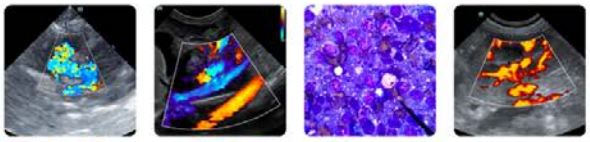


PATIENT

Cooper Hover

SPECIES

Canine

BREED

Staffordshire x Boxer

SEX

Neutered Male

AGE

9 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

John Ammeraal, DVM

INVOICE

75184

DATE

5/16/26

PRESENTING CLINICAL SIGNS

Having soft stools and stomach gurgling past few days. Appetite significantly decreased. Vomiting up bile/ fluid daily. Does chew on a collagen bone sometimes.

Abnormal PE/Chem/CBC/UA Results: Normal exam overall, little burpy Chem 27 Normal, T4: 0.5ug/dL, CBC normal USG 1.038 UPC 0.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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). Left kidney measures 5.9 cm. Right kidney measures 6.2 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 7 .5 mm at the cranial pole and 7.7 mm at the caudal pole. Right measures 7.8 mm at the cranial pole and 7.1 mm at the caudal pole.

Spleen

A 6.5 mm hypoechoic nodule is noted in the body of the spleen, which does not disrupts 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.

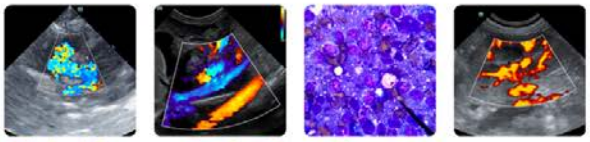
Liver

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 no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

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



PATIENT

Cooper Hover

SPECIES

Canine

BREED

Staffordshire x Boxer

SEX

Neutered Male

AGE

9 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

John Ammeraal, DVM

INVOICE

75184

DATE

5/16/26

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal, measuring up to 4.6 mm for duodenum and 4.3 mm for jejunum. Overall wall layering is preserved. 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 normal.

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 free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Moderately fluid-dilated stomach, with associated steatitis, consistent with gastritis
- Focal thickening of the small bowel muscularis layer, consistent with non-specific enteritis

SECONDARY FINDINGS

- Small hypoechoic splenic nodule, most typical of benign nodular regeneration, with more significant pathology deemed less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pylorus could not be clearly seen due to the patient's deep-chested conformation, however there was fluid seen moving through the small bowel, thus pyloric outflow tract obstruction is unlikely, though the possibility of a partial / intermittent obstruction is not excluded. The thickened small bowel muscularis layer can be seen with multiple causes of enteritis, and intestinal biopsy would be needed for definitive diagnosis. Given that the changes are focal, intraoperative ultrasound-guidance would be helpful if biopsies were pursued. Given that the symptoms are acute, conservative therapy for gastroenteritis would be a reasonable first step. Additional recommendations would include:

- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy
- bland, low-fat 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.

PATIENT

Cooper Hover

SPECIES

Canine

BREED

Staffordshire x Boxer

SEX

Neutered Male

AGE

9 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

John Ammeraal, DVM

INVOICE

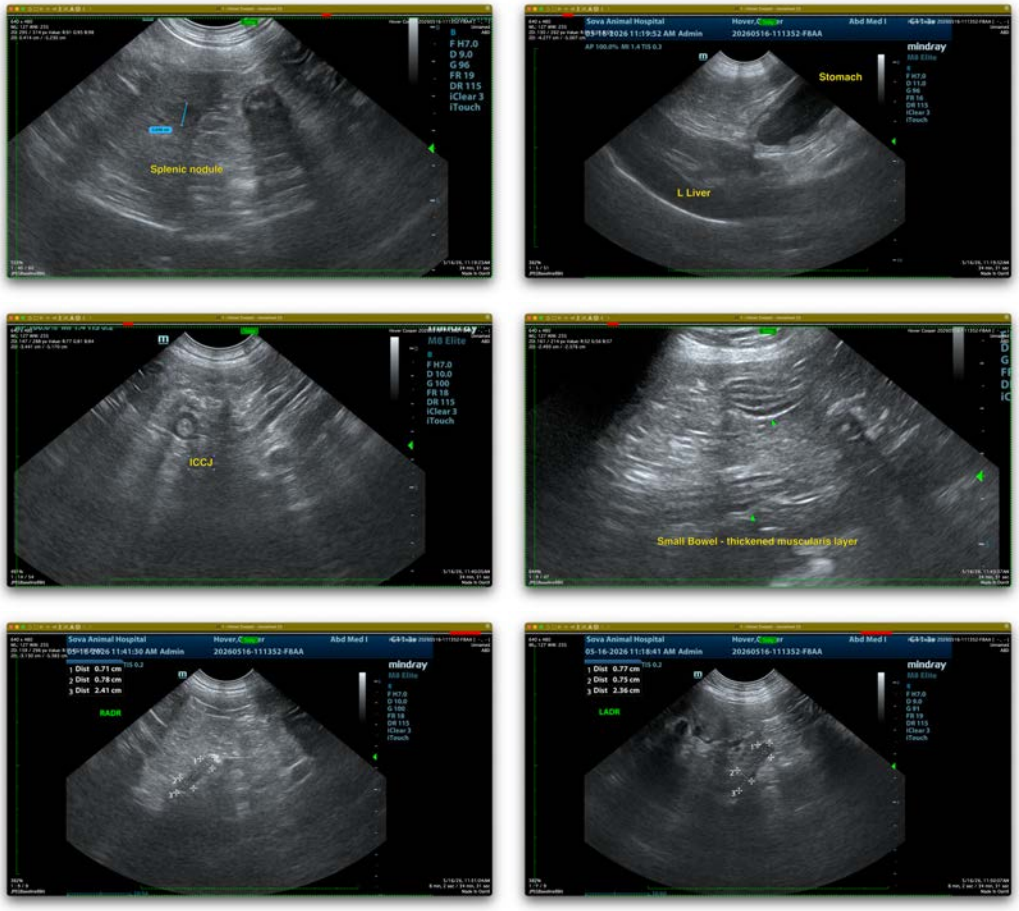
75184

DATE

5/16/26

- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.

The splenic nodule is likely incidental - while sampling could be performed to rule out neoplasia, splenic aspirates are often non-diagnostic. Sonographic recheck in 4-6 weeks would be an alternative approach.



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