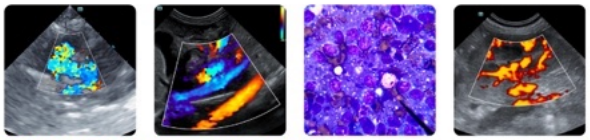


PATIENT

Maddie Fox

SPECIES

Canine

BREED

Terrier mix

SEX

Spayed female

AGE

12 ½ years

WEIGHT

13.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Mark Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

72195

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Inappetence for past 2 weeks, initially vomiting, but that has stopped, appetite has not improved and losing weight. Heart murmur, on vetmedin chronically
- Labs last week showed likely pancreatitis. CPL was 440. CBC normal. Chem 17 showed only mild ALT (138) and lipase (2933) elevations. Lost a pound in last 2 weeks, taking cerenia, mirtazapine, Denamarin, but owner having hard time getting meds down.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is markedly distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 3.81×2.55 cm, and the cortical thickness is 0.48 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.23×2.62 cm, and the cortical thickness is 0.50 cm in the sagittal plane. The renal cortices are slightly hyperechoic compared with the hepatic parenchyma. Several small cortical cysts measuring 2–3 mm are present. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

Adrenal Glands

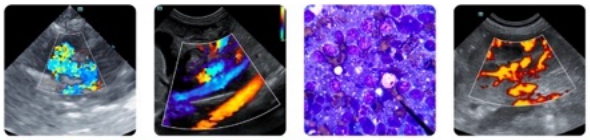
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of three measurements): The left adrenal gland measures 0.47 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measures 0.46 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

Splenic thickness is 1.40 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture. Several small hyperechoic nodules compatible with myelolipomas, each measuring <1 cm, are present. The splenic capsule is smooth and regular.

Liver

The liver appears mildly enlarged, with rounded edges and a regular contour. The hepatic parenchyma is generally uniform and isoechoic compared with the falciform fat, with a fine echotexture. Subtle diffuse variation in parenchymal echogenicity is noted between hepatic regions. No focal hepatic masses are identified. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is nearly empty and folded, with small amounts of residual digested ingesta. Gastric mural thickness measures 2.31 mm with preserved wall layering. The pylorus measures 5.24 mm.

The duodenum measures 2.81 mm. The jejunum measures 3.69 mm. The ileum measures 2.91 mm. Normal wall layering is preserved throughout the examined segments. A moderate amount of intraluminal gas is present.

The transverse colon measures 1.39 mm and appears empty and folded. The descending colon measures 0.87 mm, with a small amount of fecal material present in the lumen.

Pancreas

The right pancreatic lobe measures 1.27 cm in diameter. The pancreatic parenchyma appears mildly hypoechoic, with a slightly irregular contour and mildly increased echogenicity of the surrounding peripancreatic fat.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The region of the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Pancreatic enlargement with mild parenchymal hypoechogenicity and mild peripancreatic fat hyperechogenicity.
- Mild hepatomegaly with subtle regional variation in hepatic parenchymal echogenicity.

SECONDARY FINDINGS

- Mild renal cortical hyperechogenicity with multiple small renal cortical cysts.
- Small splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pancreatic ultrasonographic findings, in conjunction with the markedly elevated pancreatic lipase and a cPL of 440, support a diagnosis of pancreatitis.

Mild hepatomegaly with subtle regional variation in hepatic parenchymal echogenicity most likely represent reactive hepatocellular change, which may occur secondary to systemic disease such as pancreatitis or prolonged anorexia. A mild vacuolar hepatopathy cannot be completely excluded in this geriatric patient.

