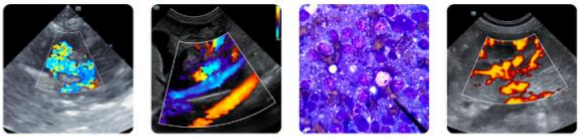

PATIENT

Tillie Flemm

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

3 Years

WEIGHT

22.4 pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Whippany Veterinary Hospital

REFERRING VET

Dr. Smith

INVOICE

12710

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Vomiting, elevated trending upwards liver enzymes, tense abdomen. R/O GB disease, pancreatitis, Hepatic disease, adrenal disease, Cushing's.

Meds: NPH Insulin12 units BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure. The cortices are hyperechoic with a loss of corticomedullary definition. There are minor microcystic cortical changes noted bilaterally with a normal cortex to medulla ratio and no significant pyelectasis or pelvic dilation. The capsules are mildly irregular bilaterally. The left kidney measures 5.49 cm. The right kidney measures 5.87 cm.

Adrenal Glands

Both adrenal glands are slightly thin and flattened with isoechoic parenchyma. The phrenic vasculature is normal. The left adrenal gland measures 0.40 cm x 1.85 cm. The right adrenal gland measures 0.43 cm x 2.96 cm.

Spleen

The spleen 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. The spleen measures 1.84 cm at the hilus.

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 wall is appropriately thin which contain a mild amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic duct is normal. The common bile duct and duodenal papilla are not discretely visualized yet there is no overt evidence of mechanical extrahepatic biliary obstruction.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

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The pancreas is prominent with irregular capsular margins. The parenchyma is hypoechoic with mixed hyper- and hypoechoic nodular changes. The pancreatic duct is mildly distended. There is regional hyperechoic mesentery and omental fat that may be consistent with steatitis.

Free Abdomen

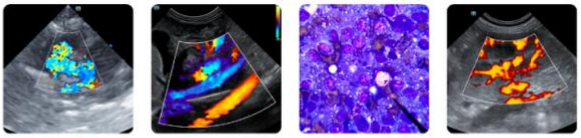
There is no overt lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age-related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.
- 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.
- 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 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.

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 cPLI is recommended to further evaluate the pancreas for evidence of active inflammation or pancreatitis. 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. Also consider 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 (especially if clinical signs are chronic in nature). Pending additional diagnostics, supportive care for suspected pancreatitis should be considered. It should also be mentioned that the changes to the pancreas while are likely inflammatory, especially given the patient's age, an infiltrative neoplastic disease cannot be definitively excluded. So if there is no evidence of pancreatitis, one could also consider fine needle aspirates and cytology of the pancreas.



