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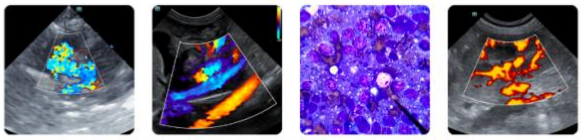

Clinical Sonography & Telecytology

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FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

DATE

1-18-26

PATIENT

TC Riley

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

1-15-14

WEIGHT

76.2 lbs.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Ruby

INVOICE

22394

PRESENTING CLINICAL SIGNS

Patient History: TC Riley presents for acute onset vomiting. Patient History: - Acute onset vomiting - Recent dietary indiscretion suspected - No additional history provided regarding appetite, water intake, urination, defecation, coughing, sneezing, or diarrhea.

Current Medications: Maropitant Citrate, Ondansetron
Labwork Results: White blood cell count 17,000, with a neutrophilia and lymphopenia. Elevated cPL. (Labwork submitted & attached).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.05 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.60 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.68 cm at cranial pole) (0.51 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

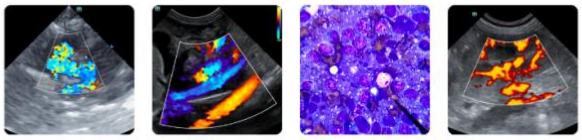
The right adrenal gland is normal in size (1.40 cm at cranial pole) (0.71 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (2.12 cm in width at the level of the hilus)with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen, and mildly heterogenous in appearance. A 1.34 x 0.84 cm hypoechoic nodule is observed on the right side, adjacent to the gallbladder. In addition, a few, small, hyperechoic nodules are seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of



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congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic-to-mineralized, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The pancreas is diffusely enlarged, with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and slightly heterogenous in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the pancreas is hyperechoic.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with moderate pancreatitis, with adjacent peritonitis.

Secondary Findings

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely. The hyperechoic hepatic nodules trend toward the benign (i.e., regenerative nodules, myelolipomas) with a lower possibility of more insidious hepatic pathology. The hypoechoic hepatic nodule could be consistent with a regenerative nodule, inflammatory focus, emerging tumor, other.
- The gallbladder changes could be consistent with cholestasis, fasting, or less likely, an emerging mucocele.
- Bilateral nonspecific age-related renal changes with trace right pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma, +/- fuzapladib.
- Given the patient's age, three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

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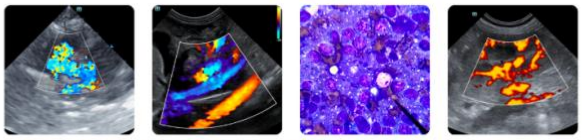

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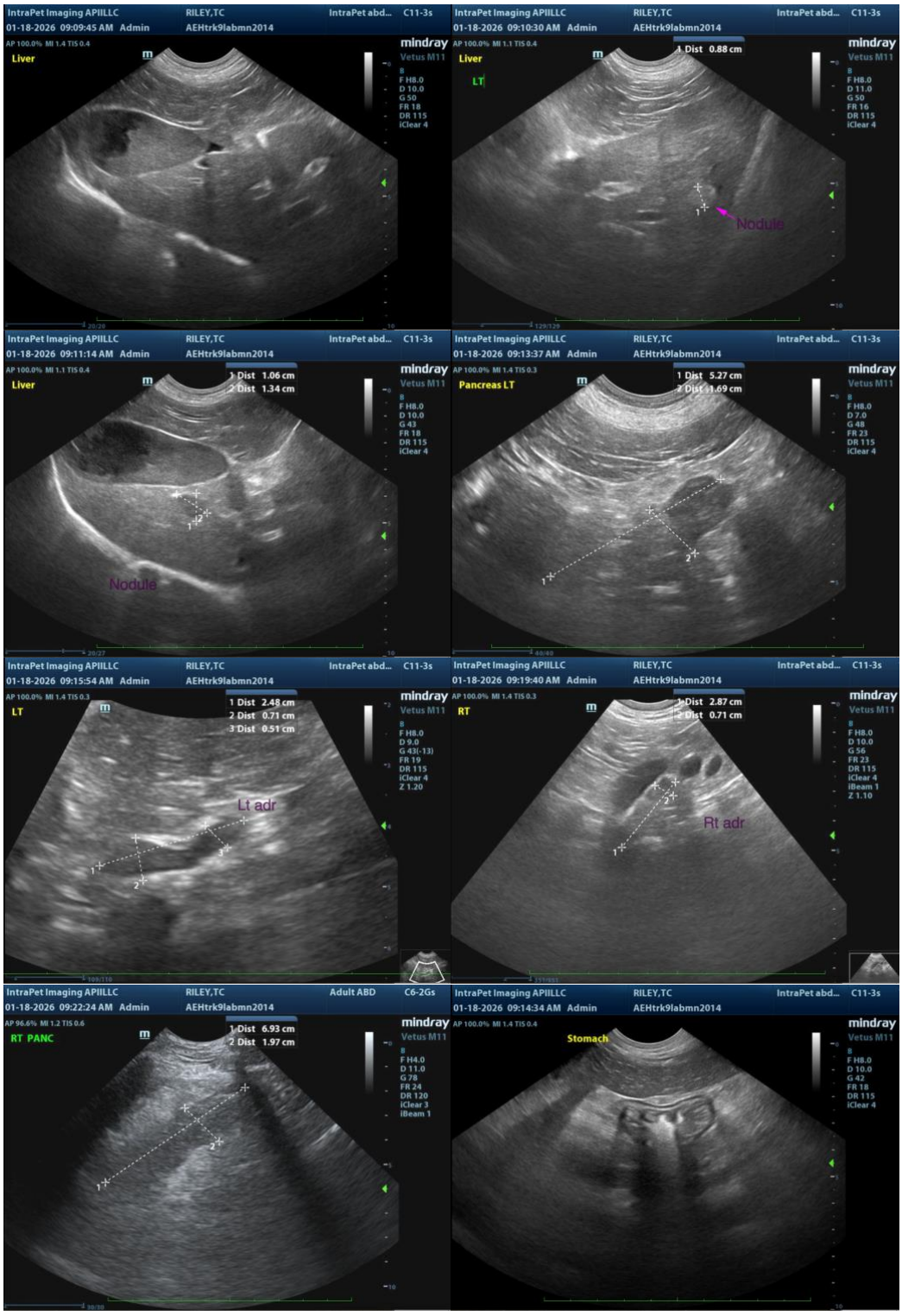

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in

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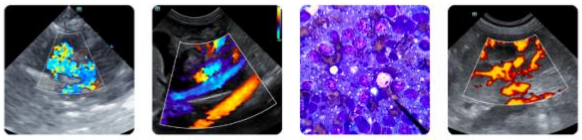

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the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com