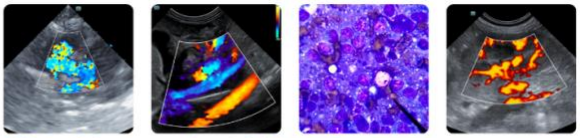


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Ena Toth-Daniels

SPECIES

Canine

BREED

Collie

SEX

Spayed Female

AGE

9 Years

WEIGHT

64 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street Animal Hospital

REFERRING VET

Dr. Bretschneider

INVOICE

15400

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Persistent intermittent vomiting and weight loss. is eating well and not vomiting food but will vomit foam with mucus. ABNORMAL Labwork Values Baseline CBC and Chemistry are normal Current Medications bland food, starting Cerenia Radiographic Findings none

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.

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 7.5 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild capsule asymmetry was present without suspicion for overt neoplasia and with nonhomogenous discretely nodular nonmineralized parenchyma. The left adrenal gland measured 2.9 cm length x 0.76 cm width in the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.7 cm length x 0.76 cm width in the caudal pole.

Spleen

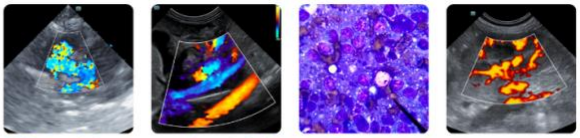
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented 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 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



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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.

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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract.
- Mild heterogeneous remodeled pancreas.
- Mild hepatomegaly.
- Mild gallbladder debris (non-mucocele).
- Mild age-related renal changes.
- Mild heterogeneous subtle nodular left adrenal gland- suspect mild adenomatous change or emerging benign hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation, which may potentially allude to chronic pancreatitis is recommended.

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.

More frequent feedings with a bland or hydrolyzed diet with as needed gastroprotectants may prove beneficial. The liver and left adrenal gland are non-specific and of unclear clinical significance given current clinical signs and no reported hepatic enzyme elevations. Monitoring for hepatopathy or clinical signs consistent with adrenal disease going forward with sonographic reassessment if clinically indicated is recommended.

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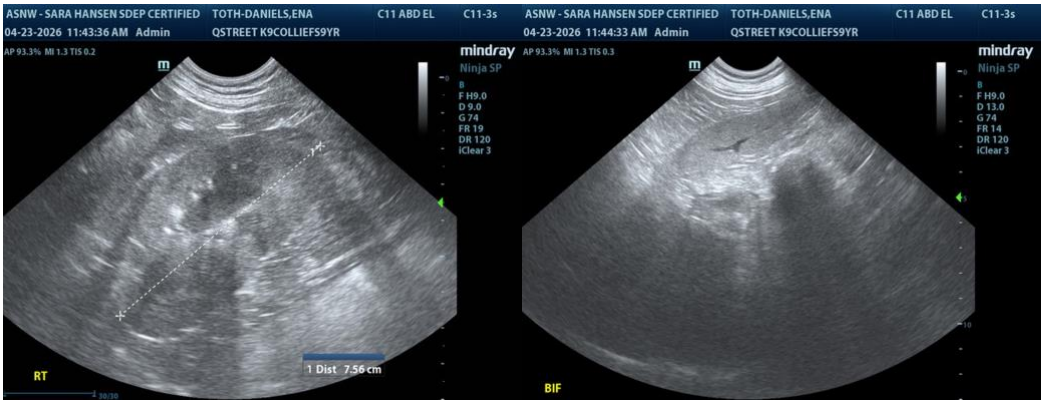

