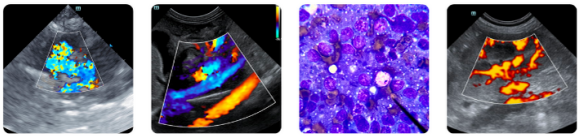


PATIENT

Mackenzie Budish

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

14y 8m

WEIGHT

41.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

Dr. Baker

INVOICE

13369

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History: Low appetite, vomiting, weight loss

Meds: Entice, Cerenia

Abnormal PE/Chem/CBC/UA Results: Mono 1.13, REHC -HGB 21.6, MCV 55.7, PDW 8.6, phos 2.4 UA protein 1+, RBC 4-10, bacteria none, USG 1.008

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.

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 4.9 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

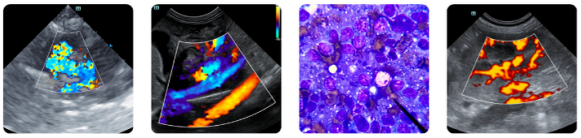
The left adrenal gland was mild asymmetrically enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 1.3 cm width in the caudal pole. The right adrenal gland was indistinctly visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, non-capsule deforming, symmetrical, hyperechoic nodules were present with an example measuring 1.2 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was subjectively normal in size, structure, and contour. 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 echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained mild retained fluid with no evidence of obstruction to pyloric outflow. Stomach wall measured 0.63 cm.

The small intestine presented borderline thickened wall exhibiting mild to altered wall layer ratio owing to propensity for mildly thickened to hyperechoic submucosa and mildly prominent muscaris layer. Mild segmental jejunal corrugation with generalized empty lumen to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

Mid to ventral abdomen thinly walled cyst vs cystic lymph node was present containing anechoic fluid and measuring 4.6 cm x 2.2 cm. No evidence of additional cysts, enlarged lymph nodes or peritoneal effusion.

PRIMARY FINDINGS

- Mildly thickened hypomotile stomach
- Nonspecific enteropathy exhibiting segmental jejunal corrugation
- Sonographically normal area of pancreas
- Mild chronic renal changes
- Mildly enlarged non-homogeneous left adrenal gland
- Solitary, benign omental cyst vs cystic lymph node

SECONDARY FINDINGS

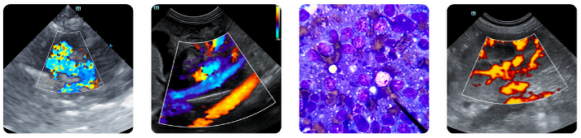
- Mild gallbladder debris (non-mucocele)
- Hyperechoic splenic nodules – most consistent with probable benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory gastroenteropathy, mild pancreatitis, dietary intolerance or food hypersensitivity, emerging to occult gastrointestinal neoplasia or other gastroenteropathy possible. No evidence of mechanical gastrointestinal obstruction. A GI panel to include PLI/TLI/Cobalamin/Folate combined with 3-view chest radiographs to assess for occult disease is recommended. Gastrointestinal biopsies likely required for definitive diagnosis. Gastrointetsinal support which may include long-term novel protein or hydrolyzed diet, as needed gastro protectants and empirical deworming despite fecal testing may prove beneficial.