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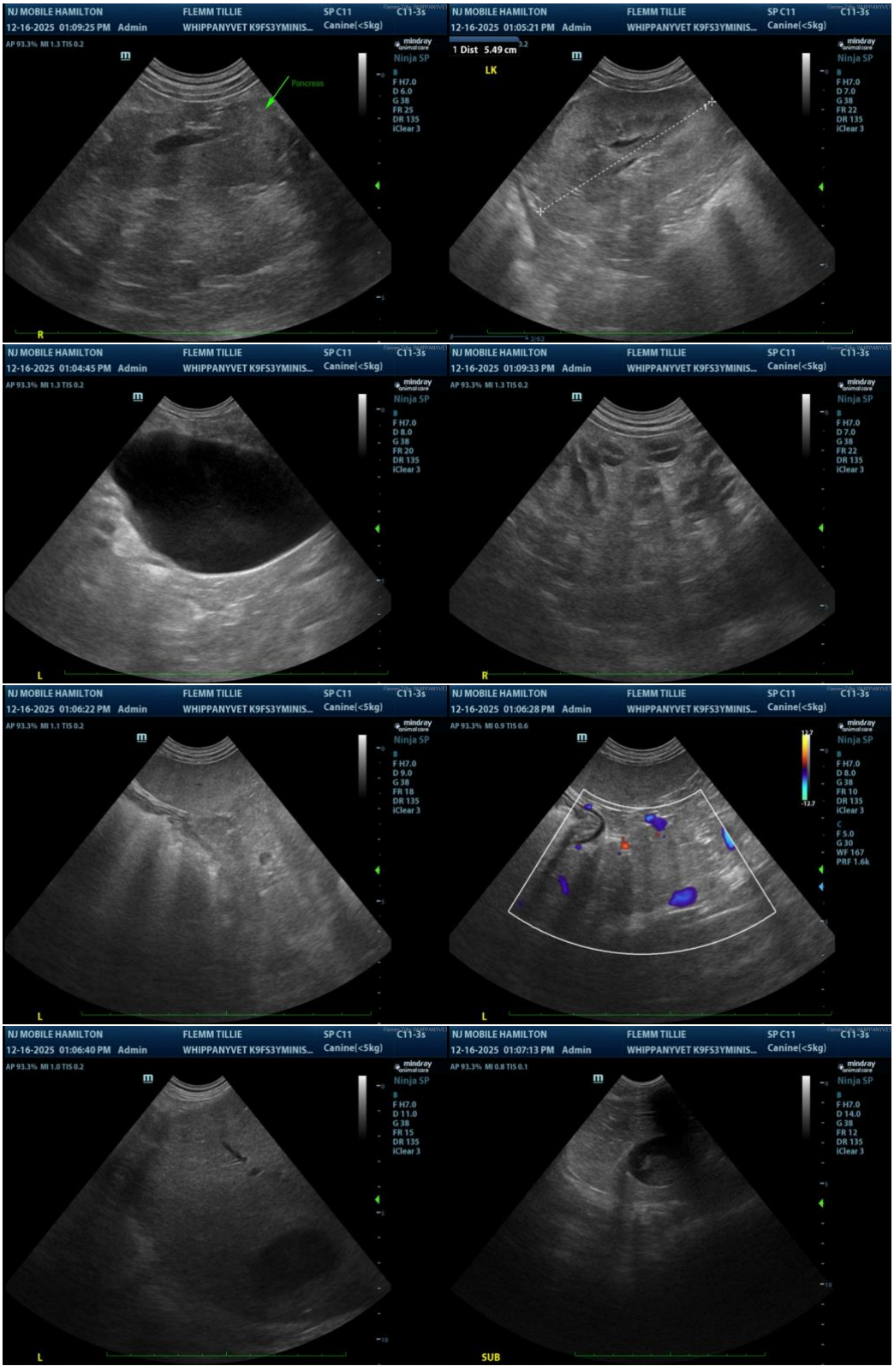

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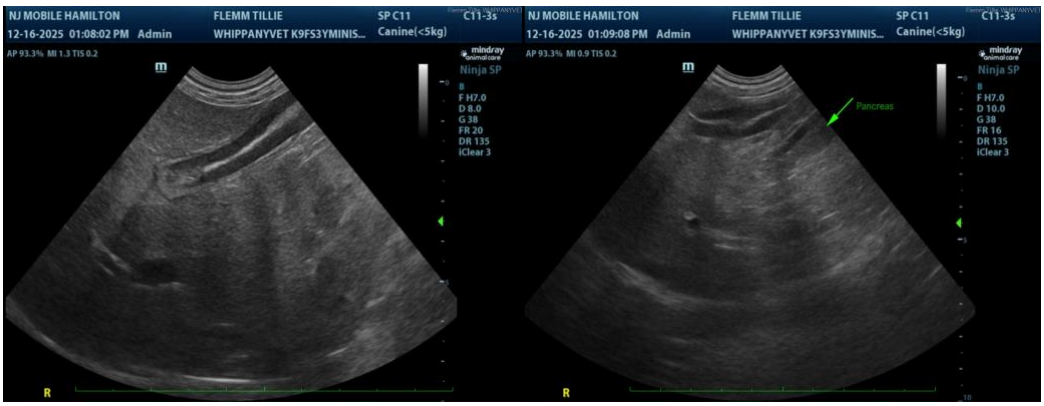

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com