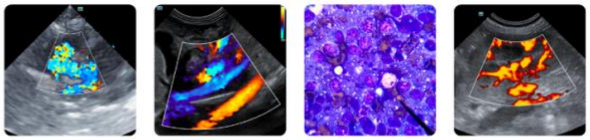


PATIENT

Maya Bollt

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.1 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

16234

DATE

06/01/26

PRESENTING CLINICAL SIGNS

*P has not been eating well for 4 days. Yesterday P ate scrambled egg and a few treats. Past few days P also ate small amounts of cooked chicken, rice, and carrots. P is anorexic today. P has been lethargic for 4 days. Owner noted distended abdomen 3 days ago. P has been vomiting a few times since 5/27. P was seen at rDVM today and recommended for referral for further care and workup with abdominal ultrasound; possible abdominocentesis. Blood work today showed elevated liver values, thrombocytopenia, elevated wbc count, hypoalbuminemia, low protein level, and pancreatitis. prior history of heart murmur. Prior history of arthritis. P was to have a cardiac workup today but doctor unavailable. Now scheduled for 7/6 for echocardiogram. P was started on Galliprant about 4 weeks ago but has not been given in 7 days due to gi symptoms. *concern for elevated liver values, abdominal effusion, cardiac disease, pancreatitis, hypoalbuminemia, PLE, PLN, lymphangiectasia, neoplasia, other

*PE: pain 2/4 abdominal; BCS 5/9 not counting distended abdomen; heart murmur 3/5 left; abdomen tense/hard to palpate rDVM Chem: Calcium 7.8- corrects to 9.6(N), TP 4.9 (L), ALB 1.7 (L), ALT 486(H), ALP 504 (H); electrolytes wnl; CBC: neutrophilic (16.09) (H), leukocytosis 17.97 (H), Plat 69k (L) draw vs true; cPL (snap) abnormal rads: lack of abdominal detail due to effusion; thorax non remarkable

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 mild degree of loss of corticomedullary distinction. Cortex to medulla ratio is appropriate with mildly irregular renal capsules. There is a mild degree of pyelectasis bilaterally. There is no significant ureteral dilation or evidence of obstructive disease. The left kidney measures 3.9 cm. The right kidney measures 4.0 cm.

Adrenal Glands

Both adrenal glands are not readily visualized.

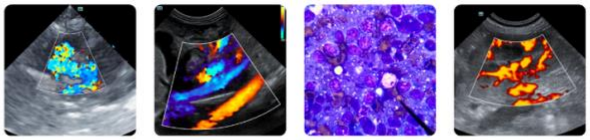
Spleen

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 1.12 cm at the hilus.

Liver

The liver is subjectively enlarged and diffusely mottled with a heterogeneous parenchymal pattern. The vasculature is normal with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. The gallbladder wall is mildly thickened. The cystic and common bile ducts appear normal. No intra- or extrahepatic biliary dilation.

Gastrointestinal



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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

The pancreas is diffusely enlarged and hypoechoic with irregular margins. There is a moderate degree of hyperechoic irregular nodular mesentery as well as a moderate volume of mildly echogenic free peritoneal effusion.

Free Abdomen

There is no significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- 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 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.
- The degree of nodularity to the mesentery may be secondary to a diffused peritonitis caused by acute pancreatitis, however, given the degree of irregularity and the volume of effusion, a mass effect cannot be definitively excluded. An occult abdominal mass also cannot be completely ruled out based on this study.

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.

Fine needle aspirates of the liver 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.

