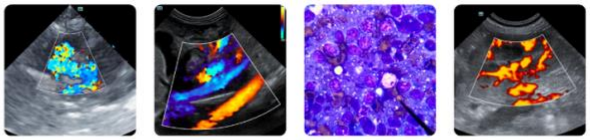


PATIENT

Canelo Ortega

SPECIES

Canine

BREED

Terrier Mix

SEX

Canine

AGE

2 Years

WEIGHT

7 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Maria Laria, DVM

HOSPITAL NAME

Allure VH & UC

REFERRING VET

Maria Laria, DVM

INVOICE

37393

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Canelo presented to a different facility on 6/3 with a history of not eating (suspected already icteric), was administered Pen G and sent home with Doxycycline and Gabapentin. Severely elevated liver and kidney values were seen that day. Canelo has no history of vaccines,
Canelo presented to Allure on 6/5 with a history of continued icterica, inappetence and severe lethargy. A Snap Lepto in house test has negative at this point (suspected false negative) He has been hospitalized with Unasyn IV, Doxycycline IV, Denamarin PO, Acetylcysteine IV, Cerenia IV and Ondansetron IV. Canelo's mentation has improved and eating some now but blood work has not improved much - liver has worsened. Patient has a urinary catheter in place is in ISO ward as a precaution. Consult with criticalist - advised still highly concerning for leptospirosis and raised concern for a potential extra-hepatic common bile duct obstruction.

Abnormal PE/Chem/CBC/UA Results: 6/3 ALP 819 - 15.0 - 150.0 H ALT 346 - 10.0 - 118.0 H AMY 1950 - 200.0 - 1200.0 H TBIL 9.1 - 0.1 - 0.6 H BUN 148 - 7.0 - 25.0 H PHOS 14.9 - 2.9 - 6.6 H WBC 19.63 - 6.0 - 17.0 H NEU 17.47 - 3.0 - 12.0 6/6 Hematocrit 35.1 37.3 - 61.7 % L MCHC 41.0 32.0 - 37.9 g/dL H WBC 20.93 5.05 - 16.76 K/µL H Neutrophils 16.92 2.95 - 11.64 K/µL H Platelets 26 148 - 484 K/µL L Creatinine 5.8 0.5 - 1.8 mg/dL H BUN 217 7 - 27 mg/dL H ALT 370 10 - 125 U/L H ALP 544 23 - 212 U/L H 6/7 AM WBC 21.48 5.05 - 16.76 K/µL H Neutrophils 16.9 2.95 - 11.64 K/µL Platelets 50 148 - 484 K/µL L (Confirmed with Manual) Creatinine 3.3 BUN 163 Phosphorus 8.2 Potassium 3.3 Chloride 100 Globulin 4.6 ALT 1,362 ALP 688 GGT 23 TBIL 37.8 Amyl 2,306 Lipase 4,043

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. There is also a hypoechoic fluid-filled urinary Foley catheter balloon identified within the bladder trigone.

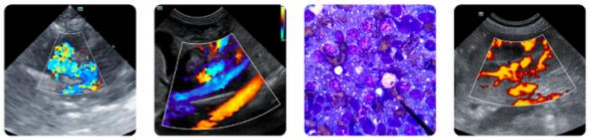
The kidneys are normal in size. The cortices are hyperechoic with a loss of corticomedullary distinction. The cortex to medulla ratio is appropriate. There's no pylectasis or pelvic dilation. The renal capsules are mildly irregular. The left kidney measures 4.48 cm. The right kidney measures 5.21 cm.

Adrenal Glands

The adrenals are slightly thin and flattened with normal parenchymal echotexture. The left adrenal gland measures 0.38 cm. The right adrenal gland measures 0.44 cm at the caudal pole.

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



PATIENT

Canelo Ortega

SPECIES

Canine

BREED

Terrier Mix

SEX

Canine

AGE

2 Years

WEIGHT

7 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Maria Laria, DVM

HOSPITAL NAME

Allure VH & UC

REFERRING VET

Maria Laria, DVM

INVOICE

37393

DATE

6/8/26

or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.1 cm at the hilus.

