



PATIENT

Sparky Sculco

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

8 Years

WEIGHT

11 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

All Animal Veterinary
Services

REFERRING VET

Dr. Acworth

INVOICE

73264

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Elevated LEZ and ACTH stim. Ulcerated paw pads. Current meds: Carafate, Gabapentin, Enroflox

Abnormal PE/Chem/CBC/UA Results: Glucose high diabetic 270 Chol 368 GGT elevated ALP 993

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (4.72 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Pinpoint non-obstructive mineral densities are noted.

The left kidney is normal is size (4.66 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Pinpoint non-obstructive mineral densities are noted.

Adrenal Glands

The right adrenal gland is normal in size (1.0 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



| | |
|-----------------------------------|--|
| PATIENT | The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material. |
| Sparky Sculco | |
| SPECIES | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| Canine | |
| BREED | <i>Pancreas</i> |
| Maltese | Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity. |
| SEX | <i>Free Abdomen</i> |
| Neutered Male | There is no visible free peritoneal effusion noted in these images. There is no apparent pathologic lymphadenopathy noted in these images. |
| AGE | PRIMARY FINDINGS |
| 8 Years | <ul style="list-style-type: none"> Mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state. Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs. |
| WEIGHT | SECONDARY FINDINGS |
| 11 lbs | <ul style="list-style-type: none"> Pinpoint non-obstructive mineral densities bilaterally in the kidneys. |
| INTERPRETED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Beth Johnson, DVM DACVIM | I'm unsure from the history whether the patient is a known diabetic or whether that is a differential based on mild hyperglycemia. Either way, diabetes mellitus could potentially be contributing to liver enzyme changes. If uncertain, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended. Additionally, a Fructosamine level could be helpful in differentiating diabetes mellitus from stress hyperglycemia if patient doesn't have a known diabetic history. |
| IMAGING PERFORMED BY | Evaluation of the reportedly increased ACTH stim should be made in combination with clinical signs, as a positive in an asymptomatic patient does not necessarily warrant therapy. |
| Meghan Morse, LVT, CVT | Further evaluation of the reportedly ulcerated paws with a veterinary dermatologist, biopsies, other could be considered. |
| HOSPITAL NAME | INVOICE |
| All Animal Veterinary Services | 73264 |
| REFERRING VET | DATE |
| Dr. Acworth | 2/25/26 |
| | Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above. |



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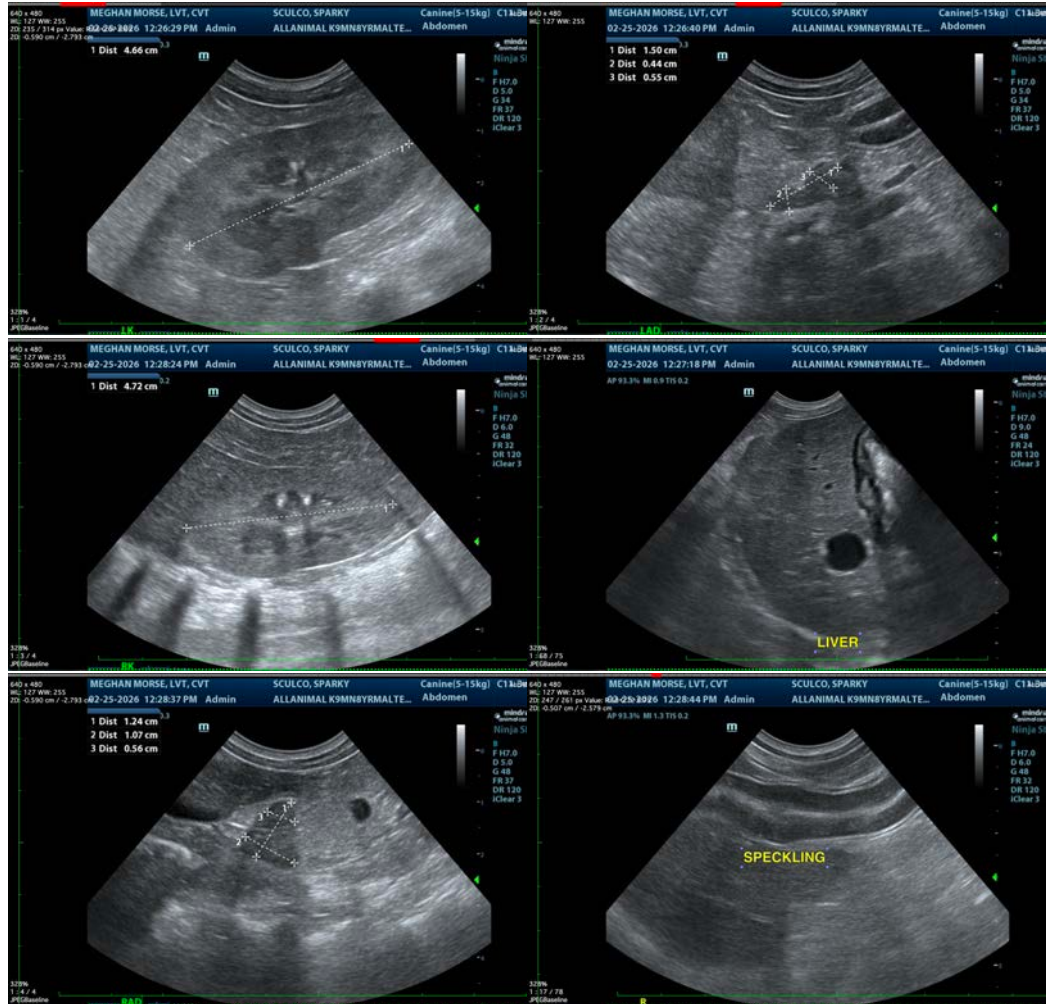
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
 info@sonopath.com