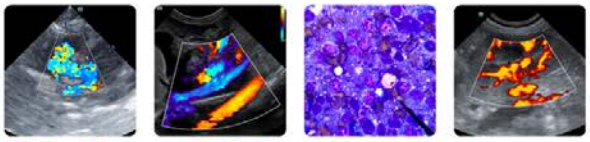

PATIENT

Luna Clark

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

4.5

WEIGHT

25.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

75559

DATE

5/31/26

PRESENTING CLINICAL SIGNS

Transferred from VCA due to having diarrhea since 5/28 owners started bland diet of boiled rice and chicken and patient did eat up until 5/29 evening. Owner put forti flora on both meals Thursday and Friday morning. All of 5/29 no defecation then 4am Saturday patient had vomiting and diarrhea.Was not kept down water after being npoed for 4 hours. 1pm vomited and diarrhea last movement. Went to VCA salem and got radiographs, bloodwork and subcutaneous fluid. Patient had temperature of 105 that went down to 104 after the subcutaneous fluid.

Abnormal PE/Chem/CBC/UA Results: VCA Salem 5/30/26 (records not provided): - Reported stress leukogram but otherwise normal CBC - Reported normal chemistry - Reported mild hypokalemia, otherwise normal lytes - Reported SNAP cPL as "grey zone/weak positive" WVS 5/30/26: EPOC: pH 7.297 (L), K+ 3.9 (N), Lac 3.26 (H), Gluc 125 (H), HCT 50 (N) cPL: 68 U/L

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 changes were noted.

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 6.1 cm. Right kidney measured 6.0 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland was subjectively subnormal in size with normal position and shape, measuring 0.45 cm at the caudal pole.

The right adrenal gland is 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

The liver was subjectively normal in size, structure, and contour. 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.

The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.68 cm width. The stomach contained mild retained fluid.

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. The colon was non-distended, containing non-formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

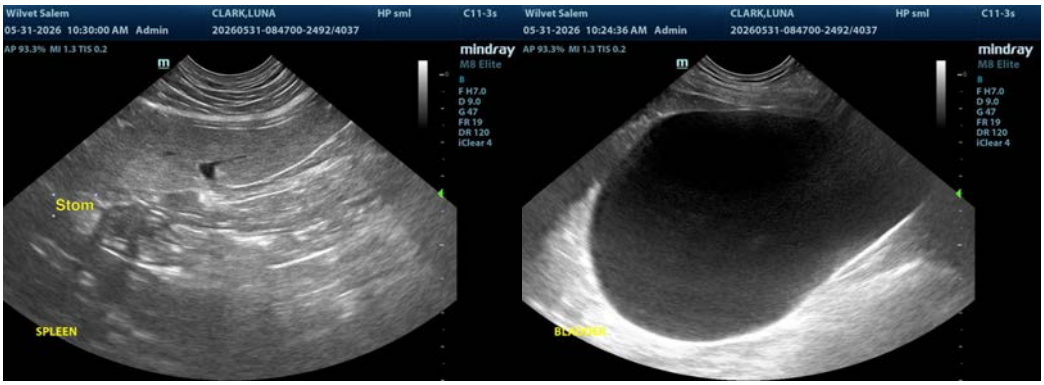
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild thickened hypomotile stomach
- Overall sonographically normal small intestine / colon with non-formed fecal matter
- Normal area of pancreas
- Subnormal left adrenal gland, non-visualized right adrenal gland
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease with hypomotile gastritis, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia (less likely), or other. No signs of obstruction or foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended. Supportive care indicated with clinical monitoring. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.