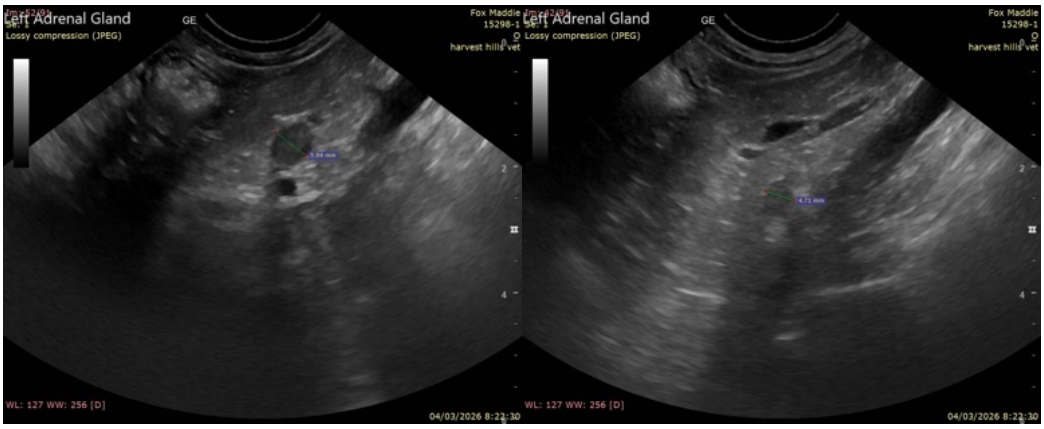
Both kidneys show mild cortical hyperechogenicity and multiple small cortical cysts. In an older dog these findings are most consistent with mild chronic renal change and incidental cortical cysts, which are commonly age-related. The preserved corticomedullary definition and normal renal size suggest that any renal disease present is likely mild or early and may not yet be clinically significant.

The adrenal glands are within normal shape and architecture. The caudal pole of the left adrenal gland measures 0.59 cm, which is borderline enlarged relative to commonly accepted reference values for dogs (<0.55–0.60 cm depending on body size). However, the glands remain symmetrical and maintain normal morphology, making clinically significant adrenal disease unlikely based on imaging alone.

The spleen contains several small nodules compatible with benign myelolipomas, which are common incidental findings in geriatric dogs.

Recommendations

- Medical management of pancreatitis is recommended.
- If clinical improvement is not observed within several days, repeat pancreatic evaluation (ultrasound or cPL testing) may be helpful to monitor disease progression or identify complications.
- Periodic monitoring of hepatic enzymes is reasonable.
- Routine monitoring of renal parameters (BUN, creatinine, SDMA, urinalysis) is recommended given the mild chronic renal changes observed.



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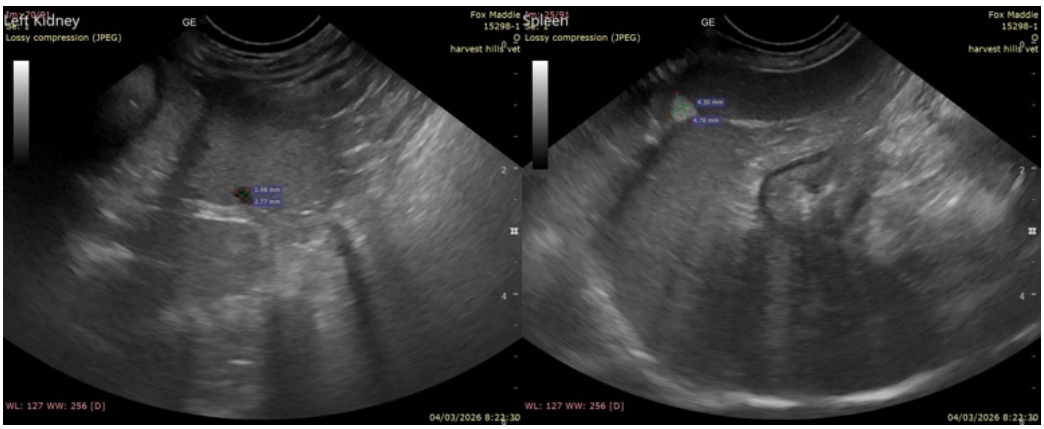

