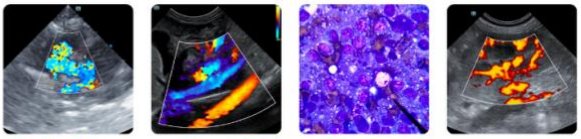

PATIENT

Charlie Morgan

SPECIES

Canine

BREED

Aussie

SEX

Neutered Male

AGE

10 Years

WEIGHT

30.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

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INVOICE

15127

DATE

04/15/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate anemia. Went to pDVM for vomiting a few weeks ago. Bloodwork at time showed anemia. Owners got home from vacation and noticed gums are more pale. Presented to the ER yesterday to have anemia rechecked. PCV decreased from 31% to 21% in the last few weeks. Mild hypoalbuminemia also noted. O's report stable at home, eating, drinking, acting normal for him.

Meds: Omeprazole 20 mg po bid (owner was giving only once a day but we increased it back up). Sucralfate - 1 g po tid. Sucralfate held day of ultrasound.

Abnormal PE/Chem/CBC/UA Results: CBC - HCT 20% L, HGB 6.1L, MCHC 30.1, WBC - 22 x 10^3, Neut - 19.75 x 10^3, RBC 4.68 L, normal platelet count Chem/EPOC - Alb - 2.1L, Ca 8.9, Glu 137, TP 4.9, Lac 5.0, pH 7.322, BE - -7.9

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.

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 with no evidence of pelvic dilation. The left kidney measured 6.1 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

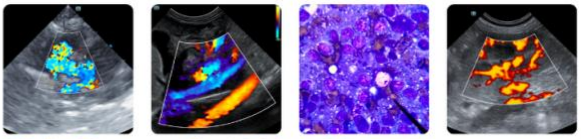
The adrenal glands presented normal in size, position and shape. The left adrenal gland measured 0.44 cm width at the caudal pole. The right adrenal gland measured 0.44 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mid to caudal mild swollen hypoechoic mildly nonhomogenous parenchyma with mild associated primarily symmetrical splenic capsule distortion. No evidence of capsular escape. The area of the hypoechoic splenic swelling measured approximately 4.2 cm x 1.7 cm. No obvious thrombus at the level of the splenic hilus. Color doppler assessment of the spleen revealed confirmed blood flow within the cranial spleen without overt evidence of blood flow within the hypoechoic to swollen area of the spleen. Scant perisplenic effusion was present.

Liver & Gallbladder

The liver presented subjective mildly 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



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in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 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.

Segmental mid-abdomen intestinal mass was present exhibiting variably thickened corrugated intestinal wall with indistinct to loss of associated intestinal wall layer detail. The mass measured approximately 5.0 cm length x approximately 2.0 cm in diameter. The remainder of the small intestine exhibited intact walling with overall maintained wall layer ratio. Empty intestinal lumen without obstructive pattern to level the colon.

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 visualized significant or swollen mesenteric lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Nonobstructive segmental small intestine mass.
- Regional swollen hypoechoic spleen- splenic infarct with potential for neoplasia.
- Nonspecific noncongested hepatomegaly.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation profile is recommended given potential splenic infarction. If normal clotting status and using a 25-gauge needle, FNA cytology of hypoechoic to swollen spleen +/- screening hepatic cytology despite lack of reported hepatic enzyme elevations is recommended. The segmental intestinal mass is most suggestive of neoplastic criteria with non-neoplastic etiology i.e. inflammation, infection, granulomatous disease, etc. thought less likely.

If no pathology on three view chest radiographs with adequate hematocrit and normal clotting status, splenectomy, resection anastomosis of pathological intestine +/- hepatic biopsies and histopathology could be considered.

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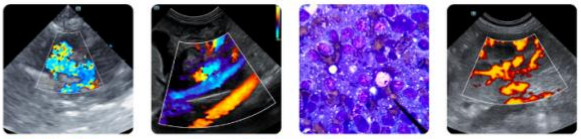

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SonoPath.com info@sonopath.com 1.800.838.4268

