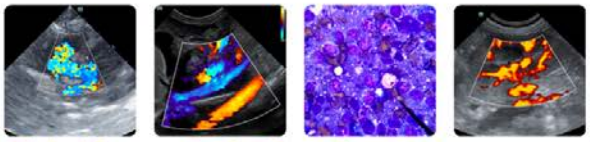


PATIENT

Hecate Zorn

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

5 Years

WEIGHT

11.6 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Jackson

INVOICE

72816

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Pt presented for 24 hour history of lethargy, inappetence, vomiting and diarrhea. No known toxic ingestion and patient noted to be icteric, have severe azotemia , hepatopathy and diffused peripheral lymphadenopathy. General Appearance: Lethargic Hydration: Slightly dehydrated Eyes: Abnormal: sclera icteric OU Ears: Abnormal: brown debris AU Oral Cavity: Tartar moderate, black pigmented mucus membranes, small area of non pigmented mucosa at lip margin, mildly icteric appearance Nasal Cavity: No obvious abnormalities observed Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation Integument: Normal amount of shedding; skin looks normal; hair coat in good condition Lymph Nodes: **left prescapular LN enlarged, popliteal LN enlarged bilaterally, inguinal L LN mildly enlarged Urogenital: External genitalia appears normal; bladder palpates normally Neurologic: No apparent abnormalities.

Abnormal PE/Chem/CBC/UA Results: EPOC: Creatinine 7.5 (high), BUN 61 (high), Calcium 1.10, Sodium 135 (low), pH 7.352, BEB -5.8, Hematocrit 41% CBC: Hematocrit 39.3%, White Blood Cell 26.17 (high), Neutrophils 22.03 (high), Monocytes 1.94 (high) CHEM 17: Lipase 5980 (high), Amylase 2237 (high), Bilirubin 8.9 (high), GGT 23 (high), ALKP 1752 (high), ALT 507 (high), Calcium 7.8, Phosphorus 12.1 (high), BUN 83 (high), Creatinine 6.4 (high, was initially too high to read- diluted sample) FAST Scan: Gallbladder appears normal. Left kidney visualized. Right kidney not visualized. No overt tumors on liver. Lepto Witness Test: Negative Complete Diagnostic Ultrasound: Pending Lymph Node Aspirates IMAGST: Pending Urinalysis: Pending BP: 132/64 (74) BP: 162/107 (115)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The bladder wall appears subjectively thickened. However, there is inadequate distention to evaluate further.

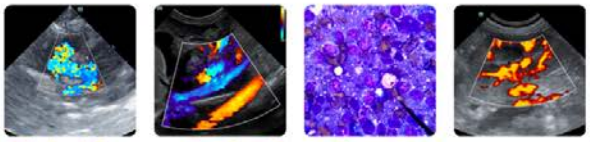
The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left measures 5.22 cm. Right measures 5.9 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.55 cm at the caudal pole. Right measures 0.60 cm at the caudal pole.

Spleen

The spleen measures 1.35 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.



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Liver

The liver is subjectively enlarged with mildly rounded margins. The parenchyma is mildly heterogeneous and hyperechoic with no distinct mass effect. The vasculature is normal with no evidence of congestion. The gallbladder is minimally distended with hyperechoic contents within that is minimally shadowing. There is no evidence of intra- or extrahepatic biliary dilation. The cystic and common bile duct appear normal.

Gastrointestinal

There is a mild amount of gastrointestinal ingesta within the stomach and small intestine with a slight to-fro motion consistent with ileus. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon is non-distended. The Ileocecocolic junction is patent.

Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The hyperechoic material within the gallbladder may be an incidental finding. However, cholelithiasis can't be definitively excluded, given the concern for hyperbilirubinemia. An occult extrahepatic biliary obstruction can't be definitively ruled out.
- There are areas of minor gastrointestinal luminal fluid noted with echogenic contents and a to-fro motion consistent with ileus. There was no evidence of an obstructive pattern, and normal wall thickness and layering is retained throughout the gastrointestinal tract. This is consistent With response to irritation or inflammation. Gastroenteritis or pancreatitis should be considered
- The normal appearance of the pancreas does not exclude occult pancreatitis as an underlying cause of the gastrointestinal signs and potential secondary azotemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver and peripheral lymphadenopathy with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Consider a spec cPLI to further evaluate the pancreas for active inflammation or pancreatitis.

Continued supportive or symptomatic care as clinically indicated is recommended pending additional diagnostics.

