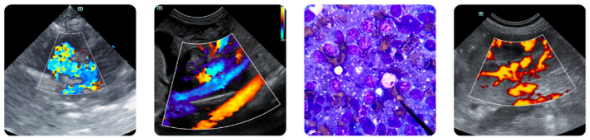


PATIENT

Bella Botts

SPECIES

Canine

BREED

Doodle

SEX

Female

AGE

3 months

WEIGHT

2.03 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

10988

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

was seen at rdvm 12/18 for ADR, lethargy. rdvm checked blood sugar, was 34 mg/dL, given IV dextrose. sent home. P ate a small amount of food at rdvm. P did not eat at home. Vomited at rdvm and has had diarrhea. Presented to Shores 12/18 at 9:48 pm; again ADR, limp, laying lateral. admitted for supportive care. IVF with dextrose supplementation, famotidine, acetylcysteine IV, vitamin K, denamarin. *concern for acute hepatic insult, hypoglycemia, unknown toxin, liver shunt, other.

Abnormal PE/Chem/CBC/UA Results: *PE: obtunded, mild pain, thickened gassy bowel *bg (at triage): 36 *cbc: normal *epoc: na 135, K+ 3.1, cl 105, lactate 8.14, bg 41 *chem: alp 431, alt > 10,000, ggt 35, t Bili 1.8 *nh3: 107 *12/19: ALP 709, ggt 22, t bili 1.6, ALT too high to read *12/19: NH3 256

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine, and a mild amount of suspended echogenic debris. The bladder wall has normal wall layering with apparently normal wall thickness; however it's inadequately distended for complete evaluation. The ureters are not visualized. The trigone and proximal urethra are patent.

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 3.69 cm, and the right kidney measures 3.88 cm.

Adrenal Glands

Both adrenal glands are not definitively visualized.

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 0.71 cm at the hilus.

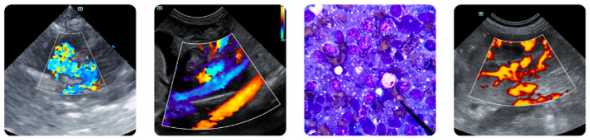
Liver

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 contains anechoic bile with a mild to moderate degree of gallbladder wall edema. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. The portal vasculature is not definitively visualized.

Gastrointestinal

The stomach is moderately distended with echogenic non-shadowing contents. The pylorus and pyloroduodenal junction are patent. The gastrointestinal wall is normal in thickness with maintenance



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of normal wall layering. The small intestine is multifocally minimally distended with mildly echogenic fluid. There is no shadowing foreign material or overt evidence of mechanical small intestinal obstruction visualized. The ileocecal colic junction and colon are patent and the colon contains normal shadowing feces.

Pancreas

The pancreas is mildly edematous and slightly hypoechoic with irregular contour.

Free Abdomen

There's no overt lymphadenopathy and there's a scant volume of anechoic free fluid noted.

ULTRASONOGRAPHIC FINDINGS

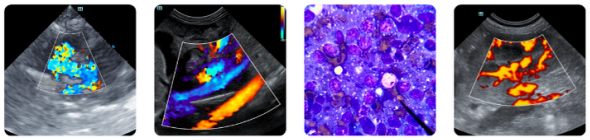
- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The gallbladder wall edema may represent anaphylaxis given the clinical presentation. However, gallbladder wall edema can be seen in cases of right sided congestive heart failure or other causes of distributive obstructive shock.
- The mild gastric stasis and small intestinal dilation is suggestive of a functional ileus. This is likely secondary to other causes of the underlying shock and hypoglycemia.
- The edematous and slightly irregular pancreas may be secondary to a primary pancreatitis. However, in the absence of significant clinical history, this is also likely edema secondary to an acute shock state.
- The scant volume of free peritoneal effusion may also be secondary to underlying anaphylaxis or other causes of systemic shock.

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.

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.

A pre and post-prandial bile acids is recommended to further evaluate hepatic function given the concern of potential portosystemic shunt. If this is consistent with a portosystemic shunt, an abdominal CT scan with angiography is recommended for further evaluation of portal vasculature. Pending additional diagnostics, continued supportive care as clinically indicated is recommended



