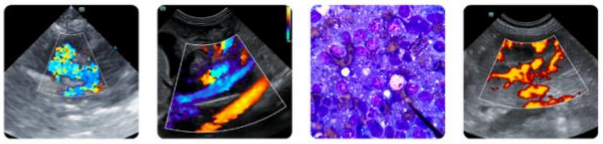


PATIENT

Charlie Moser

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

15.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

16521

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Presented for approximately 2-week history of lethargy, hyporexia/inappetence, intermittent vomiting, progressive weight loss (~4.4 kg since December), smaller/frequent stools, and history of pica/rock ingestion. Last vomiting episode May 24, 2026. Historical darker stool reported. Possible seizure episode approximately 2 weeks ago; history of previous seizures, currently untreated.

Physical examination: QAR/lethargic Mild dehydration (~5%) Grade II/VI systolic murmur Mild dental disease BCS 3/5 Diagnostics: CBC/Chem: Mild neutrophilia Mild lymphopenia Marked thrombocytopenia (PLT 56) Microcytosis/hypochromasia with reticulocytosis Mild hypokalemia/hypochloremia Mild lipase elevation Renal/liver values otherwise within normal limits Radiographs: Mild generalized decreased serosal detail Mild GI gas/fluid accumulation without obvious severe obstructive pattern Possible mineral opaque ingesta/foreign material within GI tract Mild diffuse interstitial pulmonary pattern AFAST: Scant free abdominal fluid in hepatorenal/cranial abdomen

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 residual prostate presented non-enlarged, exhibiting mild non-homogenous, hyperechoic non-shadowing parenchyma, measuring 0.88 cm in diameter.

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 6.0 cm in length. The right kidney measured 6.7 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 0.85 cm width at the caudal pole.

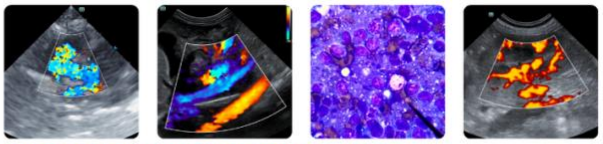
The right adrenal gland was not definitively visualized owing to regional periadrenal omental artifact.

Spleen

The spleen presented normal in size and contour with mild nonhomogenous subjective hypoechoic parenchyma compared to adjacent omentum without overt evidence of splenic mass.

Liver & Gallbladder

The liver was subjectively mildly enlarged in size. 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. A solitary subtle hyperechoic intraparenchymal nodule was present measuring 1.0 cm in diameter.



PATIENT

Charlie Moser

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

15.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

16521

DATE

05/26/26

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 contained variably echogenic, moderate nonshadowing ingesta without signs of obstruction or foreign material. Thickened pylorus to upper duodenum wall exhibiting indistinct to loss of pyloroduodenal wall layer detail.

The mid to descending duodenum and visualized jejunum exhibited maintained intact wall layering with normal wall layer ratio and empty lumen to an approximate level of the ileum and colon.

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

Pancreas

The right pancreatic limb exhibited subjective prominent size with asymmetrical to indistinct capsule contour and nonhomogenous hypoechoic parenchyma compared to adjacent hyperechoic omentum.

Free Abdomen

Non-homogenous to mixed echogenic unspecified lesion visualized primarily in the subjective right abdomen, extending from an approximate level of the upper gastrointestinal tract/right pancreas caudally to level of the apical to ventral apical urinary bladder, measuring approximately 3.0 cm width with unspecified length. Regional to mid/cranial abdomen, non-uniform hyperechoic omentum and mild peritoneal effusion.

Intermittent indistinctly visualized mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.1 cm x 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

- Unspecified abdominal lesion subjectively extending from cranial abdomen to approximate level of apical/ventral apical urinary bladder.
- Regional non-uniform hyperechoic omentum and mild effusion.
- Intermittent mild mesenteric lymphadenopathy.
- Prominent non-homogenous hypoechoic right pancreas.
- Thickened pylorus/upper duodenum wall with retained gastric ingesta.
- Mildly enlarged focally nodular liver.
- Non-organized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the unspecified lesion may include neoplastic, granulomatous, inflammatory etiologies with regional to possibly associated steatitis/peritonitis. FNA cytology of the lesion and correlation with, if possible, effusion analysis cytology +/- culture and sensitivity is recommended.

Significant upper gastrointestinal inflammation versus neoplasia are primary differentials with potential for obstruction to pyloric or upper intestinal outflow given retained ingesta and assuming NPO. Associated non-obvious gastrointestinal ulceration is of concern given potential melanoma.