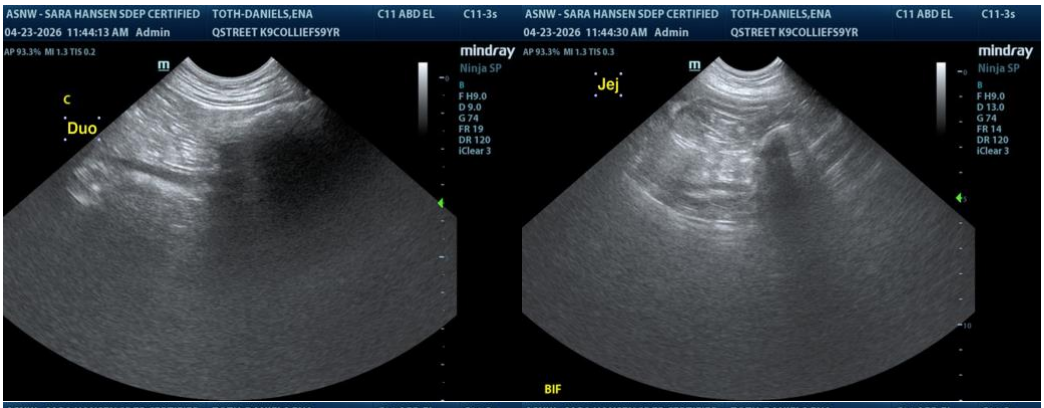

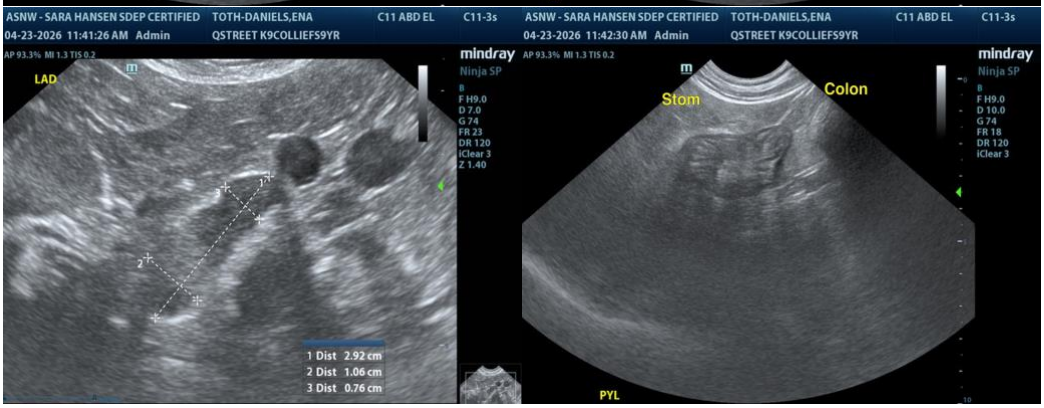

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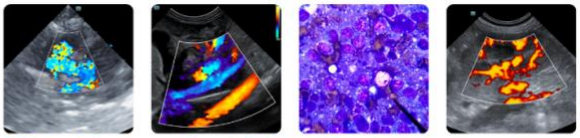

Clinical Sonography & Telecytology
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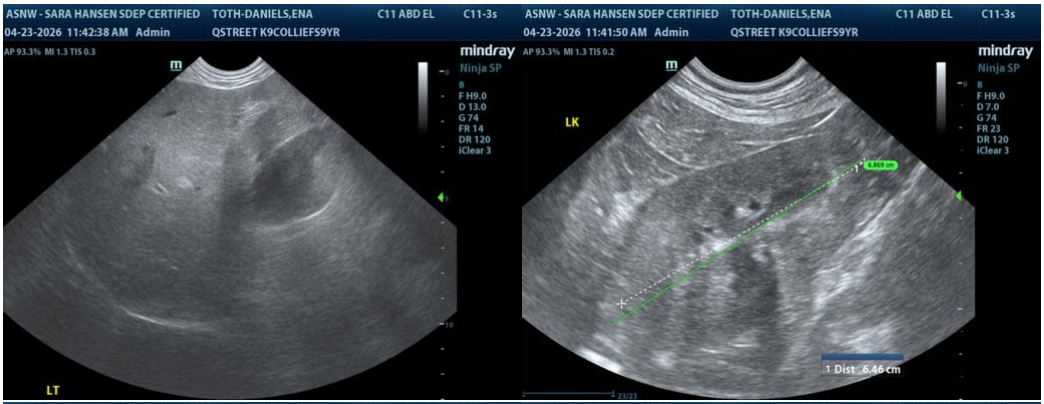

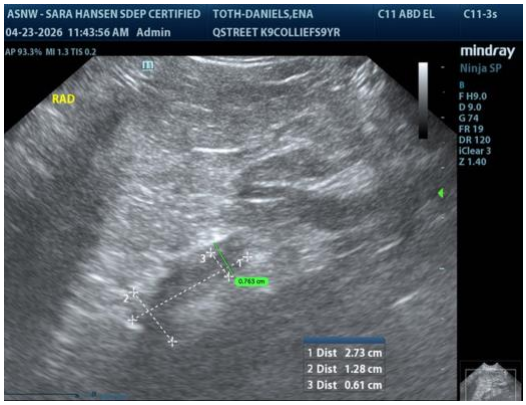

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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