The left adrenal gland is nonspecific and may indicate mild benign or age-related hyperplasia, adenomatous change which emerging left adrenal tumor not definitively excluded. Monitoring of systemic BP for evidence of hypertension as well as sonographic monitoring of the left adrenal gland for evidence of progressive enlargement in conjunction with monitoring of the gastrointestinal tract is recommended.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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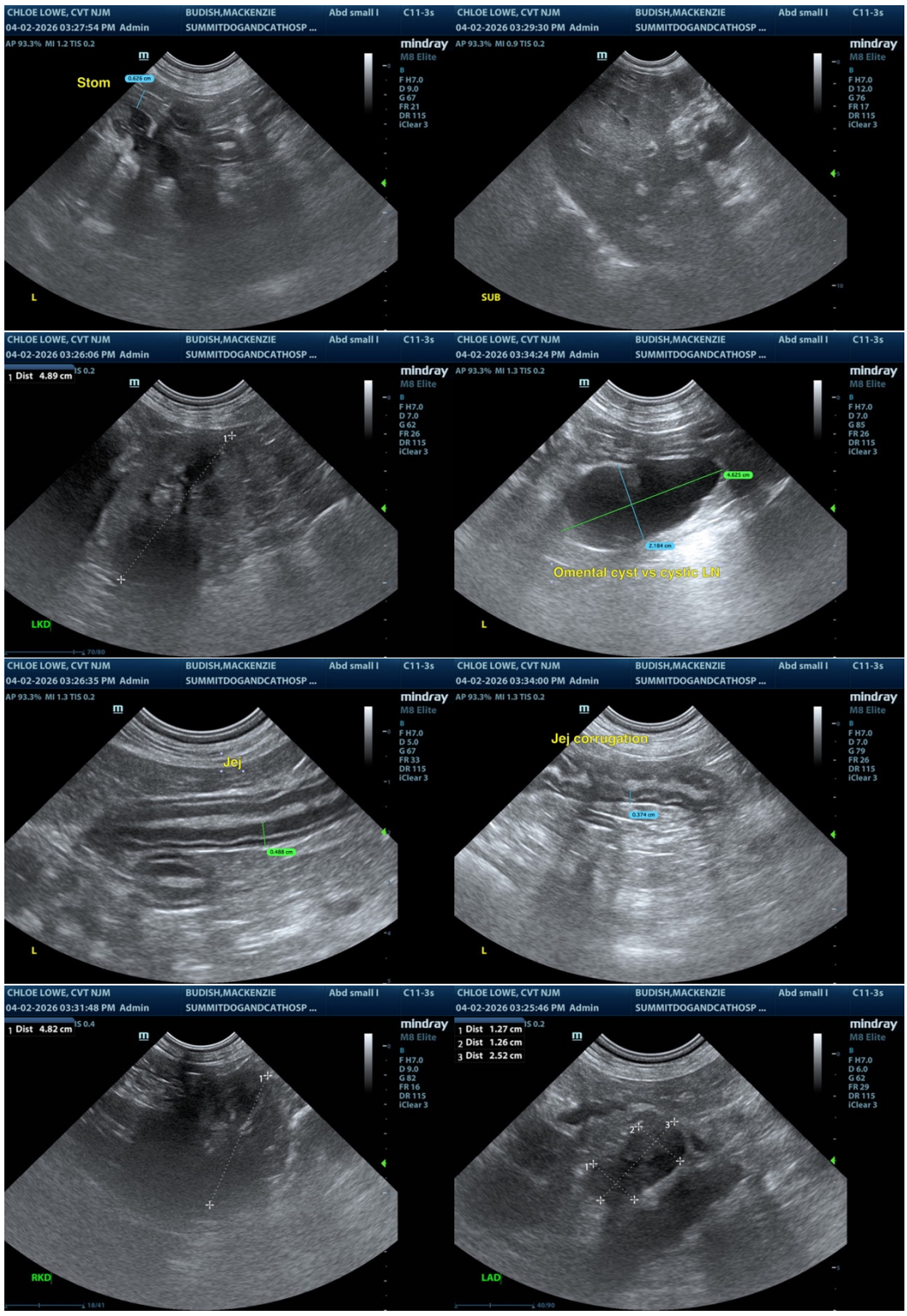

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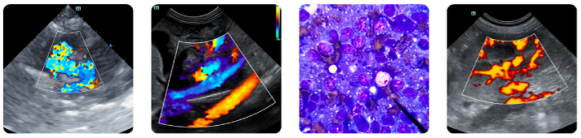

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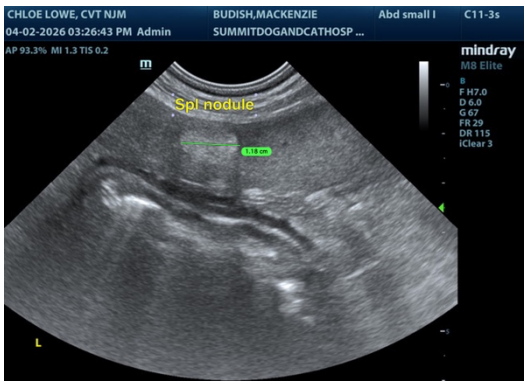

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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