Liver

The liver is subjectively enlarged with a normal contour and parenchymal echogenicity. The vasculature is normal with no evidence of congestion. The gallbladder is normal. The duodenal papilla is not distinctly visualized, and an occult extrahepatic biliary obstruction can't be definitively excluded but given the lack of significant biliary dilation and gallbladder distention, this is not highly suspected.

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

The pancreas is hypoechoic and slightly prominent with irregular margins. There is a mild degree of regional hyperechoic mesentery or omental fat.

Free Abdomen

There is no significant lymphadenopathy or free fluid.

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.
- 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 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.
- Foley catheter is present in the urinary bladder.
- There's no overt evidence of an extrahepatic biliary obstruction noted on this study.
- 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.
- In my opinion, leptospirosis is still a primary differential given the clinical presentation of this

PATIENT

Canelo Ortega

SPECIES

Canine

BREED

Terrier Mix

SEX

Canine

AGE

2 Years

WEIGHT

7 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Maria Laria, DVM

HOSPITAL NAME

Allure VH & UC

REFERRING VET

Maria Laria, DVM

INVOICE

37393

DATE

6/8/26

patient. However, multiple organ dysfunction secondary to severe pancreatitis cannot be definitively excluded. However, given the appearance of the pancreas, this is not a strong clinical suspicion at this time.

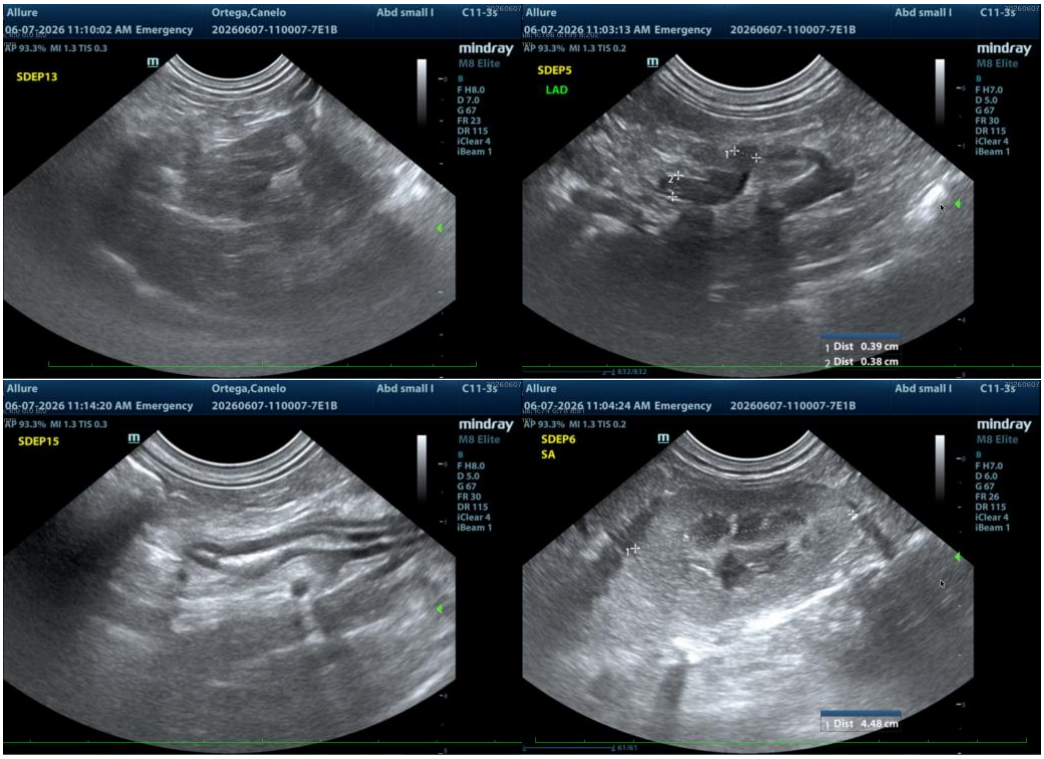
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 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.

Continue other supportive care as previously recommended.



