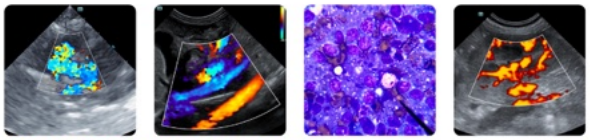


PATIENT

Benny Campos

SPECIES

Canine

BREED

Springer Spaniel

SEX

Neutered male

AGE

7 years

WEIGHT

42 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Allen

HOSPITAL NAME

North County AH

REFERRING VET

Dr. Allen

INVOICE

70324

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Presenting for ongoing vomiting that has been occurring for 1-2 months and has worsened in the last 24 hours.
- He is also experiencing inappetence and is now refusing food, including cooked chicken.
- Owner reports patient is still wanting to play but may have a slight decrease in energy
- 10lb weight loss in 6 months (unintentional)
- Leukocytosis: WBC 18.5 K/µL (RI 5.05–16.76) driven by Neutrophilia: 14.33 K/µL (RI 2.95–11.64) Monocytosis: 2.06 K/µL (RI 0.16–1.12) Relative lymphopenia: % lymphocytes 9.5% (absolute count 1.75 K/µL, within RI) Red cell indices: MCV mildly decreased at 61.0 fL (RI 61.6–73.5); hematocrit 50.1% and hemoglobin 18.4 g/dL within reference range. Platelets: Count adequate at 195 K/µL (RI 148–484) with MPV mildly increased at 14.6 fL (RI 8.7–13.2) Liver enzyme: ALT mildly elevated at 144 U/L (RI 10–125); ALP 24 U/L within RI. Pancreatic lipase: 212 U/L (RI 0–200)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.0 cm, right measured 6.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

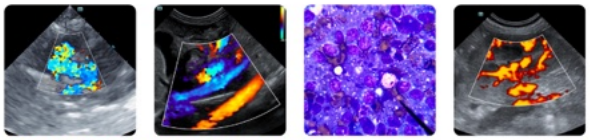
The prostate is not visualized.

Adrenal Glands

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.5 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of fluid was present in the stomach.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A large amount of cellular ascites is present.

Hyperechogenic appearance of the mesentery.

Pleural effusion was evident.

ULTRASONOGRAPHIC FINDINGS

- Bicavitary effusion.
- Mesenteric inflammation.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies to consider for the effusion and mesenteric inflammation would be sterile peritonitis, bacterial peritonitis and possibly abdominal carcinomatosis.

Further assessment would be three view thoracic radiographs and analysis of the ascites and possible pleural effusion.

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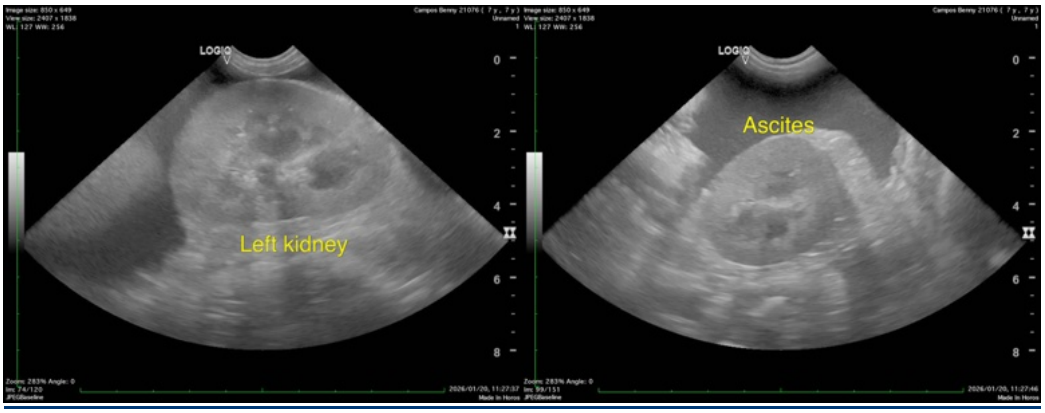
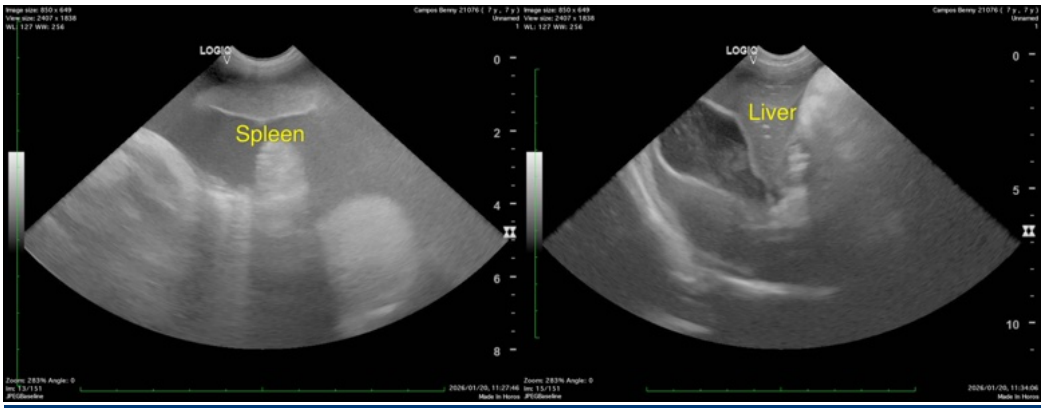
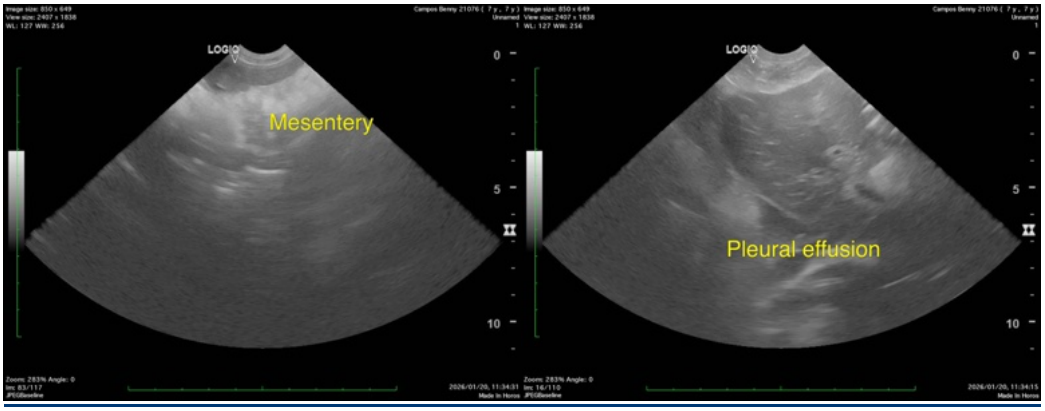
Specific therapy would be dependent on an etiological diagnosis.







