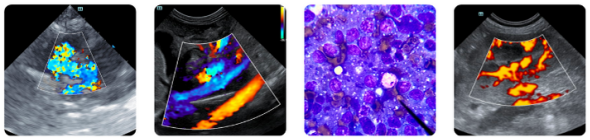


PATIENT

Tick Duncan

SPECIES

Canine

BREED

Whippet

SEX

Neutered Male

AGE

11 Years

WEIGHT

46

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

EAH of Crystal Falls

REFERRING VET

Dr William Jacob Wilson, DVM

INVOICE

35689

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: Presenting complaint/duration: P presents for bloody stool after eating a piece of turkey vertebrae that O fed to him around 9pm yesterday. O says P didn't want to go on their usual walk this morning and seems generally uncomfortable. Abnormal PE/Chem/CBC/UA Results: none at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and a small amount of luminal sediment is present. The bladder wall is focally thickened in the region of the apex and there are irregularities to the mucosal surface. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 2.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.8 cm in length. The right kidney is 6.2 cm in length.

Adrenal Glands

Both adrenal glands are diffusely enlarged and of normal echogenicity. They have normal phrenic vasculature and are found in the normal location. The left adrenal gland height is 9.7 mm at the cranial pole and 10.0 mm at the caudal pole. The right adrenal gland height is 8.6 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

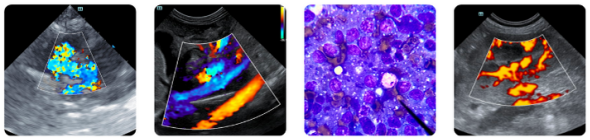
Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 3.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is not clearly visualized



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. While most of the bowel is empty or filled with gas, there is a small segment that contains anechoic shadowing material without evidence of obstruction or inflammation.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the region of the bladder. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small amount of shadowing material in the small bowel, which may represent bone fragments, but which shows no evidence of obstruction or significant inflammation.
- Mildly thickened irregular bladder wall, which maybe incidental, but which may also indicate underlying cystitis.

Secondary Findings

- Bilaterally diffusely enlarged adrenal glands, most typical of benign hyperplasia, with more serious pathology deemed less likely.
- Diffusely hyperechoic liver consistent with nonspecific or reactive hepatopathy.
- Scant free fluid in the region of the bladder, of uncertain significance.
- Hyperechoic splenic nodules, typical of benign myelolipomas.
- 1.8 cm cystic structure near the left renal artery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While there may be some mineral fragments passing through the GI tract, there is no evidence of

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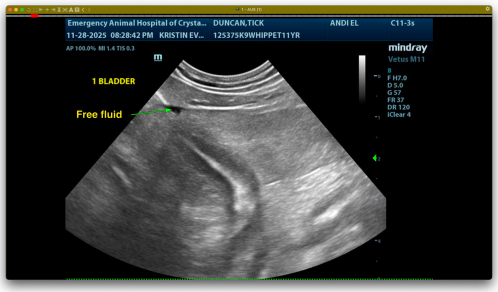
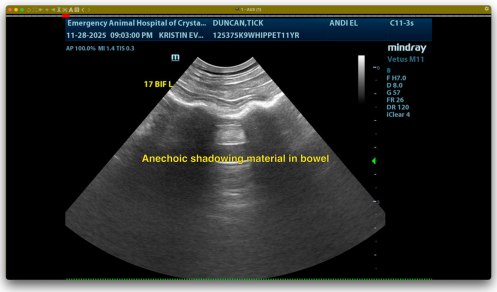
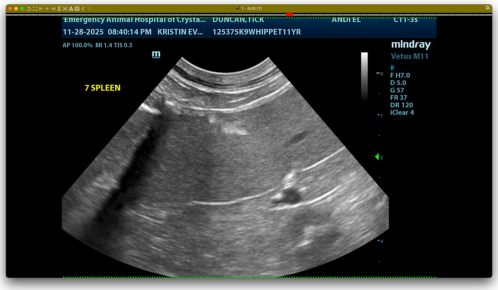
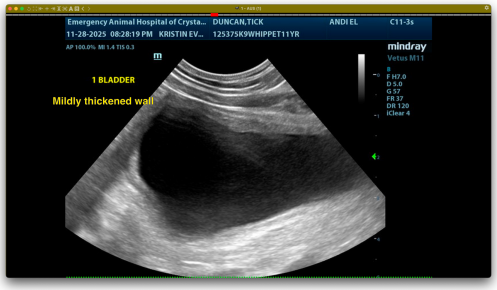
obstructive disease at this time. The scant amount of free fluid could suggest significant peritoneal inflammation, however, there is no evidence of steatitis. If not recently assessed, total protein level should be assessed to ensure that hypoproteinemia is not the cause for the free fluid.

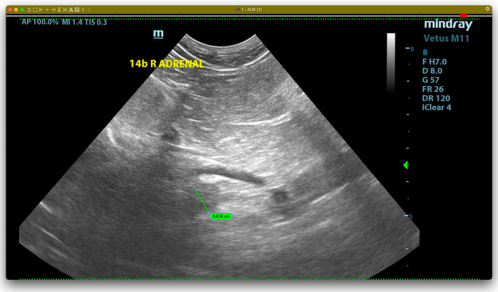
The changes in the bladder wall are mild and may be incidental, however, urinalysis is recommended to ensure there is no evidence of hematuria or other lower urinary tract pathology. Similarly, the adrenal glands are most typical of benign hyperplasia, however, if signs of cushings disease exist, then further testing should be considered. Serial monitoring of the adrenal glands would also be a consideration to ensure they are not continuing to change. The appearance of the liver is typical of a nonspecific hepatopathy and should be correlate with any elevations in liver enzymes. This is likely an incidental finding, however, biopsy would be needed to definitively rule out other pathology. Finally, the small cystic structure near the left renal artery is most typical of a cystic lymph node. The location does not appear consistent with adrenal pathology, however, further interrogation of this region, ideally with doppler assessment of blood flow would be recommended to fully rule out the possibility of pathology in this region.

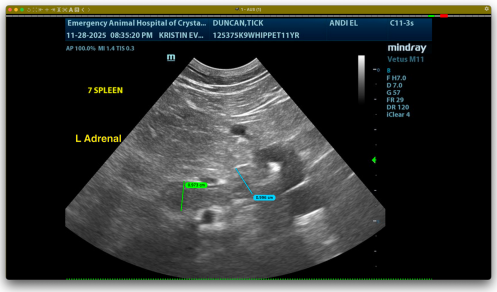












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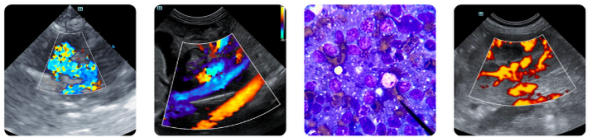

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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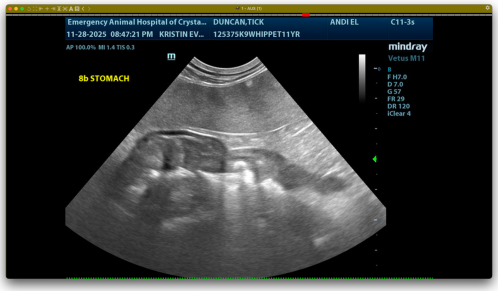

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com