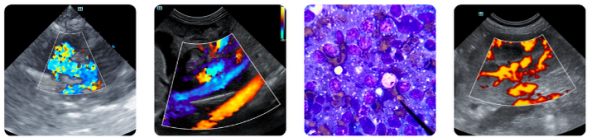

PATIENT

Bruce Senss

SPECIES

Canine

BREED

Lab X

SEX

Male Neutered

AGE

11.6y

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

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DATE

4/7/26

PRESENTING CLINICAL SIGNS

History: Hx of linear FB sx in January. Presented for lethargy today.

Abnormal PE/Chem/CBC/UA Results: Pending. CBC on abdominal fluid: WBC: 156, Neut: 76, Lymph: 28, Mono: 50.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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

No visualized medial iliac or sublumbar lymphadenopathy or masses.

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 7.0 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.54 cm width at the caudal pole.

Spleen

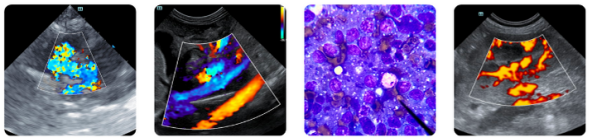
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

The liver was normal in size and contour with normal vascular volume. No evidence of hepatic congestion. Homogeneous, mildly hypoechoic parenchyma with mild increased prominent portal vascular borders. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was indistinctly visualized without evidence of gastric distention with retained ingesta, fluid or foreign material.



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The visualized segments of the small intestine exhibited intact wall layering with maintained wall layer ratio. Empty intestinal lumen with segmental, discrete, hypoechoic mucosal speckling. Minor segmental jejunal corrugation.

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

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic omental artifact.

Free Abdomen

Significant volume echogenic peritoneal effusion and generalized irregular to non-homogeneous hypoechoic omentum. Subjective ill-defined non-homogenous to hypoechoic ventral body wall lesions were present with an example measuring ~2-3 cm length x 1.1 cm width. No definitive significant or swollen mesenteric lymphadenopathy visible.

ULTRASONOGRAPHIC FINDINGS

- Significant volume echogenic peritoneal effusion irregular non-homogeneous hypoechoic omentum and subjective ventral body wall lesions
- Empty gastrointestinal tract with subjective nonspecific enteritis patter including mild segmental jejunal corrugation
- Normal volume mildly hypoechoic liver
- Sonographically normal spleen
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of gastrointestinal mechanical obstruction, obstructive pattern, foreign material or definitive mural pathology which may suggest over neoplastic criteria or intestinal perforation. Primary considerations for the peritoneal effusion and omental changes may include nonspecific peritonitis or neoplasia, i.e. carcinomatosis or similar. Pending lab work with assumption of normal albumin level, no evidence of hepatic passive congestion or significant hepatosplenic disease as well as no definitive visible evidence of intestinal mural disease or obvious pancreatitis that would be responsible for an effusion of this nature. Primary concern for neoplasia may be indicated. Correlation with effusion analysis, cytospin cytology to assess for evidence of sepsis vs neoplasia and +/- C/S if inflammatory component is recommended. If evidence of sepsis abdomen, direct exploratory laparotomy with gross inspection of the abdominal cavity and gastrointestinal tract given patient history may be indicated.

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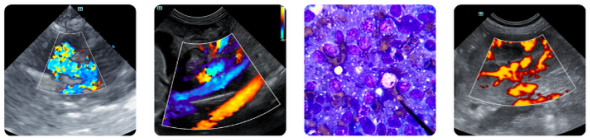

