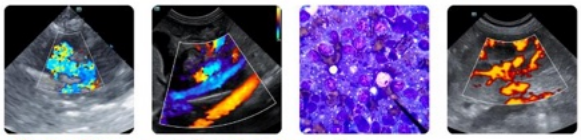


DATE

12/8/25

PATIENT

Isabella Henschel

SPECIES

Canine

BREED

Toy Poodle

SEX

Female, spayed

AGE

12/7/22

WEIGHT

17.8 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Reynolds

INVOICE

13419

PRESENTING CLINICAL SIGNS

Patient History: Isabella presents for acute vomiting Patient History: - Onset 2 days prior to presentation (Friday): single episode of vomiting - Yesterday: vomiting every time patient stands up - Vomitus: primarily bilious fluid - Progressive lethargy and decreased activity level - Significantly decreased water intake (normally drinks frequently) - Decreased appetite - Excessive flatulence with malodor - Current medications: - Apoquel for pruritus (at least 1-1.5 weeks duration) - Mometamax for ear infection - Diet: Rachel Ray tiny bites kibble, Little Caesars soft food occasionally, rare roast beef lunch meat, duck jerky treats - Recent potential exposure: landscaper applied salt outside, possible paw contact with subsequent ingestion - No access to inappropriate items, selective eater - Normal defecation, formed stool - Regular veterinarian in Churchville, previously on Eastern Shore.

Current Medications: Gabapentin, Pantoprazole, Maropitant.
Labwork Results: CBC chem WNL
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly 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 left kidney is normal in size (4.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.48 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 (0.91 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.

Spleen

The spleen is normal in size (1.35 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 normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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 left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A 1.73 x 0.60 cm mesenteric lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

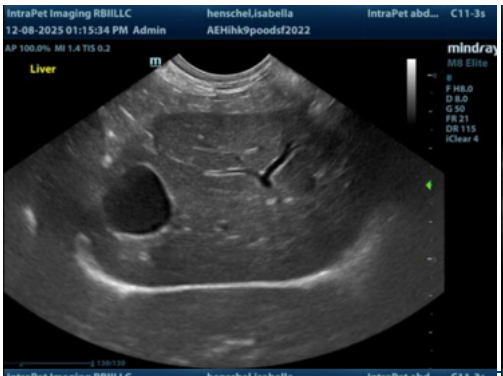
ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, toxicity, infectious/parasitic disease, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for internal parasites is recommended.
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
3. Consider a cPLI to assess for pancreatitis.
4. While awaiting test results, supportive care for acute gastroenteritis is recommended. If clinical signs persist despite medical management, further GI workup (i.e., GI panel, endoscopic or surgical GI biopsies) may be indicated.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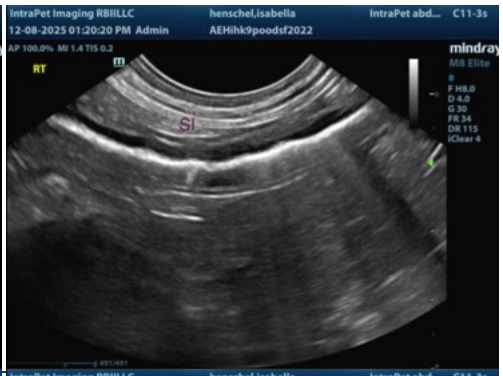
Liver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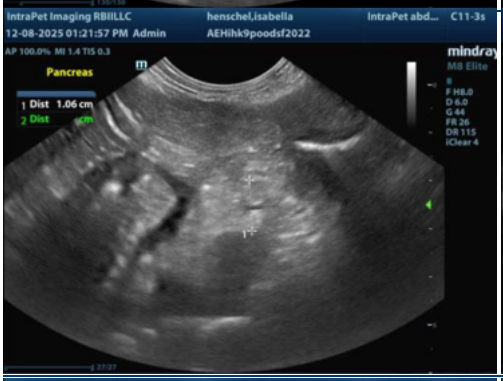
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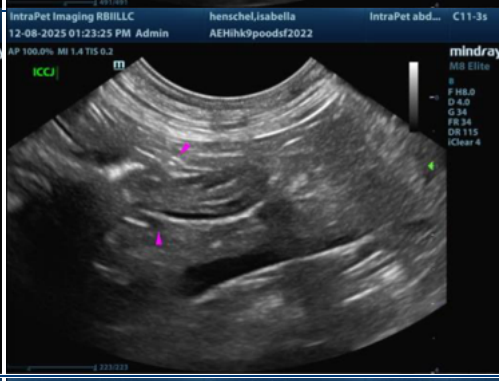
Pancreas
1 Dist 1.06 cm
2 Dist cm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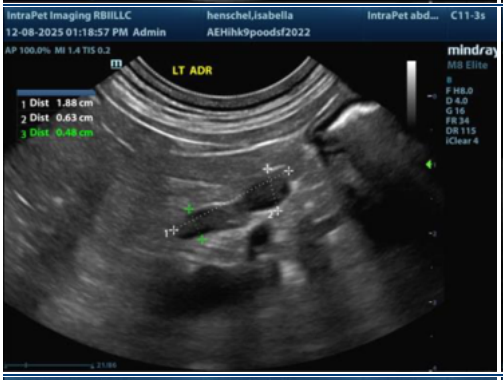
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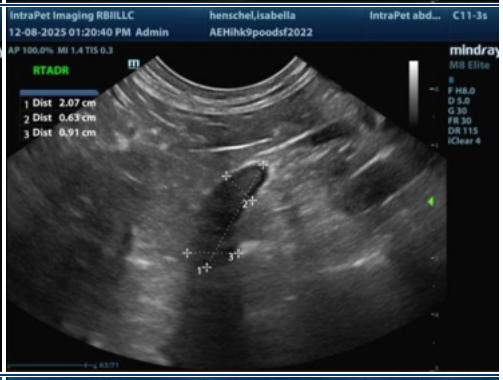
LT ADR
1 Dist 1.88 cm
2 Dist 0.63 cm
3 Dist 0.48 cm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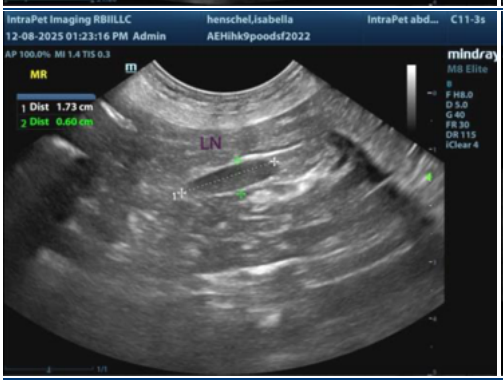
RTADR
1 Dist 2.07 cm
2 Dist 0.63 cm
3 Dist 0.91 cm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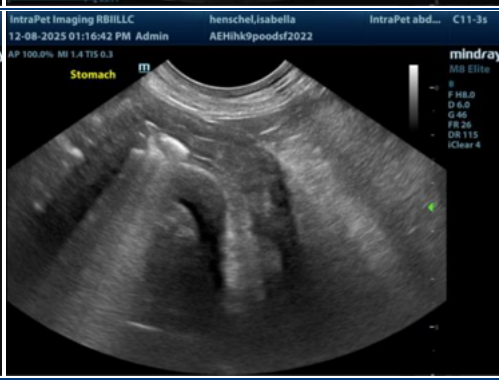
MR
1 Dist 1.73 cm
2 Dist 0.60 cm
LN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Stomach

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.

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