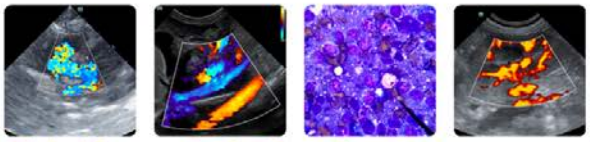


PATIENT

Zero Batzel

SPECIES

Canine

BREED

Pug x

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

18.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Jennifer Shonts

INVOICE

75191

DATE

5/16/26

PRESENTING CLINICAL SIGNS

At approximately 2 PM yesterday 5/15, he ingested the entire contents of a 12 oz bag of uncooked egg noodles (plastic bag not ingested). He did not eat dinner last night. This morning he vomited several times (partially digested material), has not eaten, appears lethargic, had one episode of diarrhea, and has been trembling. P is known to have seizures. P medication levetiracetam. Admitted for supportive care: iv fluids and cerenia. Concern for vomiting/Diarrhea (dietary indiscretion vs SI obstruction vs gastroenteritis vs other); Peritoneal effusion (hemo abdomen vs uro abdomen vs peritonitis vs other)

Abnormal PE/Chem/CBC/UA Results: PE: mild pain 2/4; abdomen tense, hard to palpate and reactive rads: There is loss of serosal detail in the cranioventral abdomen with wispy soft tissue opacity. The stomach is filled with a moderate amount of gas and soft tissue opaque material. The SI loops are of normal size, shape and content. The colon is filled with normal fecal-like material. The liver and the spleen are within normal limits. Both kidneys and the urinary bladder are unremarkable. Mild peritoneal effusion. Moderate gastric content, compatible with normal food and/or foreign material. cPL: 179.9 normal epoc 10 am: pH 7.347 L, lactate 3.17 H cbc: unremarkable; chem: cholesterol 317 H, ALT 371 H, ALP 642 H

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, trigone and pelvic urethra (visible to 4.0 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 6.2 cm. Right kidney measures 6.2 cm.

Adrenal Glands

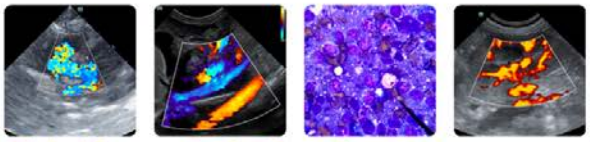
The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.8 mm at the cranial pole and 5.1 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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. There is a 7.5 cm x 5.3 cm isoechoic mass effect arising



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from the caudal most aspect of the mid liver. 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 "shadowing ingesta" typical of dense food. The gastric wall is normal with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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 (1.8 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The right limb of the pancreas is clearly visualized and of normal size with a heterogeneous parenchyma. There is a region of heterogeneous tissue adjacent to the liver that may represent the left pancreatic limb but is thicker than would be expected. There is no evidence of pancreatic duct dilation. The surrounding omental fat appears normal.

Free Abdomen

There is a moderate amount of free fluid present throughout the abdomen. 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

- 7cm x 5 cm isoechoic mass effect arising from the caudal liver - this could represent a true mass (hepatoma, or less likely malignancy) or an unusually large papillary process of the caudate lobe.
- Heterogeneous tissue adjacent to the mass effect, with associated steatitis - based on location, I suspect this is the left pancreas
- Heterogeneous R pancreas - may indicate pancreatitis or chronic age-related remodeling
- Pockets of hypoechoic free fluid throughout the abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned by the volume of fluid present, and the underlying cause is unclear. While this could be seen with severe, acute pancreatitis, I would expect an elevated CPL level in that event. The mass is more typical of a benign mass or papillary process, but it is still possible that it is the source of effusion, particularly as these types of masses can torse. If possible, fluid sampling for analysis is recommended. If the patient is not responding to supportive care, then reassessment of the CPL is suggested, and if still normal, exploratory could be considered to further assess the viability of the liver mass effect.

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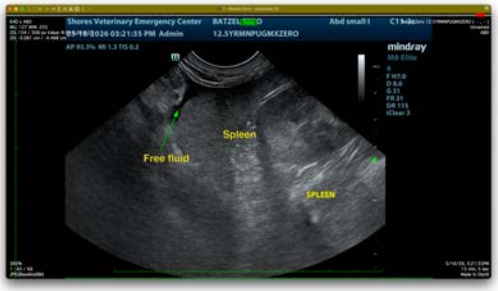

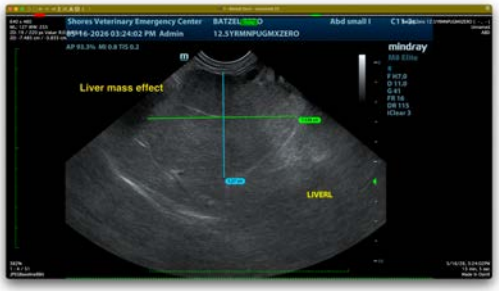

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com