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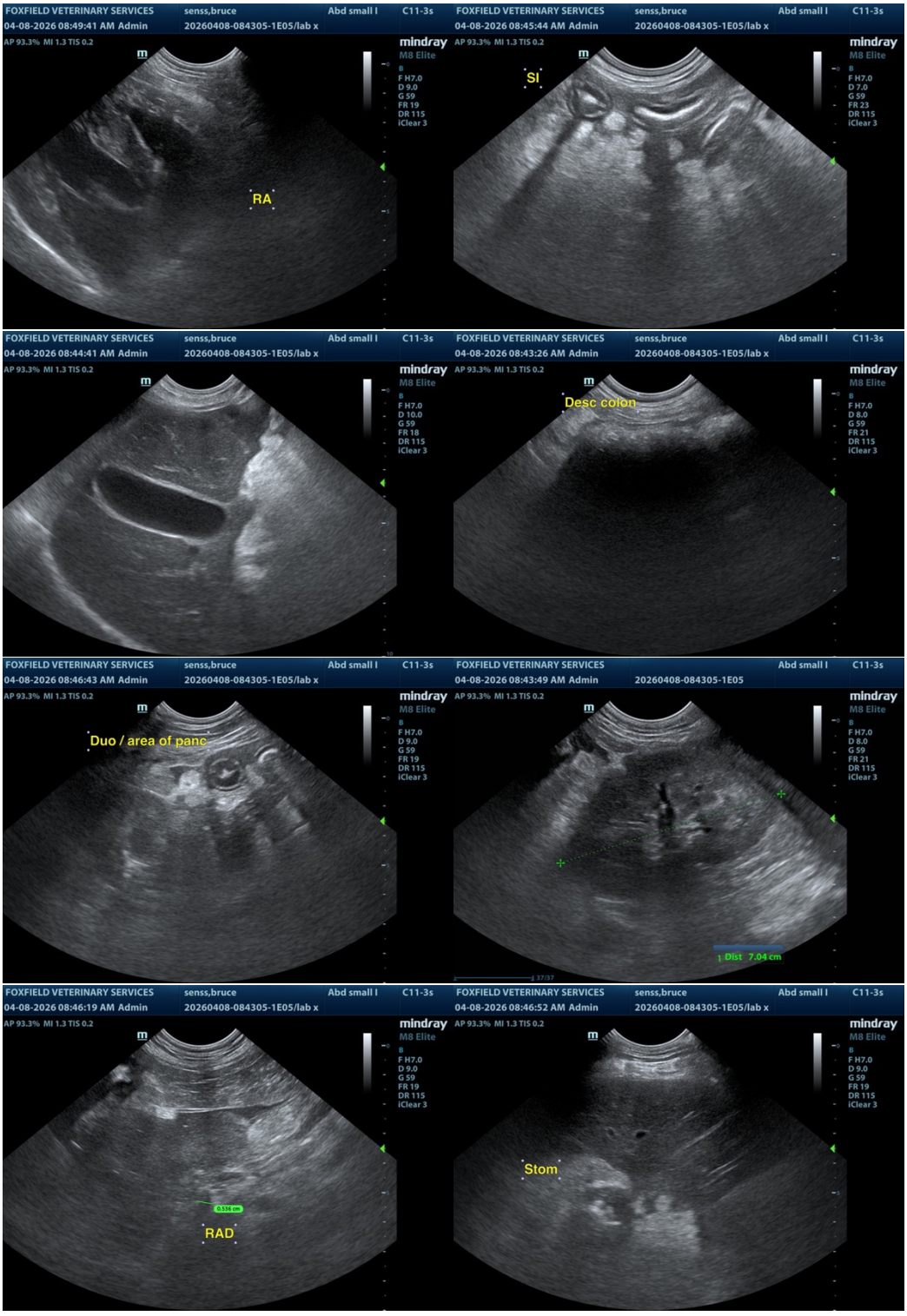

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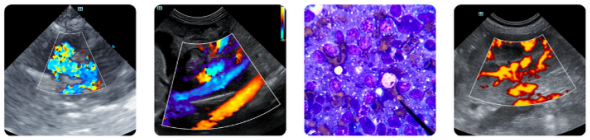