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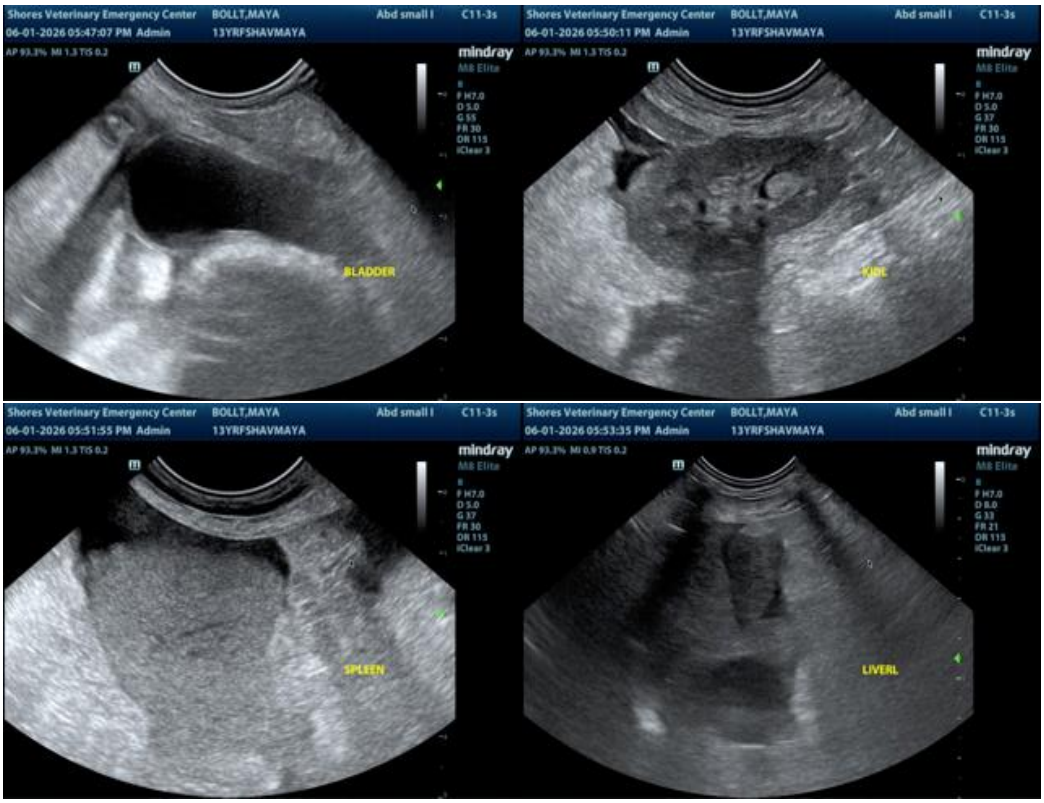
A spec-cPL is recommended to further evaluate the pancreas for active inflammation or pancreatitis. Abdominocentesis should be performed with fluid analysis and cytology to evaluate the character of the abdominal effusion.

Additionally, one could consider fine needle aspirates of several of the nodular changes within the mesentery to help better exclude occult infiltrative neoplastic disease.



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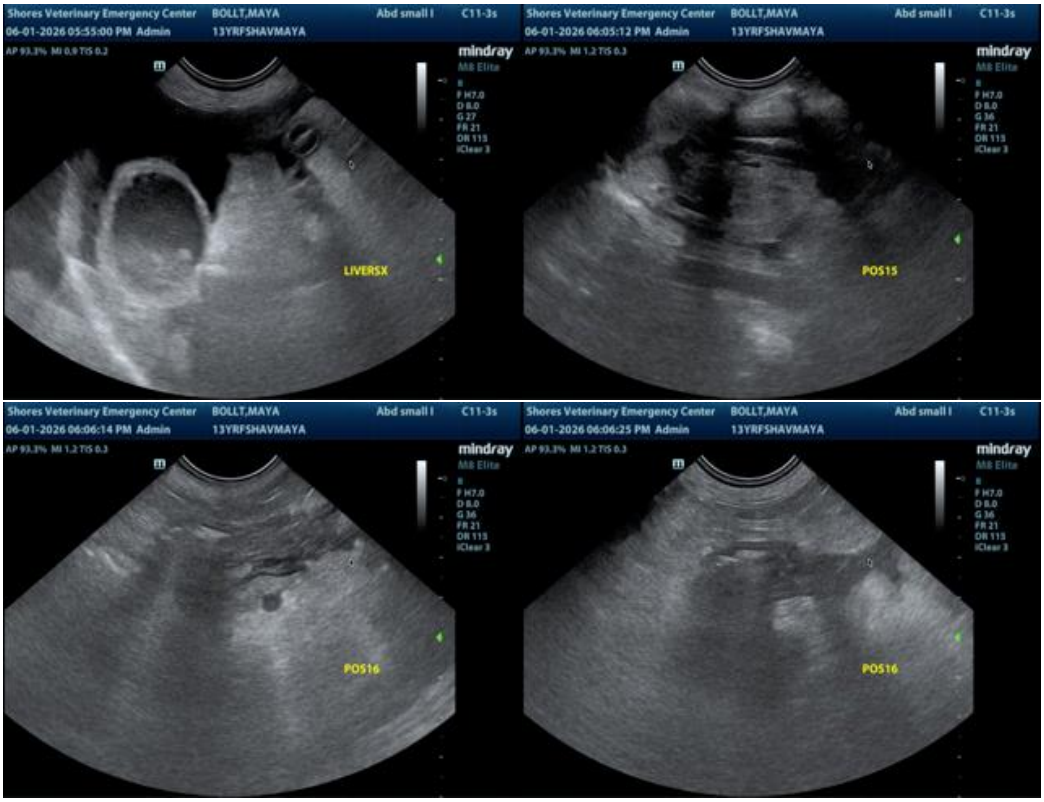

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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