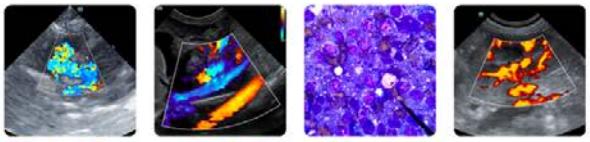


PATIENT

Bruce Phillips

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

7 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

72801

DATE

12/28/25

PRESENTING CLINICAL SIGNS

P presented for vomiting and diarrhea. P was traveling with O for Christmas. Starting Christmas eve, p was unable to keep anything down and has not shown interest in food since. P does still drink but vomits it back up. He is lethargic and today he had one bout of diarrhea (no diarrhea prior). He does not usually get into things but was around a lot of little kids so unknown if they dropped something on the floor that he may have eaten or fed it to him. P went to pDVM on 12/27 and was given cerenia injection, SQ fluids, and sent home with metronidazole and proviable. P was unable to take the medications at home because he has not been eating. No diagnostics were done at that time.

Abnormal PE/Chem/CBC/UA Results: Please see attached diagnostic results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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). Left measures 3.7 cm. Right measures 3.3 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 4.3 mm at the cranial pole and 4.6 mm at the caudal pole. Right measures 3.7 mm at the cranial pole and 4.7 mm at the caudal pole.

Spleen

A 1.3 cm x 1.1 cm heterogeneous nodule is noted in the body of the spleen, which expands the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

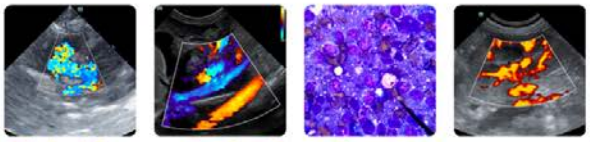
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 small focal polypoid lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 2.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is not seen.

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 no evidence of free fluid within the peritoneal cavity. 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.

PRIMARY FINDINGS

- 1.3 cm splenic nodule with capsular expansion

SECONDARY FINDINGS

- Polypoid hyperplasia of the gallbladder wall - an incidental finding in older dogs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no findings to explain the patient's gastrointestinal symptoms.

fecal parasite testing and empiric fenbendazole treatment

- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- while the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.
- if signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.
- it is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.

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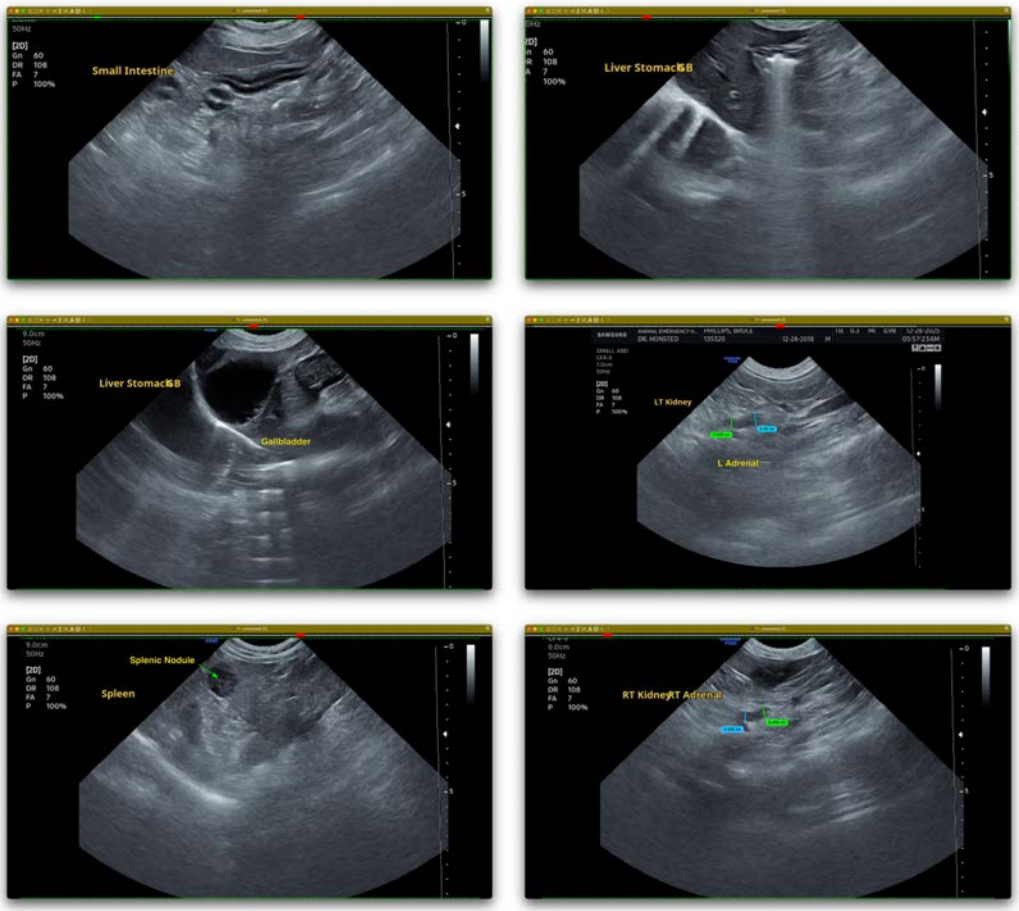
The splenic nodule may represent a benign lesion, such as a benign mass or regenerative nodule, or could represent emerging neoplasia. FNA could be attempted but may not be diagnostic. Serial monitoring via ultrasound at 4-6 week intervals could also be considered.



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.

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

info@SonoPath.com