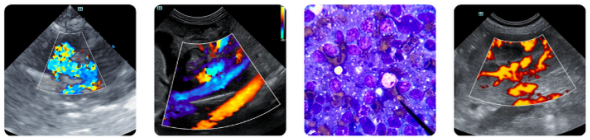


PATIENT

Link White

SPECIES

Canine

BREED

Cav King Charles

SEX

MN

AGE

8 years 3 months

WEIGHT

9.9 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Glotzer

INVOICE

11990

DATE

5/21/2026

PRESENTING CLINICAL SIGNS

Link was presented for vomiting and lethargy. The owner reports that Link was not acting right this morning. He was hesitant to eat his 11:00 AM meal, but eventually ate it. This afternoon, he vomited twice. This evening, he vomited two more times after drinking water. The first two vomits contained food. He is not himself and is acting sick and lethargic. The owner reports he has been exhibiting unusual behavior, such as crying and coming into the bathroom while the owner was showering, which he does not normally do.

Past medical history: History of foreign body, requiring removal of 9 inches of intestine. This was performed by Dr. Anthony Krawitz. The owner was told at the time that if they had waited longer, the intestine would have been necrotic. History of swallowing a peach pit, which was worked through without surgery. History of pancreatitis. He is currently on a low-fat diet. He has seen a cardiologist twice with no cardiac disease found.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 18.56 (H), Neut 16.35 (H), PLT 55k (L) Chem/Lytes: BUN 6 (L), Creat 0.6, K 3.1 (L), Amy 1564 (H), Lipa 3473 (H) cPL: >2,000 - consistent with pancreatitis Blood Pressure: 180 mmHg - methadone administered in case pain-related.

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 (4.8 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, mineral or infarcts observed.

The left kidney is normal is size (4.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Trace pyelectasia is present. There is no evidence of mineral or infarcts observed.

Adrenal Glands

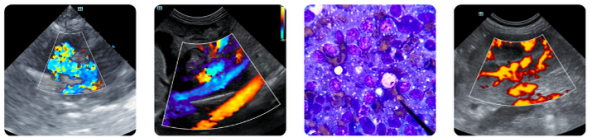
The right adrenal gland is normal in size (0.72 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm at cranial pole and 0.57 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



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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 gastric wall is mildly focally thick measuring 1.8 cm thick with a mildly heterogenous, hypoechoic edematous appearance adjacent to the pancreas. The remaining stomach is normal in thickness and layering. The lumen of the stomach is mildly distended with non-shadowing echogenic contents consistent with normal ingesta, fluid/chyme.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted. There is an approximately 2.5 cm x 3.2 cm heterogenous, coarse, hypoechoic area of pancreas imaged adjacent to the focally thick stomach.

Free Abdomen

There is a mild amount of free fluid present in these images as well as enhanced hyperechoic mesentery and fat adjacent to the pancreas.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Suspect moderate to severe acute pancreatitis with emerging pancreatic necrosis unable to be definitively ruled out. The focally thick gastric wall trends in appearance toward a benign gastritis secondary to the secondary pancreatitis. Infiltrative neoplasia affecting the pancreas and/or gastric wall cannot be ruled out but are considered less likely.

SECONDARY FINDINGS

- Trace pyelectasia in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT)