PATIENT

Canelo Ortega

SPECIES

Canine

BREED

Terrier Mix

SEX

Canine

AGE

2 Years

WEIGHT

7 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Maria Laria, DVM

HOSPITAL NAME

Allure VH & UC

REFERRING VET

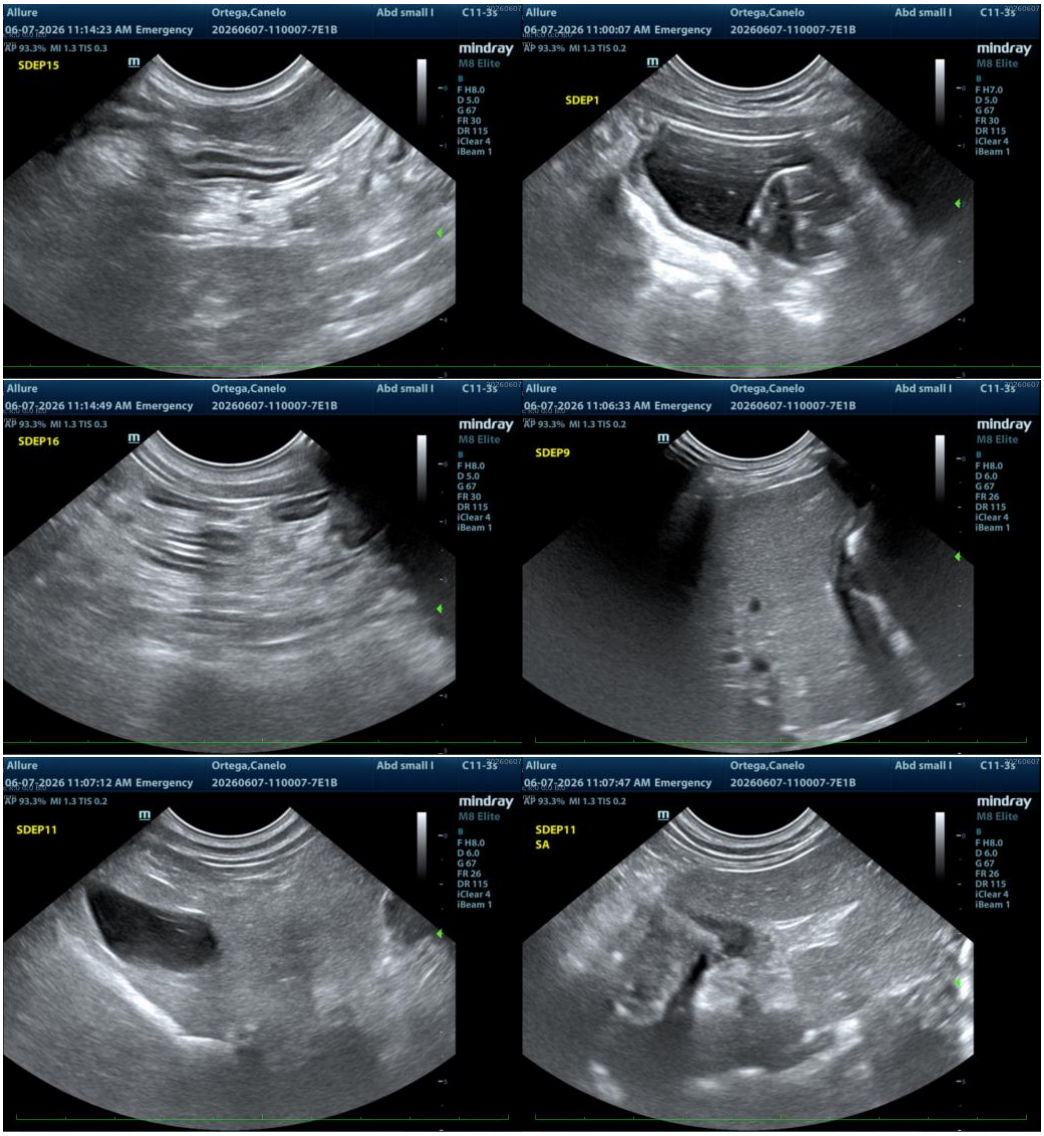
Maria Laria, DVM

INVOICE

37393

DATE

6/8/26



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