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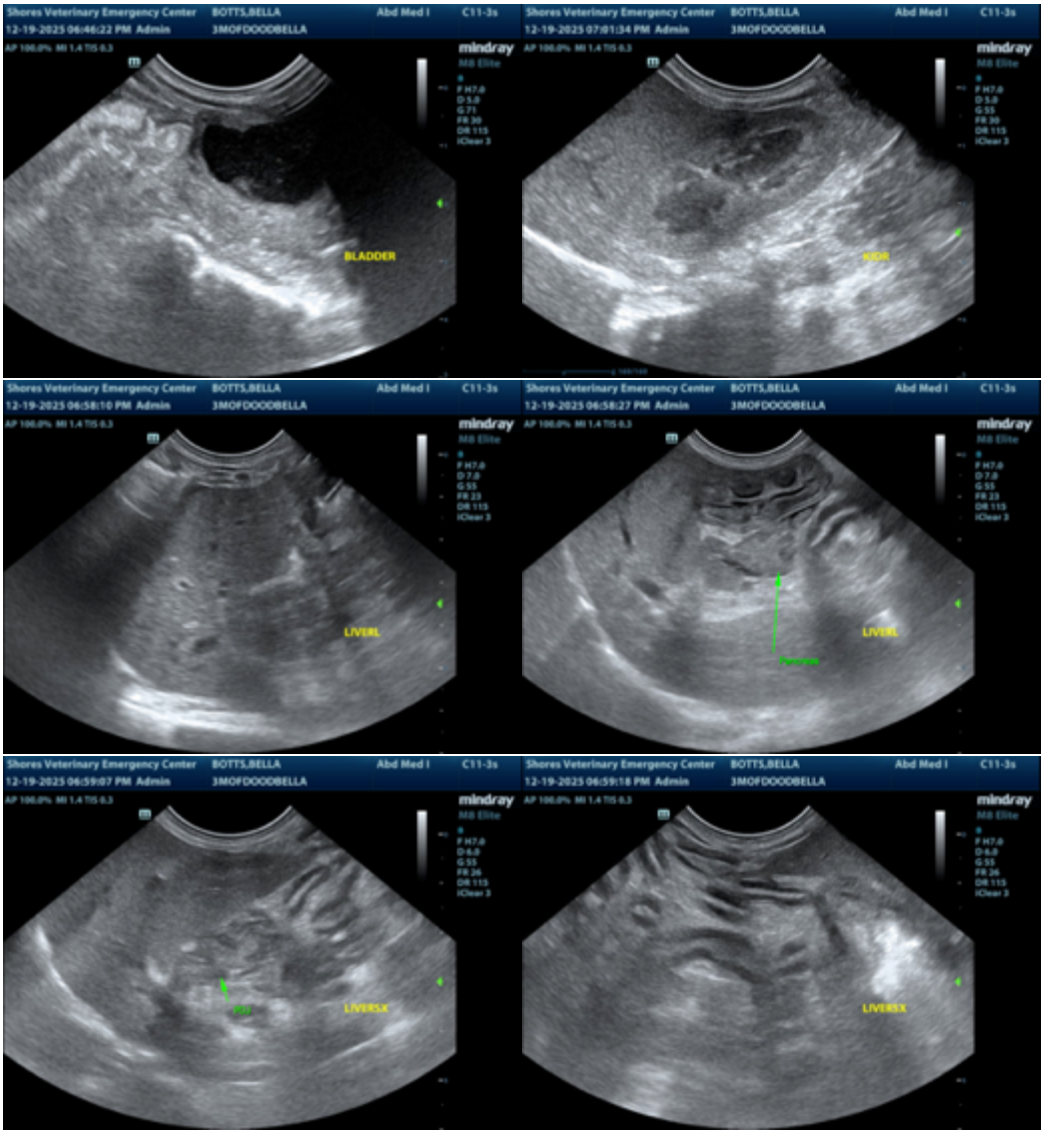

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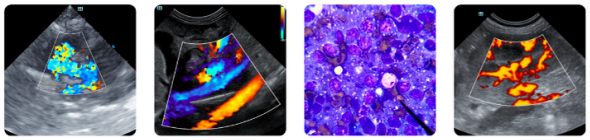

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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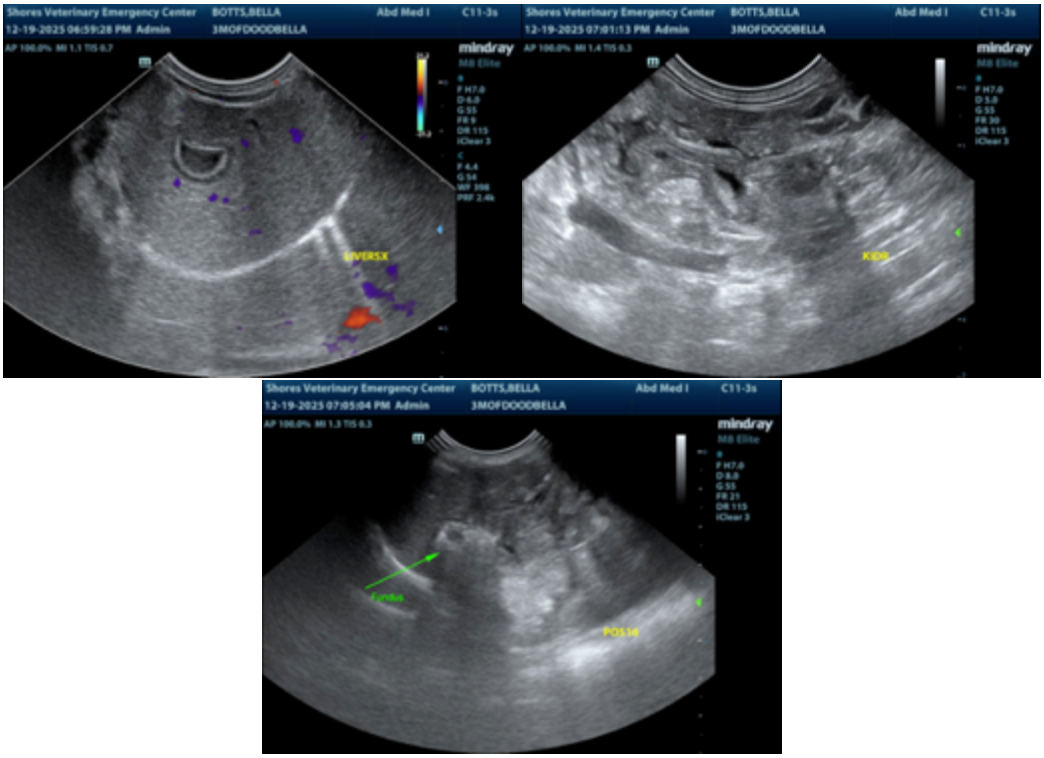

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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