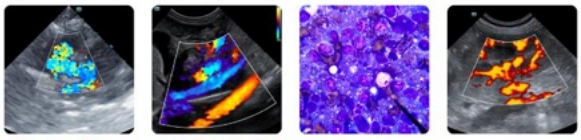


DATE

2/16/26

PATIENT

Sadie Echevarria

SPECIES

Canine

BREED

Pomeranian mix

SEX

Female, spayed

AGE

2/14/2020

WEIGHT

23.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Jones

INVOICE

13477

PRESENTING CLINICAL SIGNS

Patient History: Sadie E presents for inappetence, vomiting, and lethargy. Patient History: - Diagnosed with diabetes mellitus 5-6 months ago. - Insulin dose is 10-15 units twice daily, adjusted based on meal size. Client reports she has been well-controlled until today. - Did not receive insulin today due to inappetence. - Lethargy began this morning; remained in bed, refused food, and was unwilling to play with housemate dog. - Vomited once late in the evening around 10 PM. - Behavior change: Client describes her as being in a "mood" and not wanting to be bothered, which is abnormal. She is normally "spicy" at the vet but is very subdued today. - History of intermittent urinary incontinence, which was more pronounced yesterday. - Last glucose curve was performed approximately 4-5 months ago.

Current Medications: Ondansetron, maropitant, ampi/sublactam, buprenorphine, omeprazole
Labwork Results: WBC count 21,000 with a neutrophilia, USG 1.022, 2+ proteinuria, glucosuria, ketonuria, inactive sediment, BUN 69, creat 1.7, phosphorus 8.3, ALP 1899, GGT 15, elevated amylase and lipase.
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 anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (5.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.61 cm at cranial pole) (0.61 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 (0.87 cm at cranial pole) (0.50 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 (1.22 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 swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is minimally to mildly distended with ingesta. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly 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:

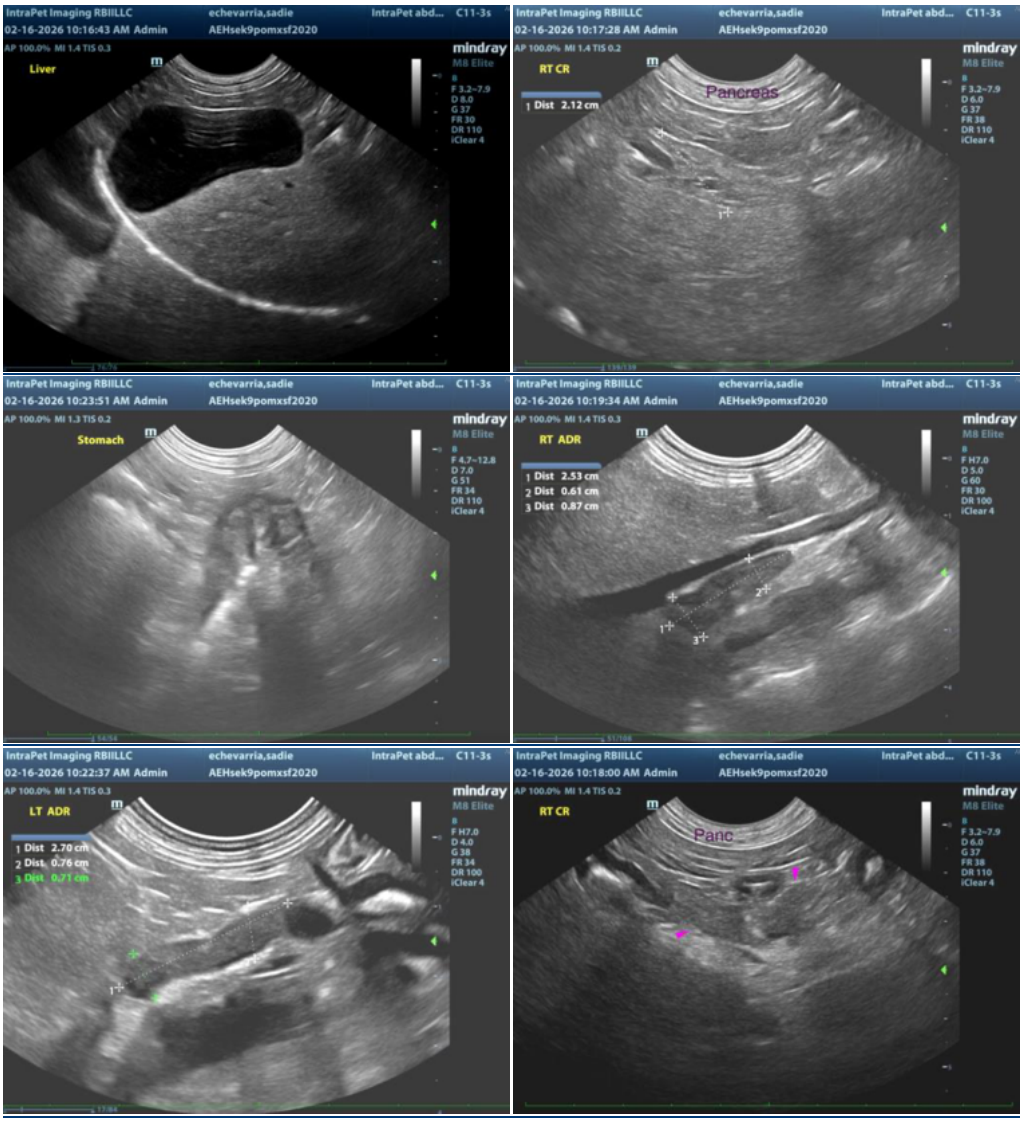
- The pancreatic changes are most consistent with mild acute or chronic active pancreatitis with parenchymal remodeling.

Secondary Findings:

- The diffuse hepatic changes are non-specific 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 left pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD, fluid therapy or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the patient's clinical status, a urine culture and sensitivity is recommended to assess for occult infection.
2. Supportive care for diabetic ketoacidosis/mild pancreatitis is recommended.
3. If clinical signs persist despite medical management, further workup may be indicated.



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