



PATIENT

Kodi Perez

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

9 Years 4 Months

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Giuliani

INVOICE

16214

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Presented for vomit that started about a month ago, o noted v only after dry food, no vomit with wet; per o pt lost significant amount of weight (no previous wt to compare)

Abnormal PE/Chem/CBC/UA Results: wbc 45.7, neut 33.7, eos 6.44, alb 1.9; on pe moderate tartar, fluid filled intestinal loops

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.

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 5.5 cm in length. The right kidney measured 6.2 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 0.77 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

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 was mildly enlarged in size with symmetrical contour maintained. Homogenous mildly hypoechoic parenchyma compared to the spleen with a mild coarse echotexture. Mild prominence of the intrahepatic hyperechoic portal vascular borders. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 presented variably thickened wall primarily secondary to subjective variably thickened gastric mucosa. Intact to regional mild indistinct gastric wall layer detail and increased mucosa echogenicity. The stomach contained a mild to moderate amount of retained fluid without evidence of



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obstruction to pyloric outflow. The gastric body wall measured 0.78 cm wall width. the pylorus wall measured 0.9 cm wall width.

The duodenum and segmental jejunum exhibited borderline thickened to irregular wall layering with decreased mural echogenicity. Intact to indistinct wall layer detail and potential areas of emerging duodenojejunal ulceration. Non-obstructive, primarily mild duodenal segmental jejunal ileus. The abnormal duodenum wall measured 0.55 cm wall width. The abnormal jejunum wall measured up to 0.59 cm wall width. By comparison, the segmental normal appearing jejunum exhibited intact wall layering and maintained wall layer ratio with empty jejunal lumen measuring 0.47 cm wall width.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The pancreas presented mildly prominent in size with mild capsule asymmetry and mild nonhomogenous remodeled parenchyma with mildly prominent pancreatic duct.

Free Abdomen

A solitary to intermittent mildly swollen hypoechoic to nonhomogenous mesenteric lymph nodes were present primarily visualized in the subjective cranial abdomen with an example measuring 2.3 cm x 1.7 cm. Mild peri-intestinal to perilymphatic hyperechoic omentum with no obvious evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Thickened irregular stomach, duodenum and segmental jejunum exhibiting nonobstructive gastric/segmental intestinal ileus and possible emerging intestinal ulceration.
- Suspect concurrent chronic pancreatitis.
- Mildly enlarged hypoechoic liver.
- Focal to intermittent mildly swollen nonhomogenous hypoechoic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory, infectious, granulomatous or neoplastic etiology is possible for the gastrointestinal and lymphatic presentation in conjunction with chronic pancreatitis with primary concern for gastrointestinal, lymphatic and potential hepatic neoplastic criteria is warranted.

Further assessment may include (assuming normal clotting status) screening hepatic and if accessible lymph node FNA cytology. A definitive diagnosis would likely require endoscopic or surgical gastrointestinal, lymphatic +/- hepatic biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs and CBC pathology review are warranted. Gastrointestinal support pending additional diagnostics are indicated. A guarded prognosis is indicated.



