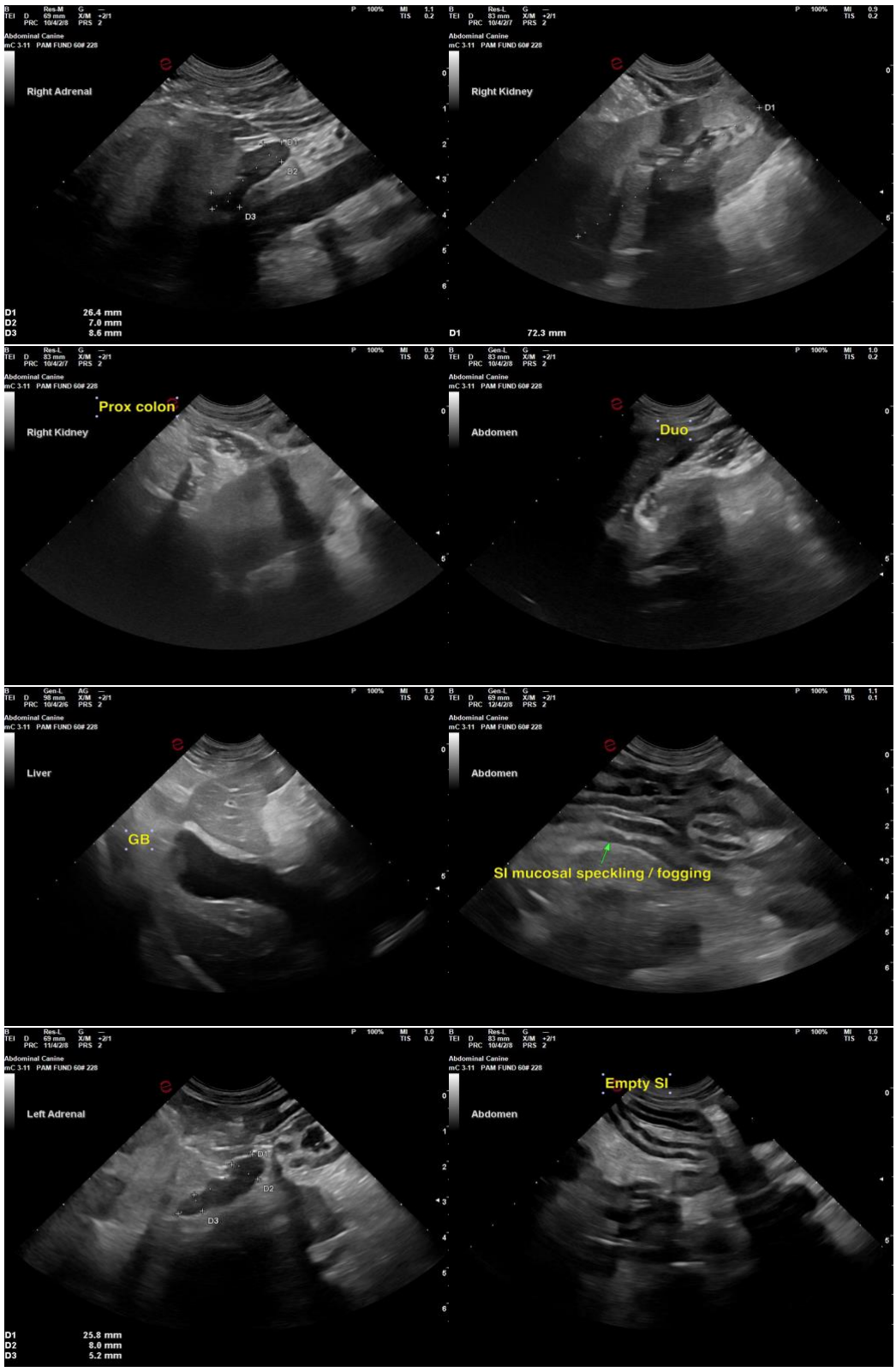

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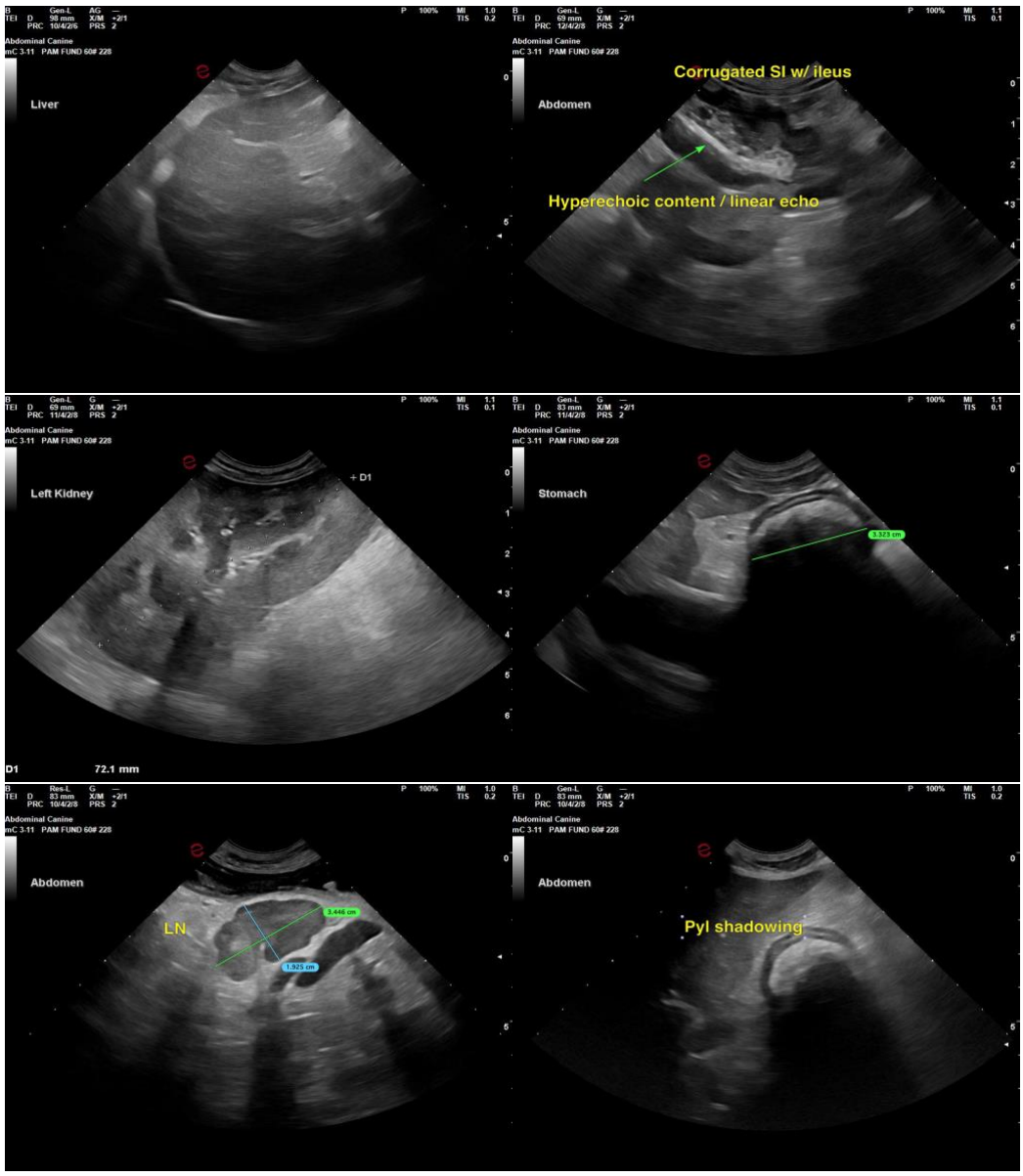

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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