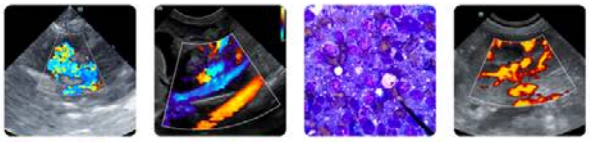


PATIENT

Jenkins Dalanoy

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Neutered Male

AGE

8

WEIGHT

8.9 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Leslie

INVOICE

72547

DATE

12/13/25

PRESENTING CLINICAL SIGNS

Some vomiting last 48-72 hrs that has responded to cerenia History o allergic dermatitis on cerenia , apoquel and kangaroo diet - and is managed.

Abnormal PE/Chem/CBC/UA Results: Mild to mod neutrophilia, low protein and albumin no protein in urine. Severe elevation Amylase and lipase Cholesterol low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 4.41 cm. Right kidney measures 4.32 cm. There is mild dystrophic mineralization noted bilaterally.

Adrenal Glands

The adrenals are slightly thin and flattened with an isoechoic parenchyma. The phrenic vasculature isnormal. There is normal glandular echogenicity an detail. Left measures 0.34 cm x 1.15 cm. Right measures 0.35 cm x 0.98 cm.

Spleen

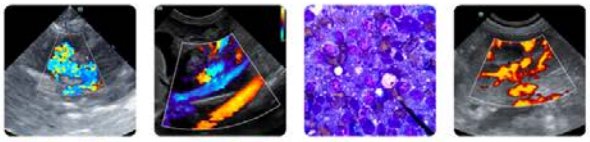
The spleen measures 1.1 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented.

Gastrointestinal

The stomach is non-distended with a mildly thickened wall with mild loss of wall layering in some regions. The pylorduodenal junction is patent with no evidence of pyloric outflow obstruction. The small intestine is normal with no significant dilation or shadowing foreign material. The small intestinal wall is normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.



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Pancreas

The pancreas is slightly hypoechoic with ill-defined mixed hypo- and hyperechoic nodules throughout as well as mild regional hyperechoic mesentery or omental fat.

Free Abdomen

There are several prominent mesenteric and jejunal lymph nodes, with a normal length to width ratio and isoechoic parenchyma. There is no significant free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- There is mild dystrophic mineralization noted bilaterally in the kidneys that is non-obstructive at this time. This is likely an incidental finding.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- The thickened regions of the gastric wall with mild loss of wall layering may represent an acute gastritis. However, early infiltrative disease such as inflammatory bowel disease or infiltrative round cell neoplasia cannot be definitively excluded.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.
- The slightly prominent mesenteric and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
- Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

An ACTH stimulation test is indicated to evaluate for potential hypoadrenocorticism. A baseline/resting cortisol less than 0.52 µg/dL significantly increases the index of suspicion for hypoadrenocorticism.

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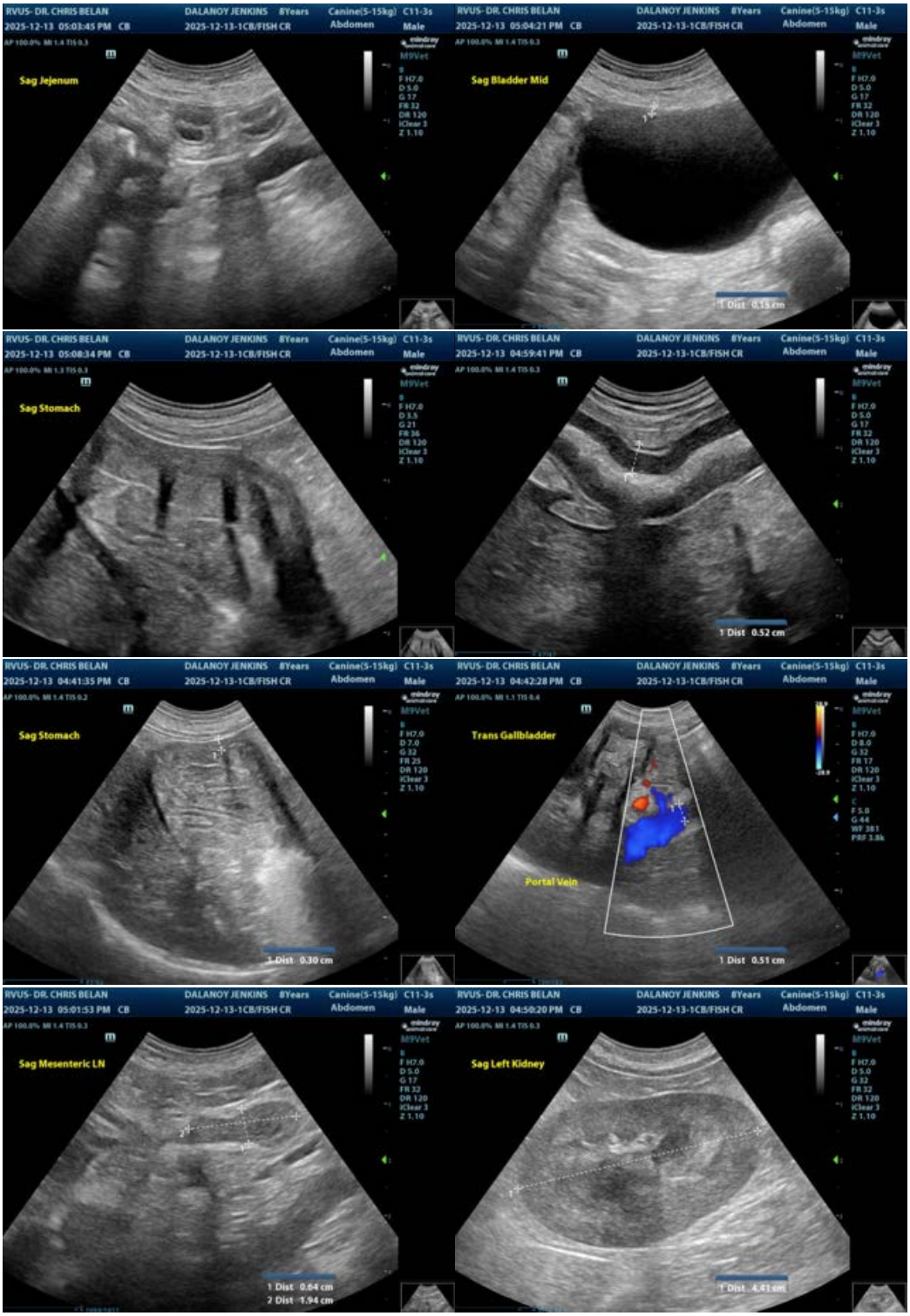