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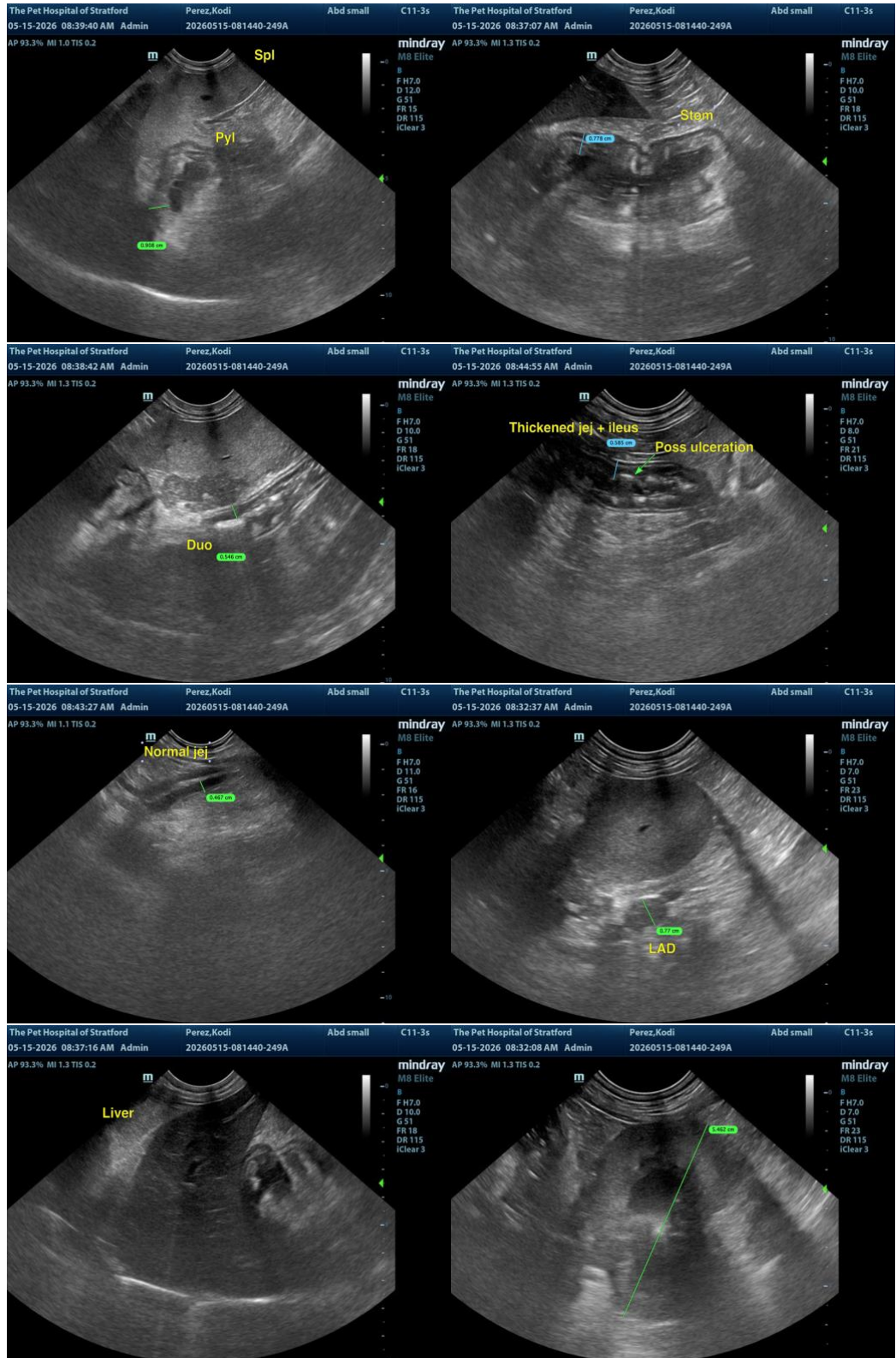
Dr. Giuliani

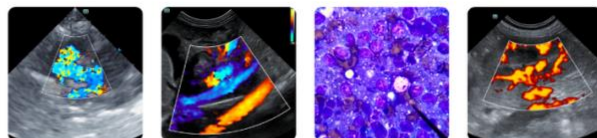
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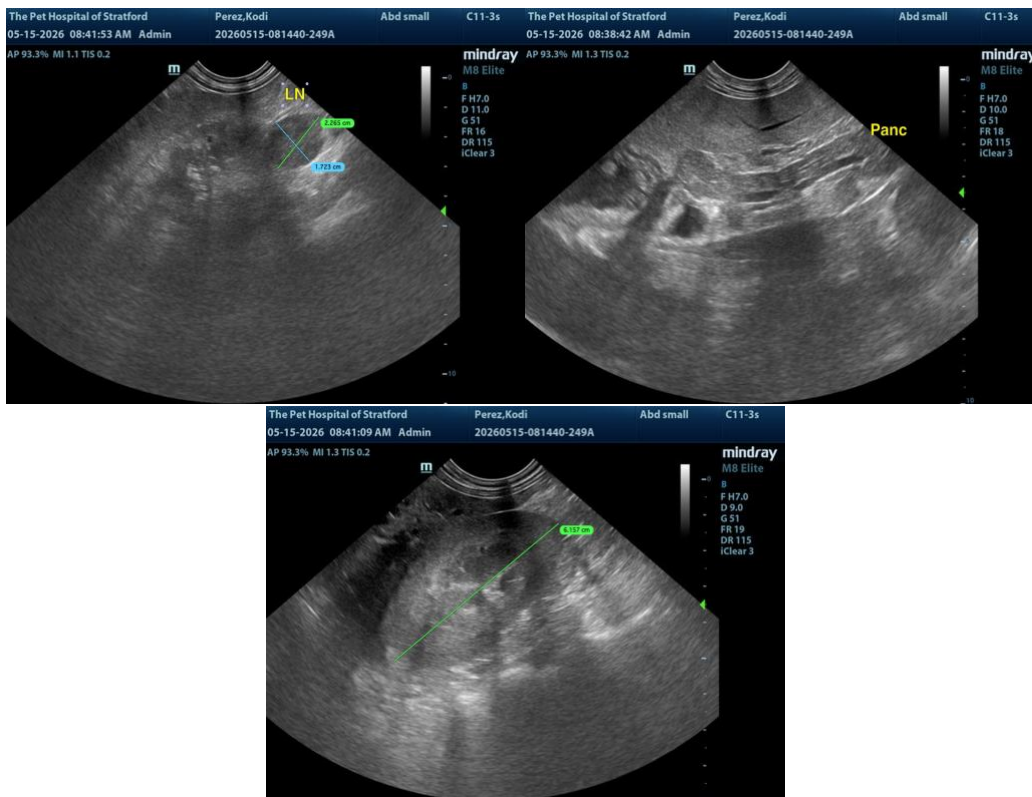
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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