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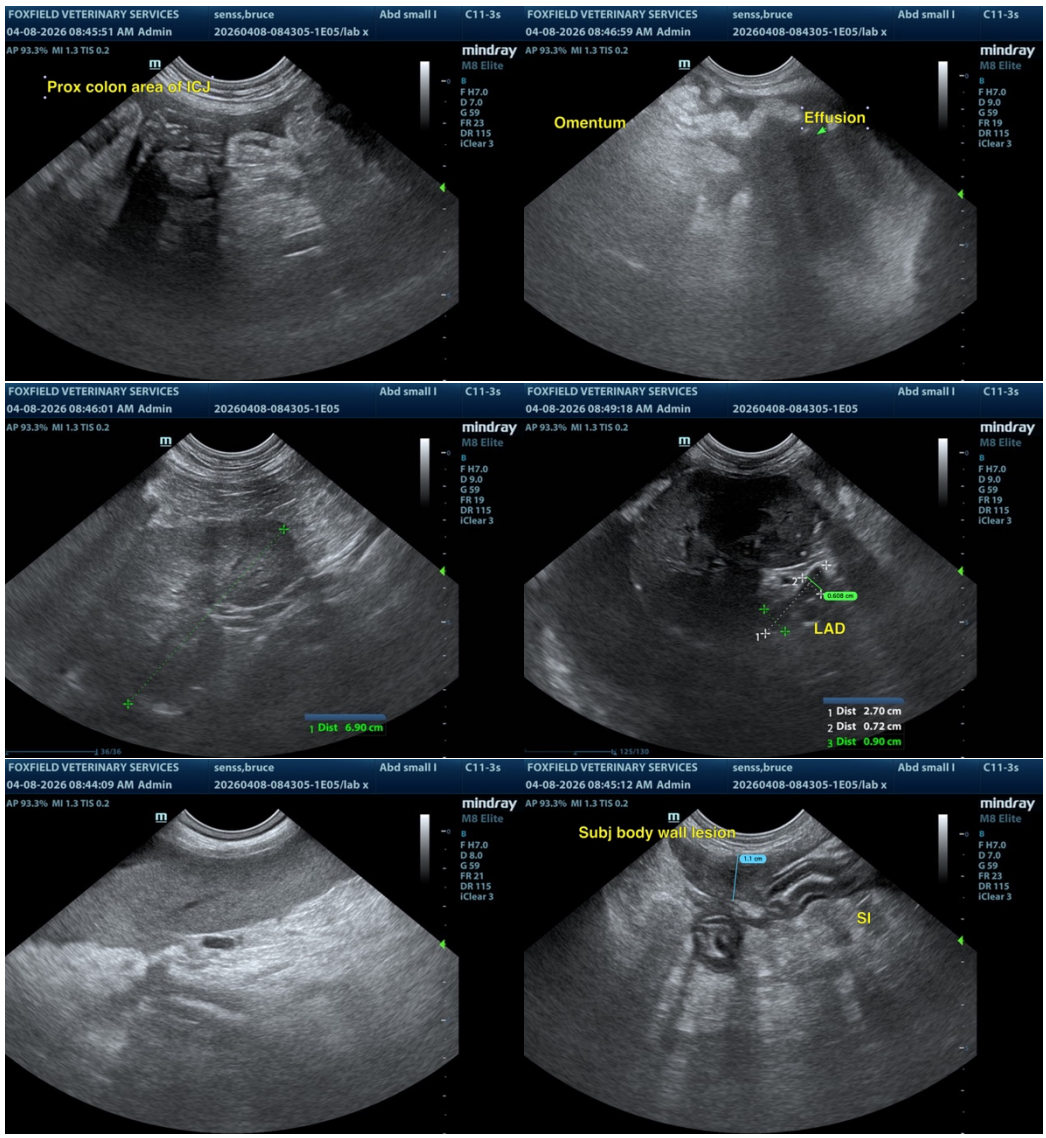

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com