PATIENT

Charlie Moser

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

15.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

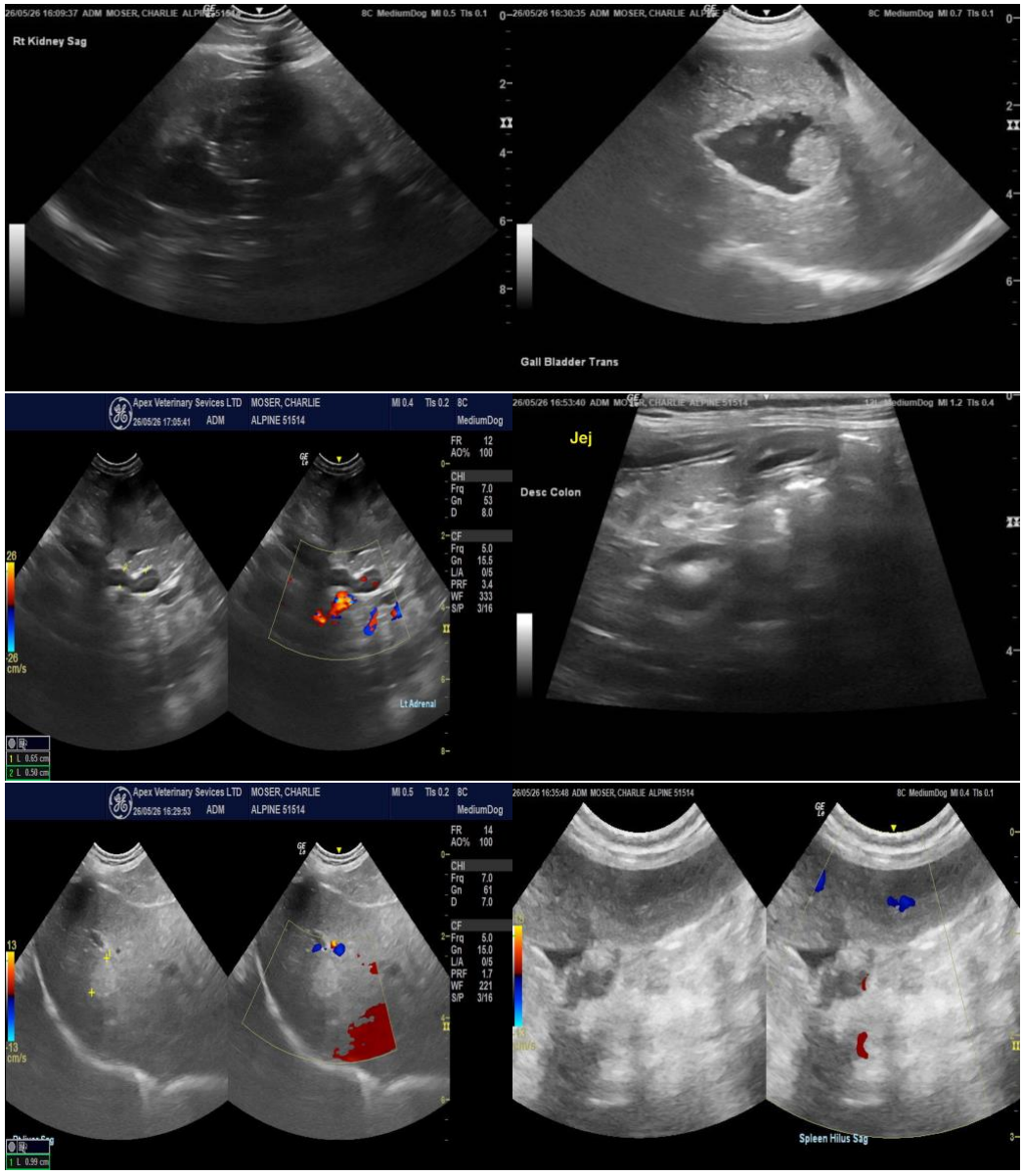
INVOICE

16521

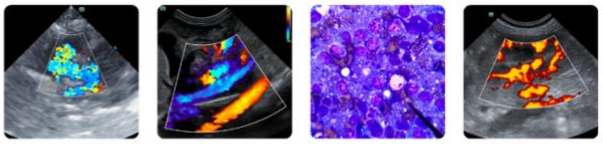
DATE

05/26/26

Multicentric neoplasia such as carcinomatosis or similar is of primary concern. Abdominal CT is likely ideal for further definition.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Charlie Moser

