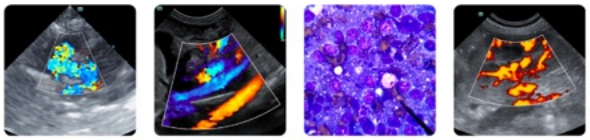


PATIENT

Jasper Olney

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

14 years

WEIGHT

15 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Laura Tarr, CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Penraat

INVOICE

78343

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: The owner reports that Jasper has been painful when picked up for the last couple of days. The owner suspects he is painful in his right rear leg although he is not limping nor favoring it. The owner thinks he has been jumping off of furniture too much and this may be the reason for his discomfort. He seems unaware when the owner is nearby and the owner thinks this is a progression of the confusion noted back in January. His appetite is great. The owner thinks she needs to cut back on food, but it was recommended to feed him 4 times daily due to gastric reflux. No vomiting/diarrhea/coughing/sneezing. Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem: Globulin 4.7 ALT 132 ALP 491 Amylase 1,917 Lipase 5.551 CPL 1,038

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the urinary bladder wall appears thin and smooth. A mild to moderate amount of dependent mineralized urinary sediment is present within the bladder lumen. The bladder neck and proximal urethra appear normal. No discrete cystoliths or sonographic evidence of inflammatory or proliferative disease are identified.

The left kidney is normal in shape and size, measuring 3.61×2.04 cm. Cortical thickness measures 0.41 cm in the sagittal plane. The renal cortex is isoechoic to the hepatic parenchyma. A small cortical cyst measuring 1.22×2.40 mm is present. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 4.17×2.61 cm. Cortical thickness measures 0.46 cm in the sagittal plane. The renal cortex is isoechoic to the hepatic parenchyma. Several small cortical cysts are present. Mild early nephrolithiasis is identified. Corticomedullary definition and corticomedullary ratio are preserved. No pyelectasia or hydronephrosis is identified.

Prostate Gland

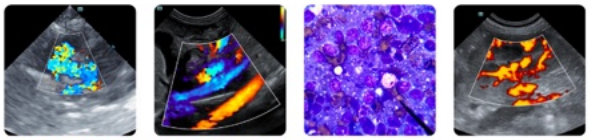
The prostate gland is small, measuring 1.56×0.78 cm, and is diffusely hypoechoic, consistent with post-castration atrophy.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

Splenic thickness measures 1.17 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture. Several small hyperechoic myelolipoma-like nodules are present, the largest measuring 3.98×5.32 mm. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous with normal echogenicity and echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin and regular. Mild to moderate biliary sludge is present within the lumen. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is empty and folded. Gastric wall thickness measures 1.62 mm and normal wall layering is preserved.

The pyloric wall measures 4.13 mm. The jejunal wall measures 2.19–2.80 mm. Intestinal wall layering is preserved throughout the examined segments.

No sonographic evidence of gastrointestinal obstruction, focal mural lesions, ileus, or foreign material is identified.

The colon appears within normal ultrasonographic limits.

Pancreas

The pancreas measures approximately 1.28–1.66 cm in thickness and demonstrates mildly irregular margins. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent mesenteric fat. No peripancreatic hyperechoic mesentery, peripancreatic fluid accumulation, focal pancreatic masses, or other evidence of severe active pancreatitis is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild pancreatic enlargement with hypoechogenicity and mild irregularity of the pancreatic margins.
- Mild early right nephrolithiasis.
- Mild mineralized urinary sediment.

SECONDARY FINDINGS

- Mild to moderate biliary sludge.
- Small bilateral renal cortical cysts.
- Multiple small splenic myelolipoma-like nodules.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild pancreatic enlargement with parenchymal hypoechogenicity and mild irregularity of the pancreatic margins. In conjunction with the markedly elevated cPL concentration, these findings are supportive of pancreatitis. No sonographic evidence of secondary peritonitis is identified.

Mild right nephrolithiasis, bilateral small renal cortical cysts, and mild mineralized urinary sediment are present. No evidence of urinary tract obstruction is identified.