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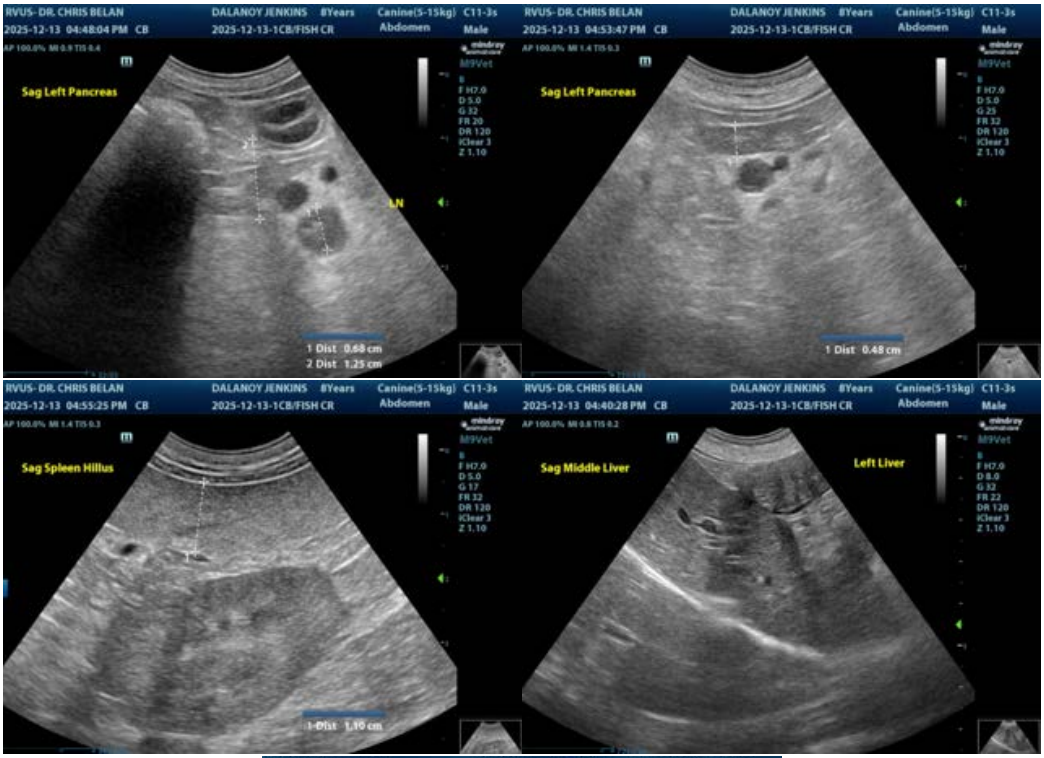

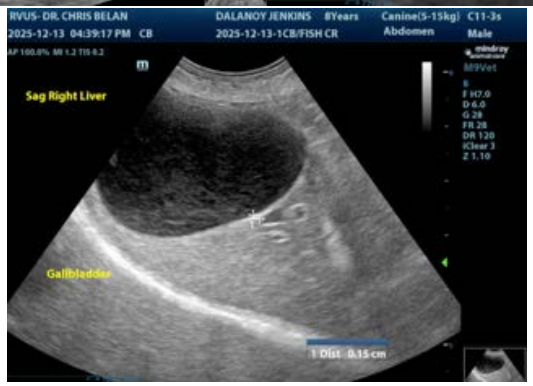

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com