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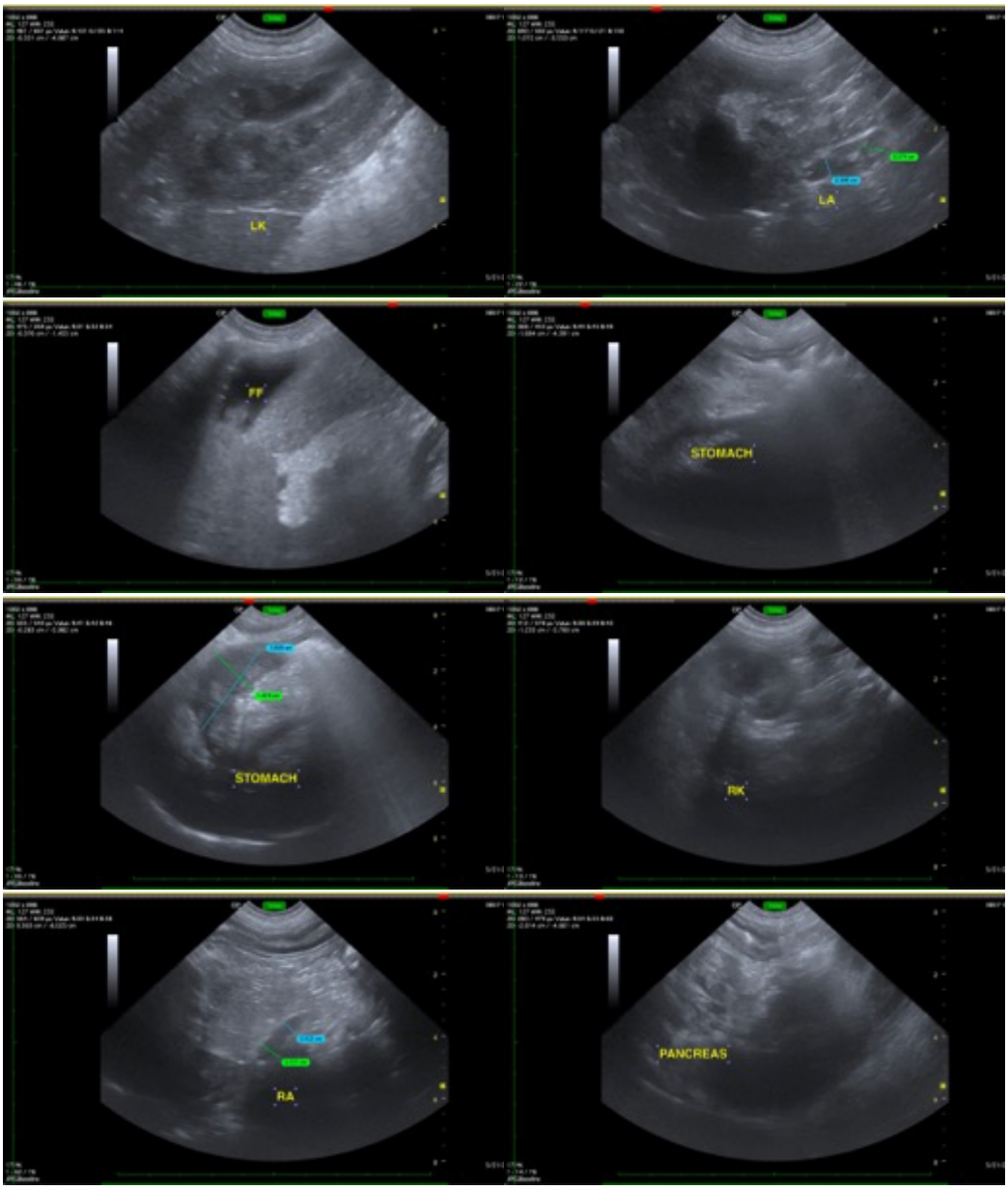
could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

Pending patient's response, follow up ultrasounds, etc., fine needle aspirates of the pancreas and/or stomach could be considered if patients coagulation is appropriate.



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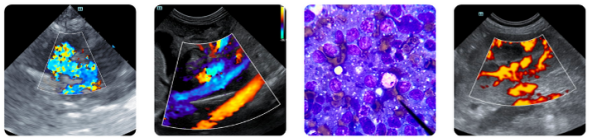

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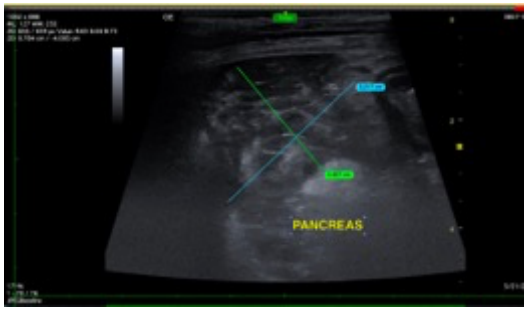

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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