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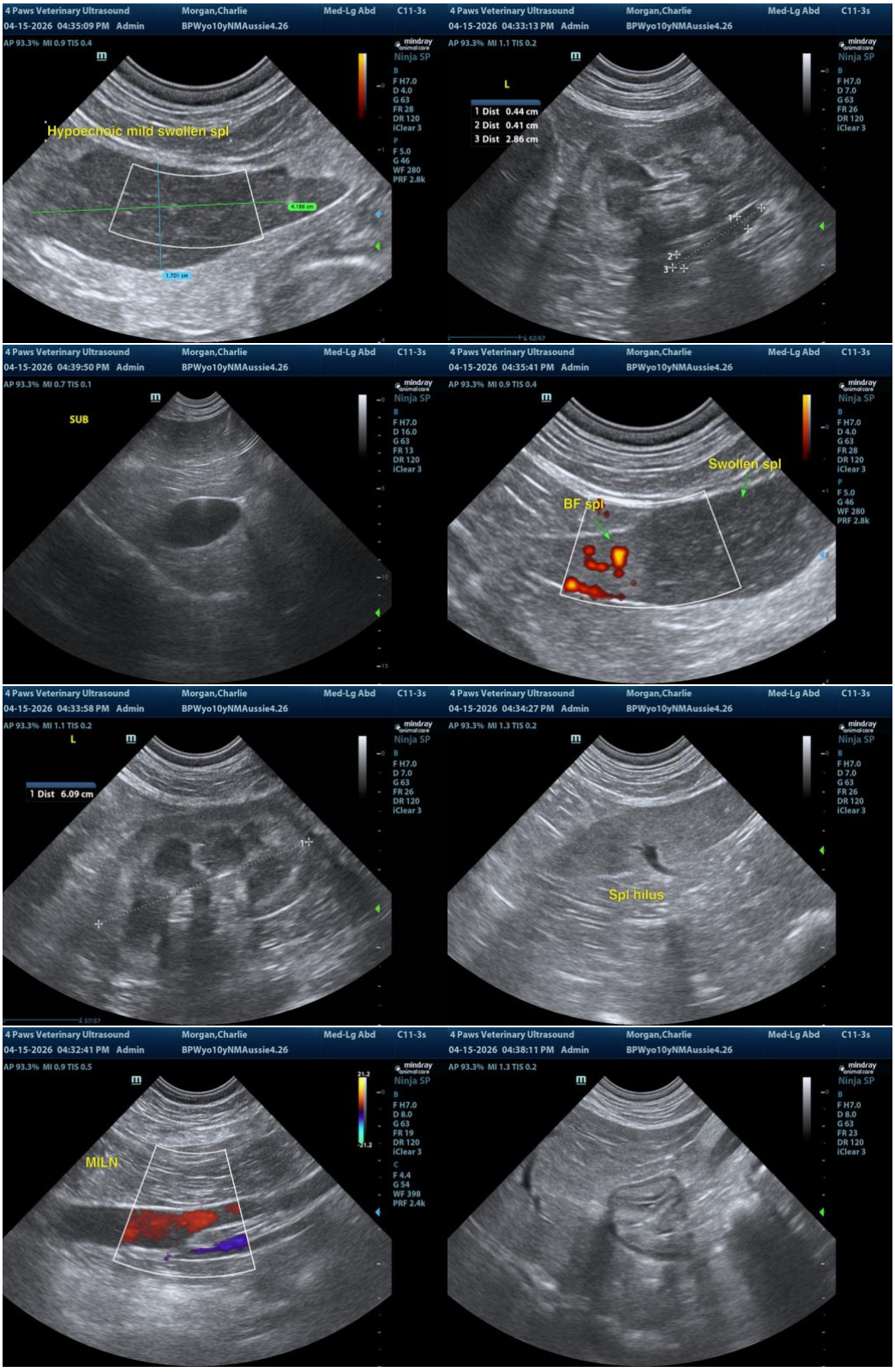

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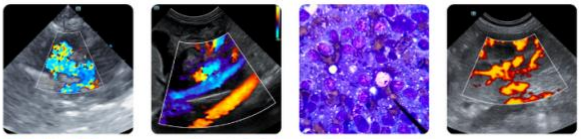

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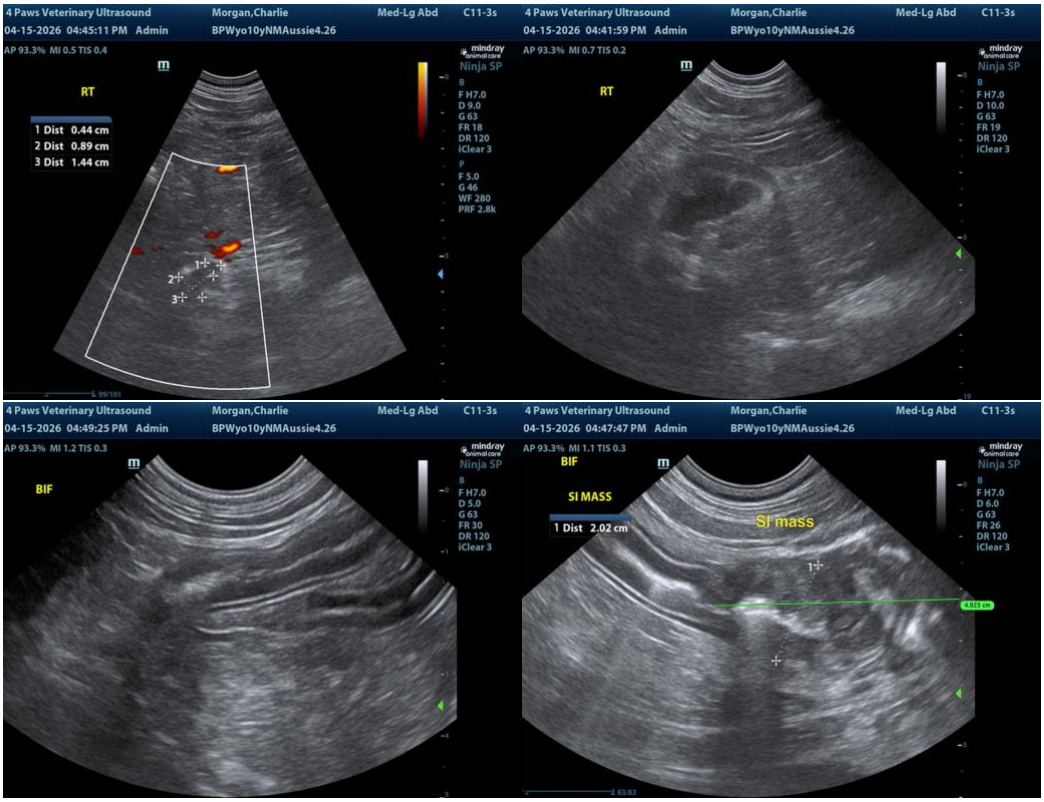

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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