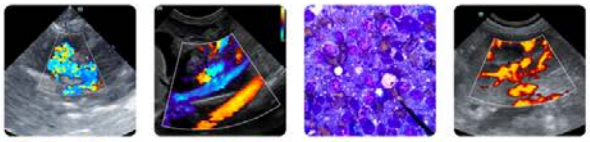


PATIENT

Charlotte Hodges

SPECIES

Canine

BREED

Pointer

SEX

Spayed Female

AGE

10

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Calgary Holistic VC

REFERRING VET

Dr. Qi

INVOICE

75548

DATE

5/30/26

PRESENTING CLINICAL SIGNS

Acute onset of hematemesis . Lethargy , inappetence . likely melena. STAFF pet
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes .

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. Left kidney measured 6.5 cm. Right kidney measured 7.0 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Left measured 0.94 cm at the cranial pole and 0.66 cm at the caudal pole. An indistinct, mildly expansive, mixed echogenic, non-mineralized cranial right adrenal nodule was noted measuring 1.2 cm x 1.0 cm. The caudal pole of the right adrenal gland measured 0.74 cm.

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.

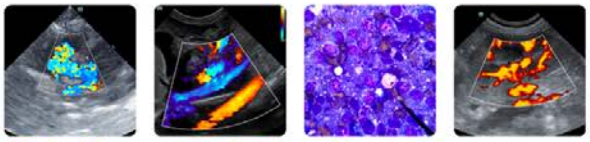
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A subtle non-homogeneous nodule was noted in the liver measuring 1.6 cm in diameter. 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 intact wall layering with a normal wall layer ratio. Stomach wall measured 0.40 cm. The lumen of the stomach contained variably echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No obstruction to pyloric outflow.



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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. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.29 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Mildly prominent to enlarged jejunal nodes were present in the mid abdomen, an example measure 4.9 cm x 0.66 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No evidence of effusion.

ULTRASONOGRAPHIC FINDINGS

- Intact non-thickened stomach wall with non-shadowing gastric ingesta - possible acute gastritis.
- Normal small intestine / pancreas.
- Right adrenal nodule - adenoma / granuloma, hyperplasia, emerging tumor thought less likely yet not excluded.
- Hepatopathy with subtle liver nodule - vacuolar, reactive, inflammatory, suspect subtle nodular hyperplasia, emerging low grade neoplasia or metastasis thought less likely.
- Normal gallbladder.
- Mild jejunal lymphadenopathy - mild hyperplasia or lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is most consistent with variable food echogenicity. No evidence of GI mural pathology, foreign body or active pancreatitis. Gastrointestinal support indicated with clinical monitoring. Blood pressure monitoring is recommended to assess for hypertension which may allude to right pheochromocytoma. Urine metanephrine level indicated if hypertension is present. Likewise, adrenal workup indicated if clinical signs suggestive of hyperadrenocorticism. Sonographic monitoring of the right adrenal nodule in conjunction with as needed GI reassessment if non-resolving gastrointestinal signs. FNA cytology of the liver warranted if normal clotting status.

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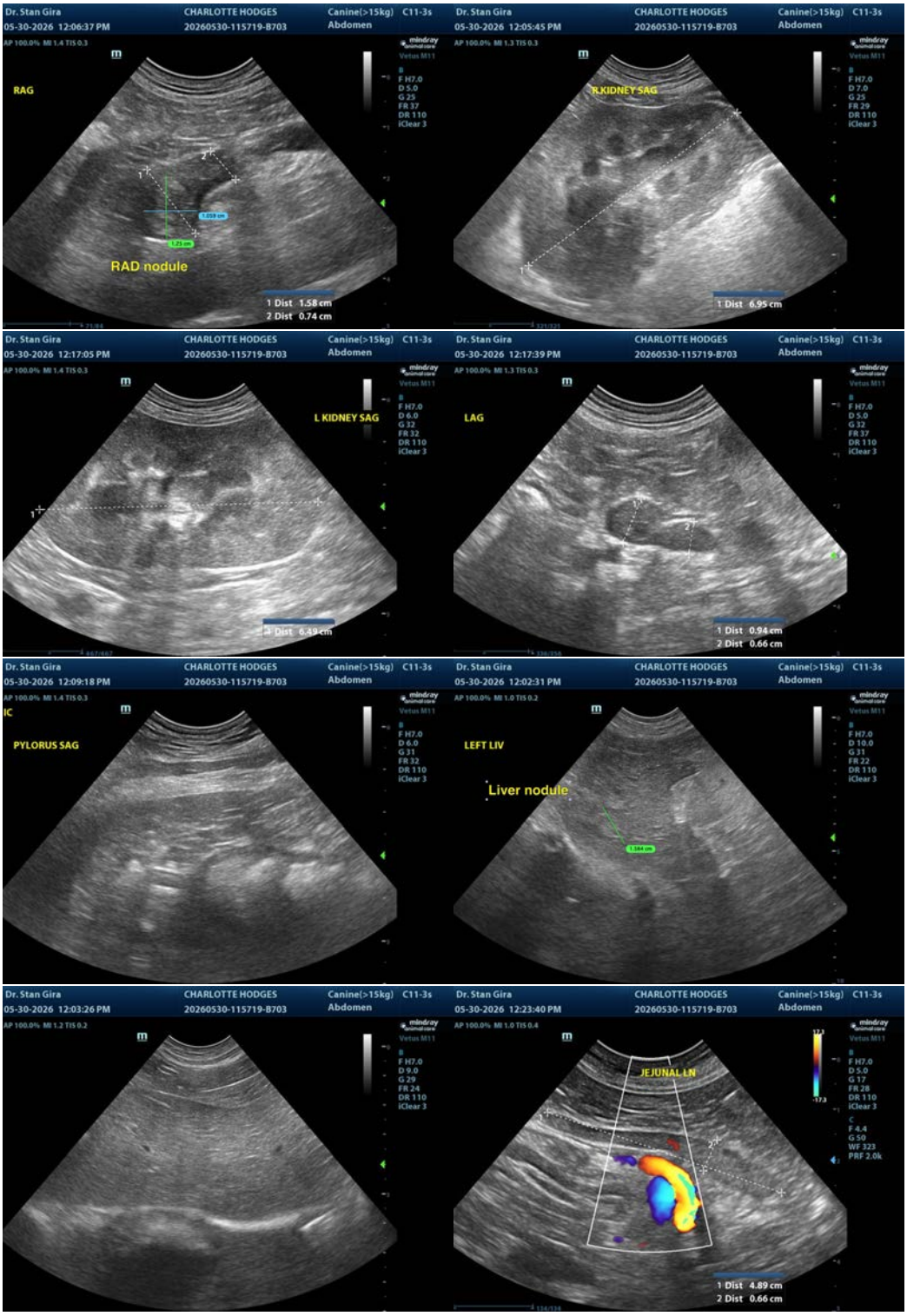

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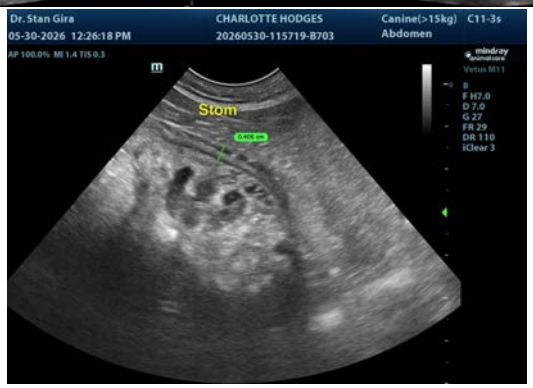

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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