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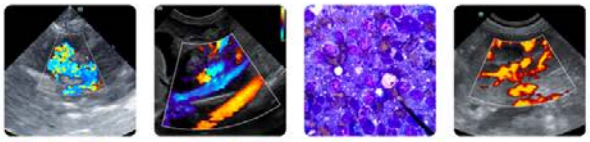

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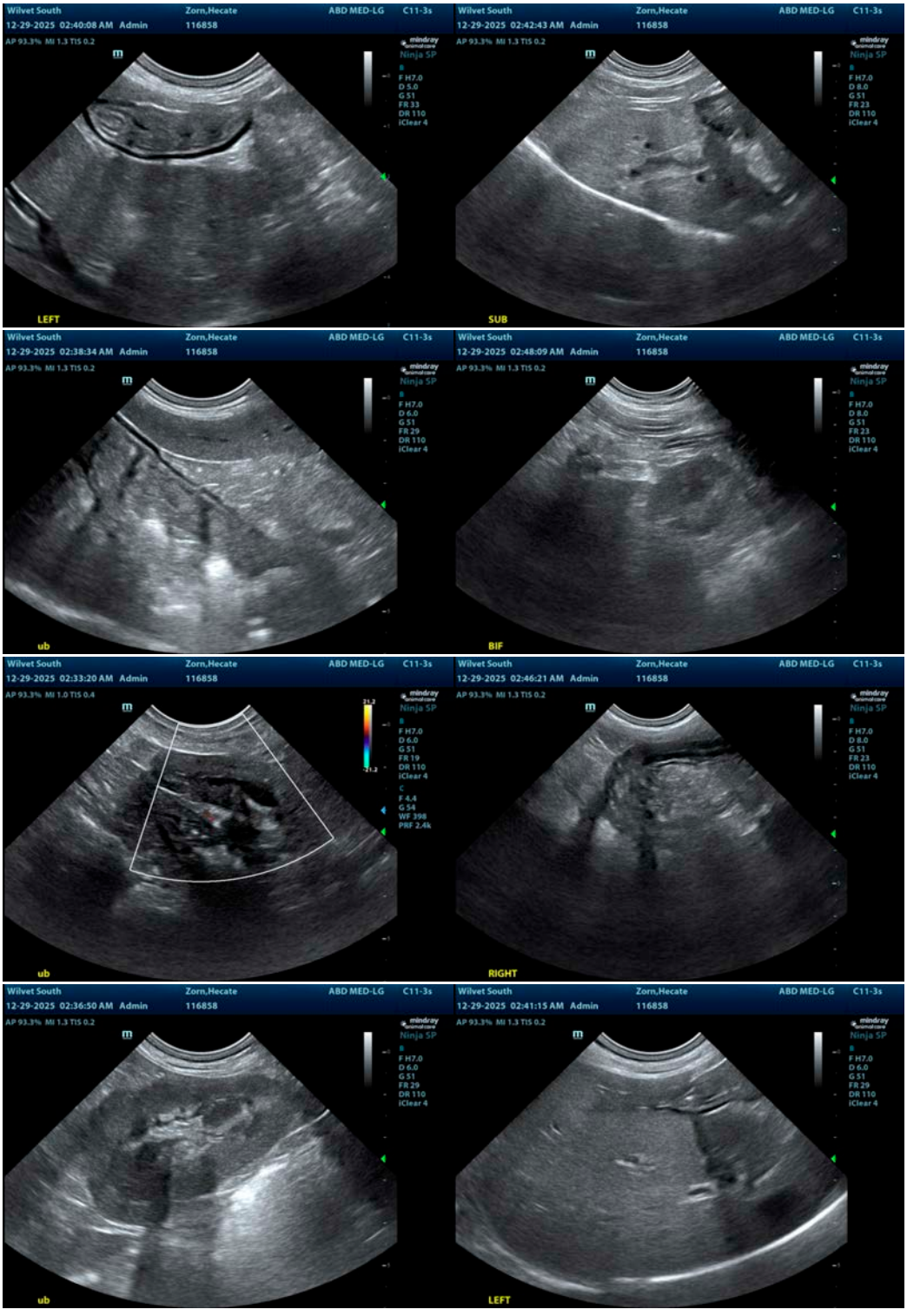

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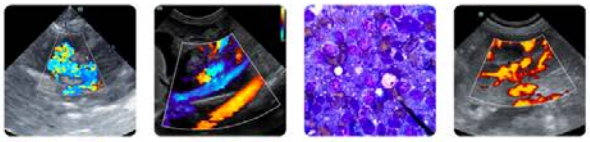

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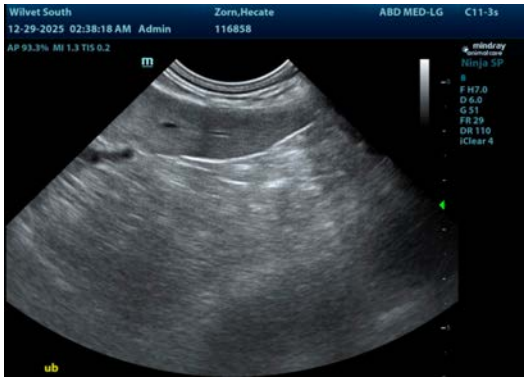

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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