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

15.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

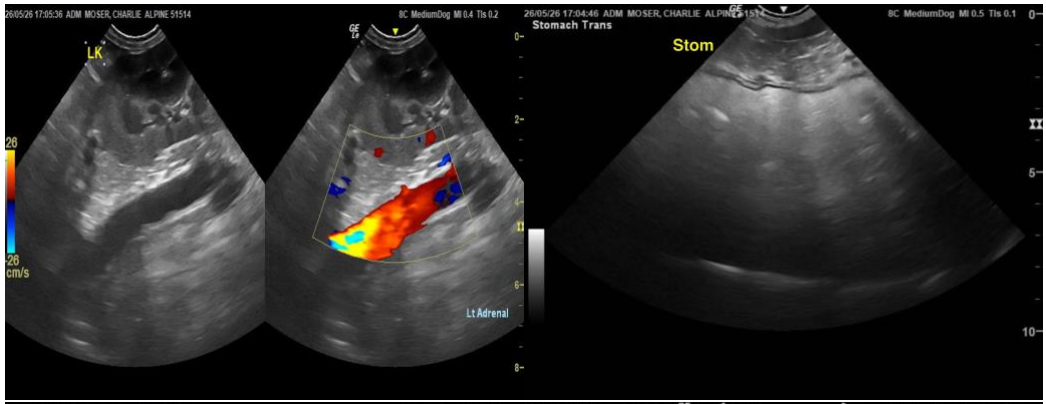
Alpine 24/7 ER Doctor

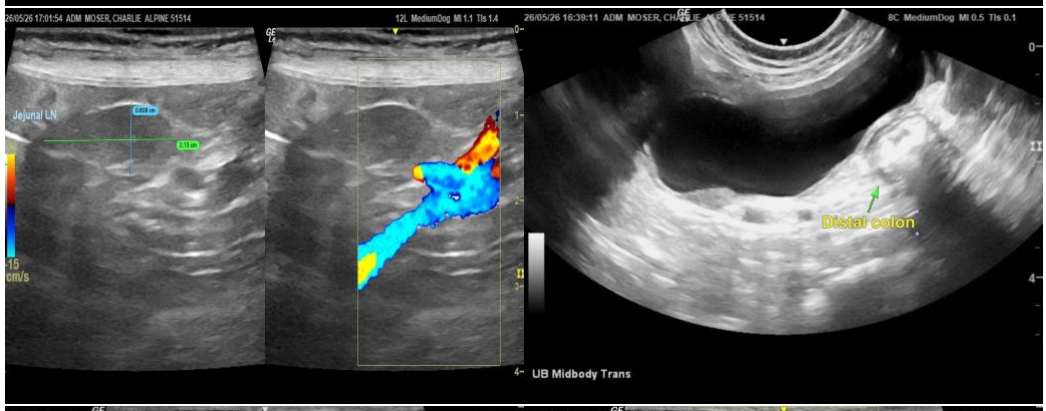
INVOICE

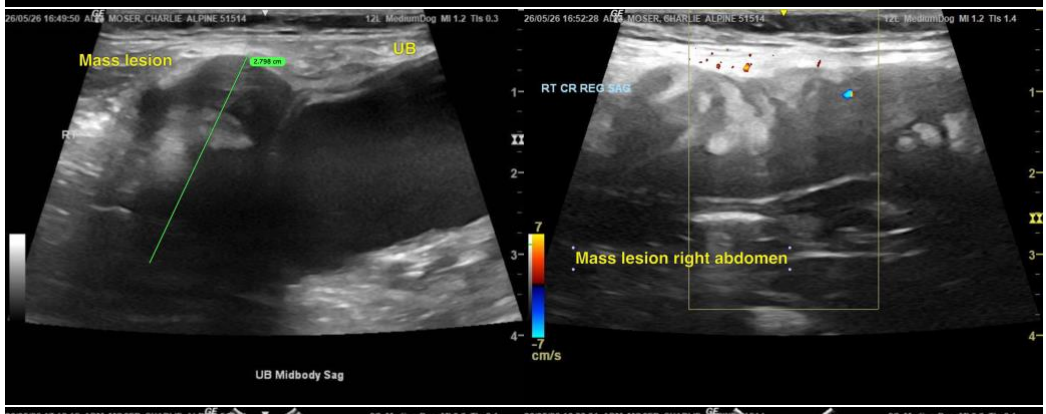
16521

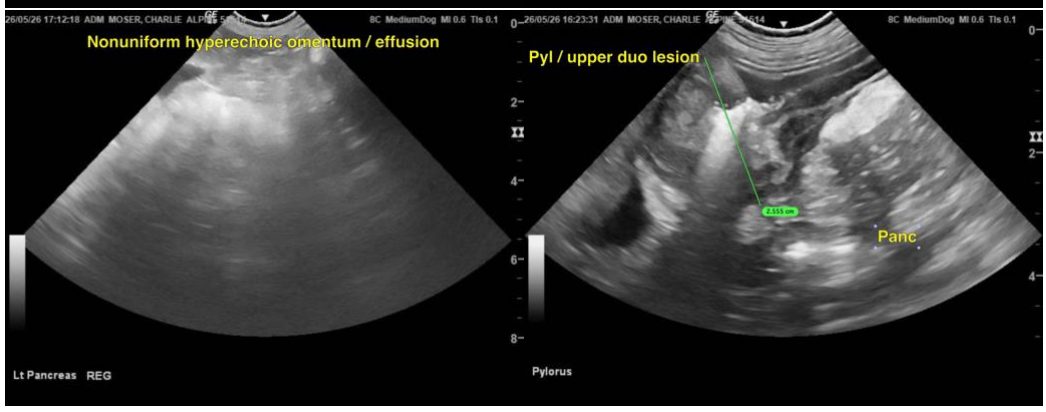
DATE

05/26/26

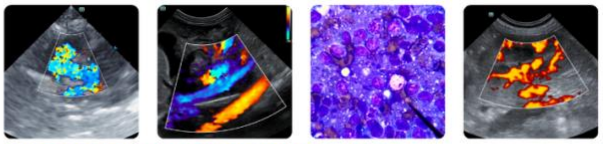








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Charlie Moser

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

15.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

16521

DATE

05/26/26

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