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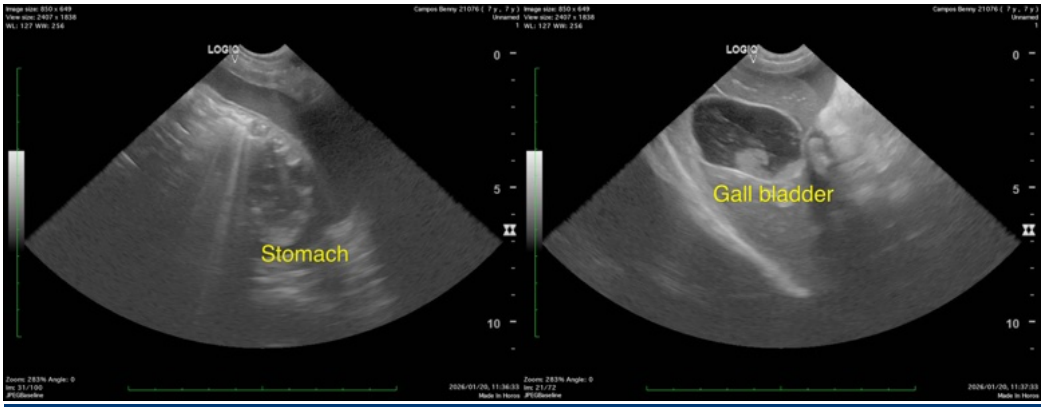

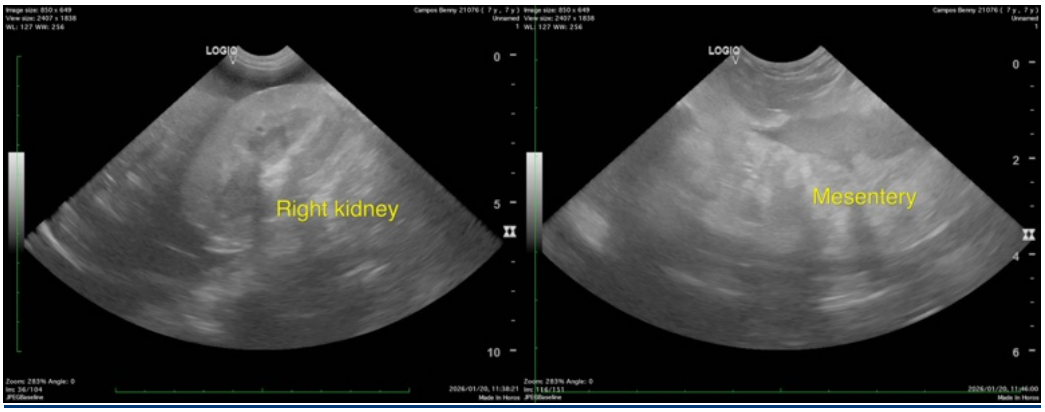

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com