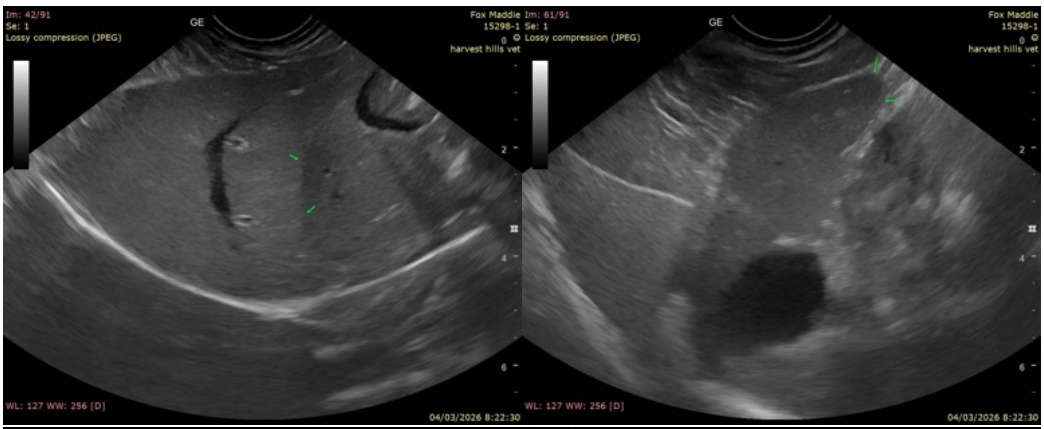

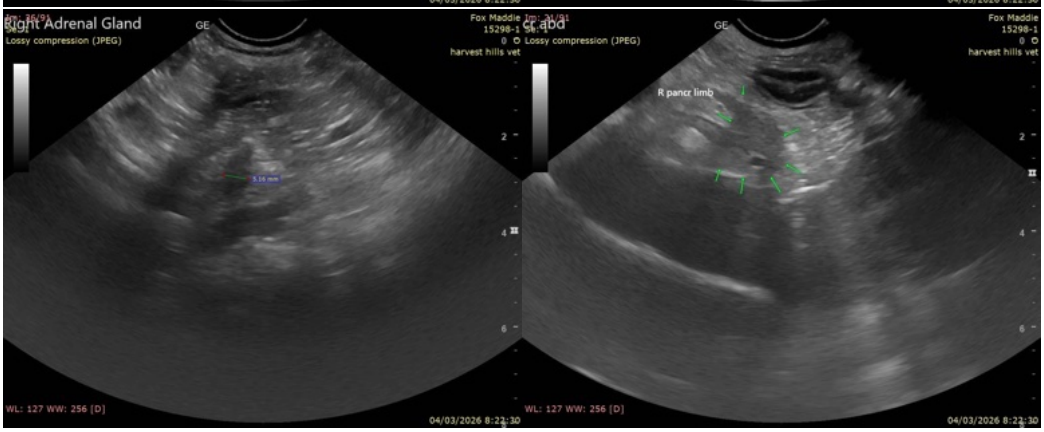

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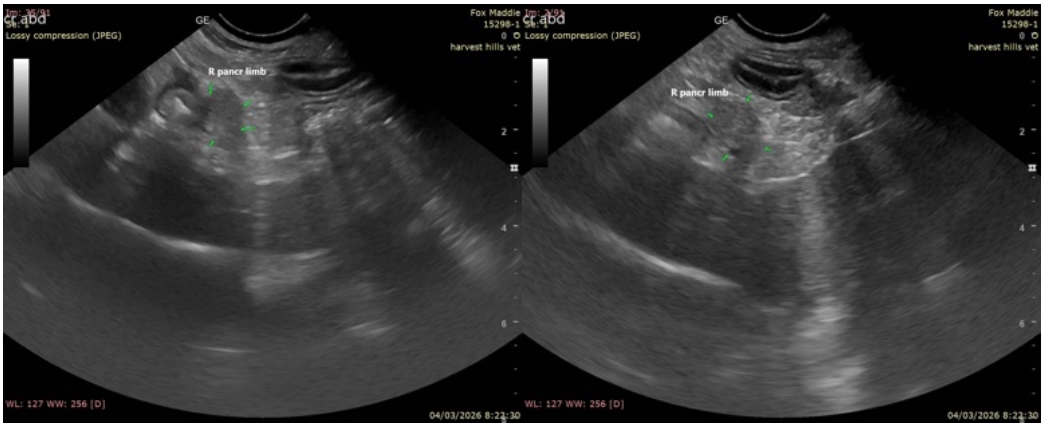

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com