



PATIENT

Olive Davine

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

12 Years

WEIGHT

2.2 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
Veterinary Emergency
Clinic

REFERRING VET

Dr. Hi

INVOICE

72483

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Complaint: empty bilious vomit for 2 consecutive nights, static & decreased appetite for 2 weeks. Exam findings: QAR, 6-8% dehydrated, bradycardia (HR 70-80), pulse deficits, abdominal discomfort, hypertensive (195/106 (154)). TFAST & 3 view chest radiographs - no clinically significant findings. AFAST: free fluid score 0/4, possible hyperechoic peripancreatic tissue. ECG: possible 2nd degree AV block

Current Medications: Methadone 0.2mg/kg IV q6h, maropitant 1mg/kg IV q24h, mirtazapine 2mg q24h, attempting to rehydrate & recheck ECG before considering giving atropine

Abnormal PE/Chem/CBC/UA Results: Hemoconcentration (hct 62.3), BUN moderately elevated 24.1 (Cr normal), severely elevated amylase & lipase, pancreatic lipase elevated, urinalysis (cystocentesis sample): USG 1026, 500mg/dL proteinuria, moderate hematuria, overall quiet sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is not distinctly visualized. The area is normal, and an empty urinary bladder is likely.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 2.94 cm in length. Right kidney measures 2.36 cm in length. Visualization is somewhat limited by overlying gas-filled GI tract.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.03 cm in length x 0.38 cm at the caudal pole and 0.44 cm at the cranial pole. Right measures 1.07 cm in length x 0.40 cm at the caudal pole and 0.66 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic, organized non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



PATIENT

Olive Davine

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

12 Years

WEIGHT

2.2 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
Veterinary Emergency
Clinic

REFERRING VET

Dr. Hi

INVOICE

72483

DATE

1/26/26

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distention. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas is enlarged and hypoechoic with surrounding hyperechoic mesentery.

Free Abdomen

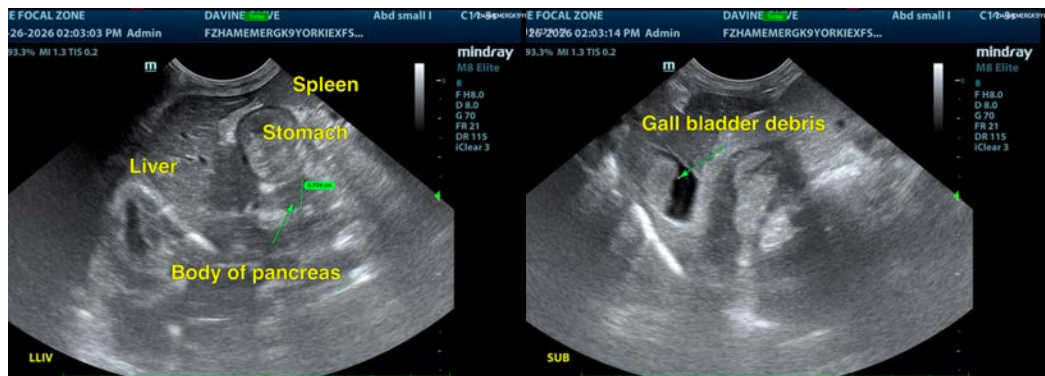
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Prominent pancreas with surrounding inflammation, consistent with pancreatitis, with focal peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with acute pancreatitis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Panoquel could be considered if available and deemed clinically warranted. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.





PATIENT

Olive Davine

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

12 Years

WEIGHT

2.2 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

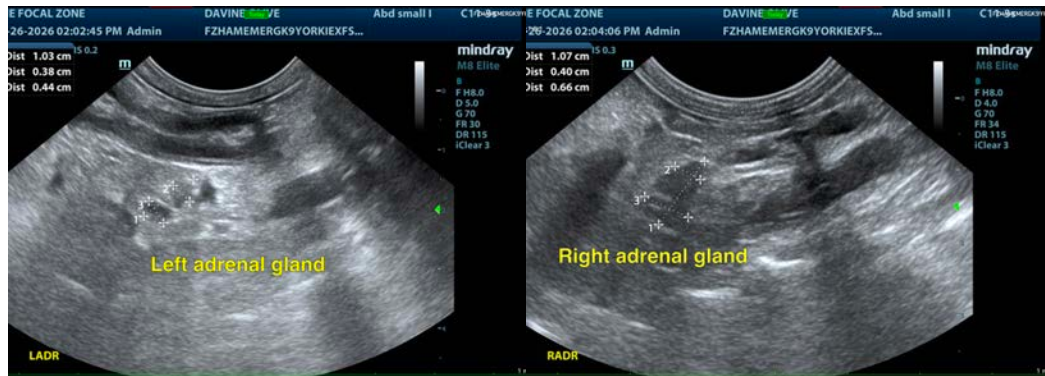
Dr. Hi

INVOICE

72483

DATE

1/26/26



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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com