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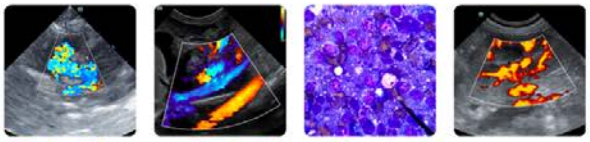

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Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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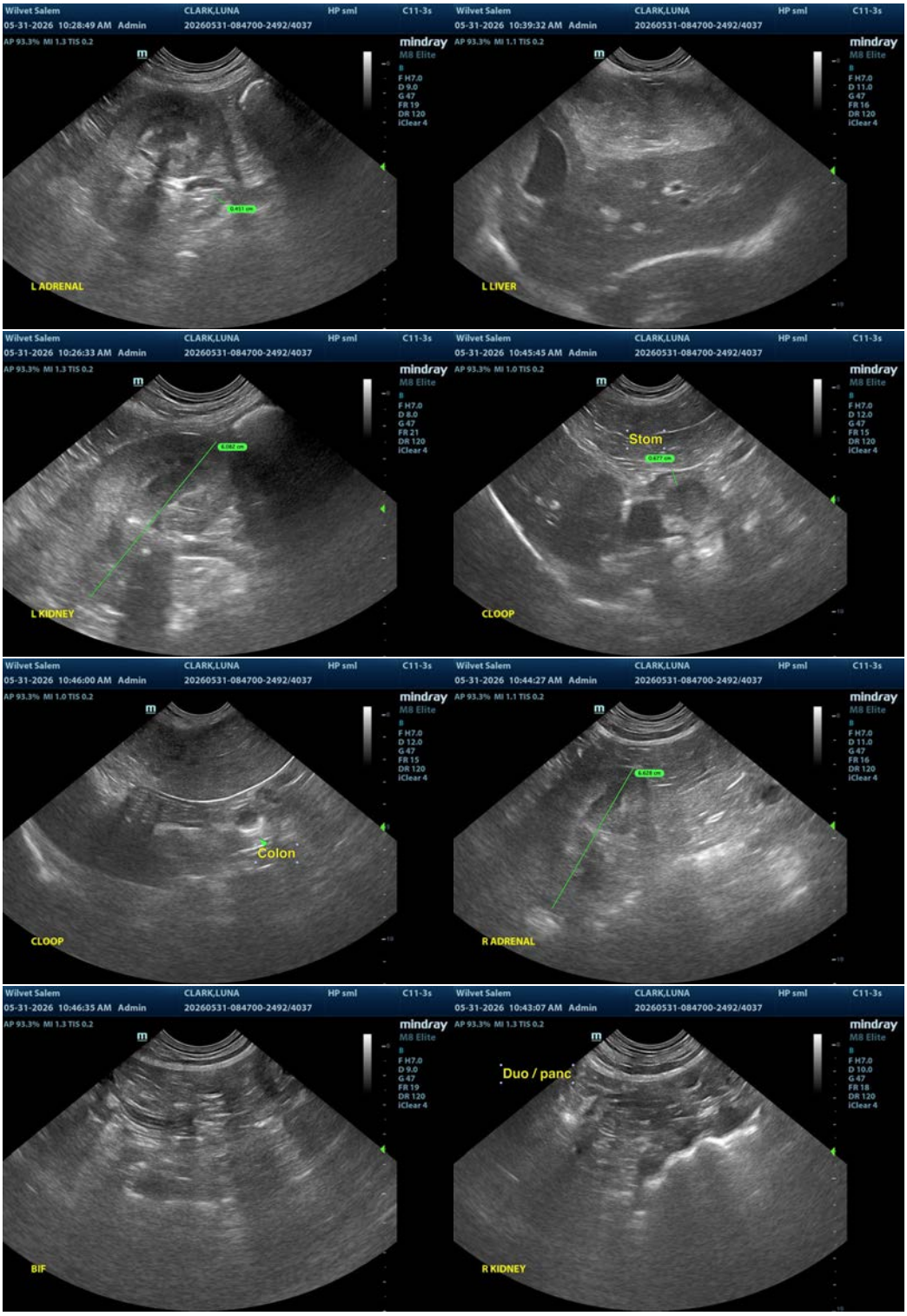

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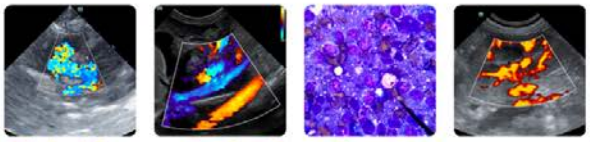

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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