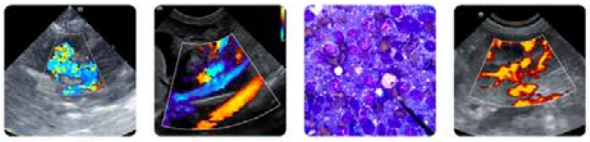


PATIENT

Dash Hofland

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12 Years

WEIGHT

40.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

73493

DATE

3/9/26

PRESENTING CLINICAL SIGNS

Presents for acute onset vomiting and anorexia. Vomiting: multiple episodes over past 24 hrs; last episode 3/8; vomited after drinking water. Anorexia: 24 hrs duration; only accepted cheese, refused noodles and sausage. Cerenia administered 3/8/26; no vomiting since. Cough: intermittent nocturnal cough x 1 month prior. Neurologic history: chronic right thoracic limb weakness, left pelvic limb history of fracture, progressive head tilt, increased ataxia/circling left x 1 month. Arthritis management: no current supplements; previously trialed Librela (last dose 2/9/26, no improvement). Diet: Purina Pro Plan Skin & Coat, senior formula; hair regrowth noted. History of suspected poisoning two years ago resulting in signs consistent with a stroke (right front limb weakness, left head tilt). Had left hind limb fracture as a puppy with a persistent limp . Suspected arthritis of the left hind limb .

Recent Significant Changes: Progressive worsening of a left head tilt, right front limb weakness, and pelvic region weakness over the few months prior to February 2026 . A recent examination on 02/09/2026 noted wide left circling and a moderate left head tilt .

Prednisone 20mg prescribed previously for head tilt/possible cervical inflammation: 1 tablet PO SID for 14 days, then 1/2 tablet PO SID for 7 days, then 1/4 tablet PO SID until gone. Last dose was 3/7

Abnormal PE/Chem/CBC/UA Results: ALP 198, Amylase 2187, Glucose 145, K 3.5, WBC 24.96, NEU 22.32, HGB 22, HCT 55.26, MCH 27.1, MCHC 39.8, RDWc 20.5, PLT 550 PE- Lenticular sclerosis, PLRs intact, responsive, sluggish, right-sided head tilt, no nystagmus, tensed abdomen, fractious in extensive handling, mild ataxia T- 101.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a scant amount of floating hyperechogenic sediment, 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.

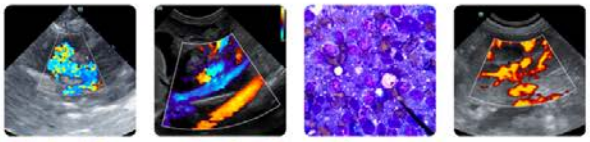
Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 5.8 cm. Right kidney measured 6.4 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Small, hypoechogenic prostate measuring 1.0 cm in width.

Adrenal Glands

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



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Spleen

Normal size (1.6 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipoma present in the spleen.

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

Small containing normal anechoic bile. 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.

Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the acute vomiting and anorexia would be non-specific gastroenteritis such as dietary indiscretion, toxins, viral, and parasites, although with the neurologic signs reported may be secondary to neurological disease.

The reported neurological signs are highly indicative of intracranial pathology, with further assessment being MRI scan of the brain.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the vomiting and anorexia would be to continue with the current therapy and possibly feed small, frequent meals of an intestinal type diet.