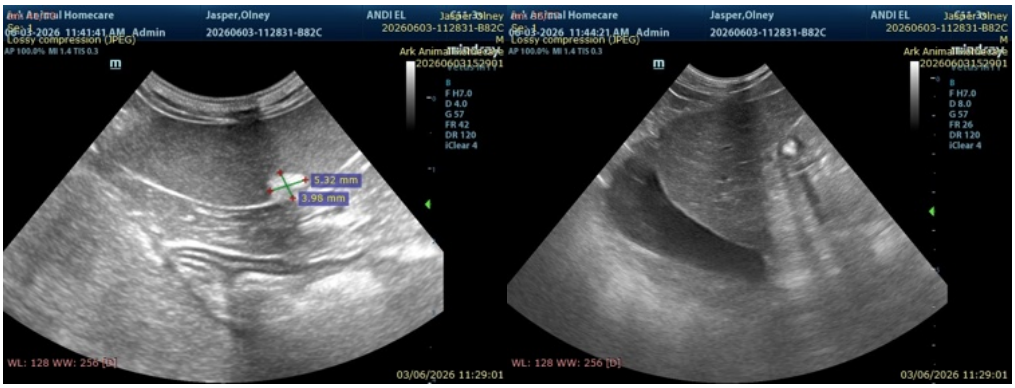
Incidental findings include post-castration prostatic atrophy and multiple small splenic myelolipoma-like nodules.

No abdominal mass, abdominal lymphadenopathy, gastrointestinal obstruction, or other significant abdominal abnormality is identified.

Recommendations

- Supportive management for pancreatitis.
- Repeat abdominal ultrasonography should be considered if clinical signs persist or worsen, as ultrasonographic manifestations of pancreatitis may lag behind clinical and laboratory abnormalities and can become more apparent on follow-up examinations.
- Correlation with urinalysis and urine sediment examination is recommended.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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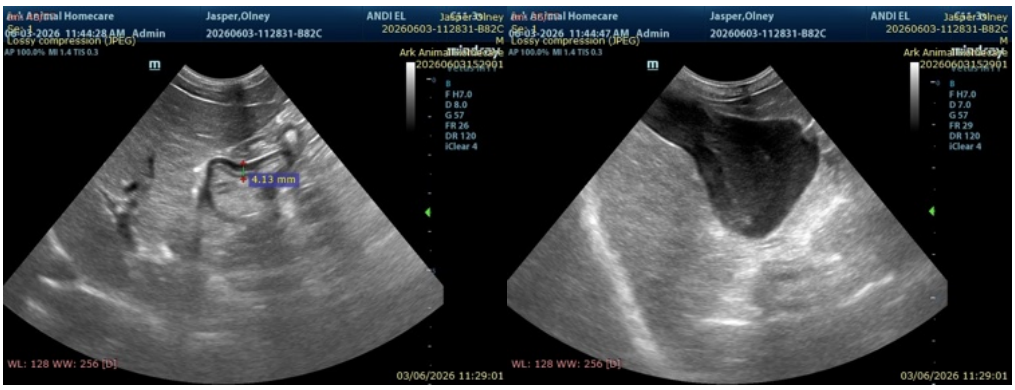

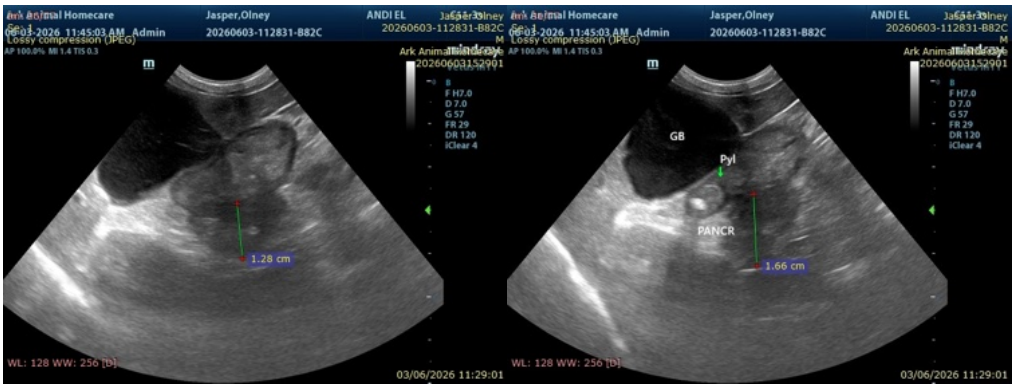

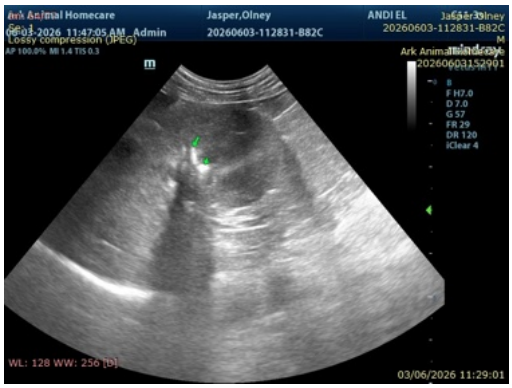

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com