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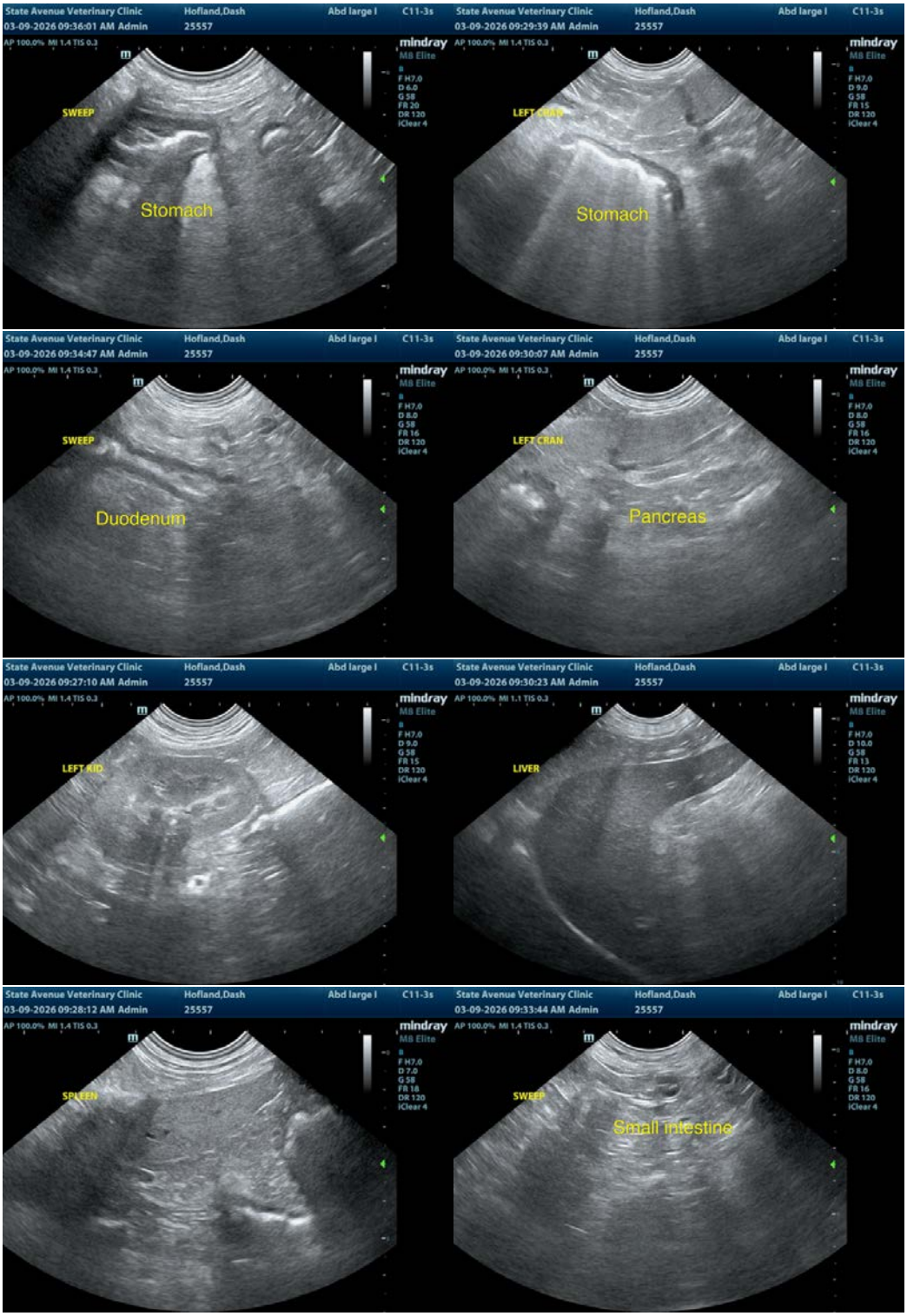

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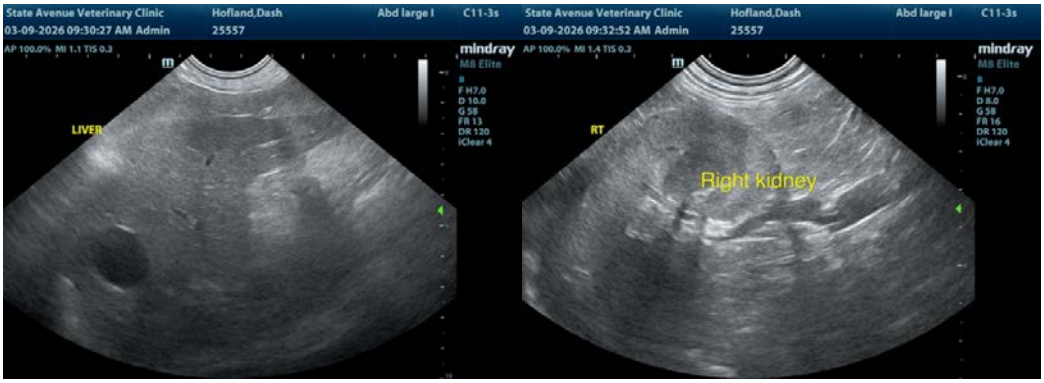

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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