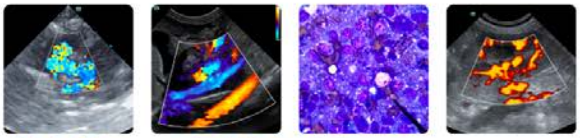

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Chewie Lohin

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

13 Years

WEIGHT

2.82 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Matt

INVOICE

72095

DATE

1/8/26

PRESENTING CLINICAL SIGNS

Admitted for supportive care for pancreatitis. Pre existing dz: IVDD, known grade 4 heart murmur
Current Medications Maropitant, Methadone and Ondansetron in hospital

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Cortical cysts noted in the right kidney. Left measures 5.03 cm. Right measures 4.72 cm.

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 1.22 cm in length x 0.47 cm at the caudal pole and 0.40 cm at the cranial pole. Right measures 1.39 cm in length x 0.39 cm at the caudal pole and 0.58 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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.

There are multiple loops of small intestines that are thickened with hazy wall layering and fluid distention with no movement. There are multiple other loops of small intestine that are of more normal thickness with normal wall layering.

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

Mesentery in the area of the pancreas is hyperechoic. The pancreas is not overtly enlarged.

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Lymph Nodes

The mesenteric lymph nodes are prominent, rounded and hypoechoic.

Free Abdomen

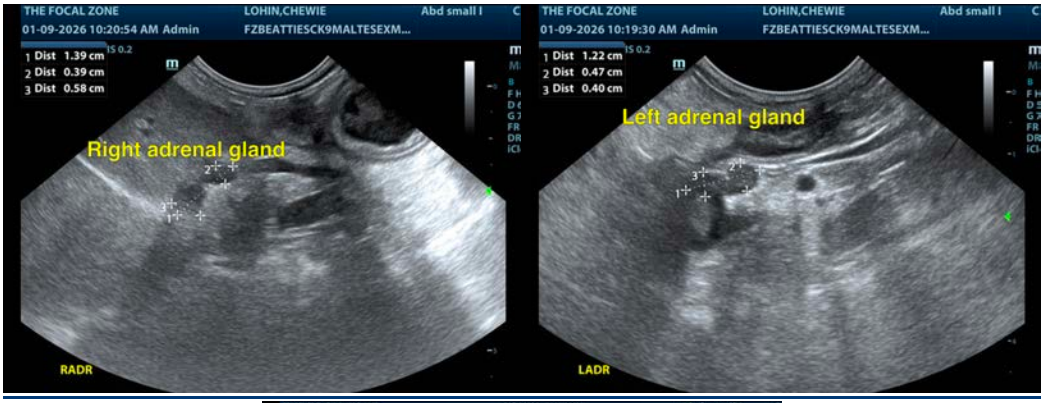
There is scant free fluid between bowel loops, and diffusely hyperechoic mesentery consistent with peritonitis.

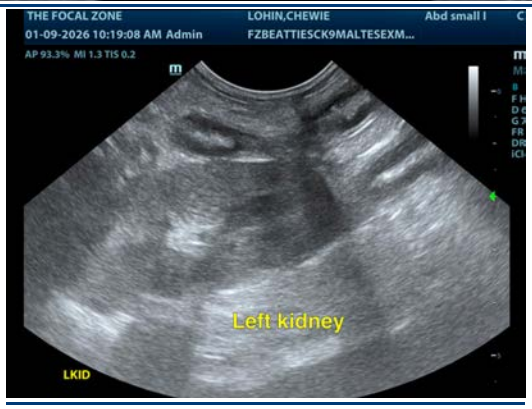
ULTRASONOGRAPHIC FINDINGS

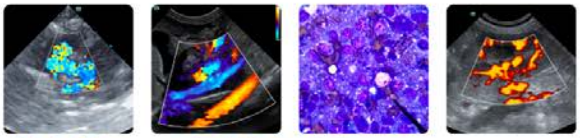
- Focal small intestinal thickening with hazy wall layering and decreased peristalsis.
- Peritonitis.
- Likely pancreatitis.
- Mesenteric lymphadenopathy.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal changes together with peritonitis and lymphadenopathy are concerning for infiltrative disease. Pancreatitis and gastroenteritis may also be the underlying cause, as the changes may be inflammatory. There are no distinct masses visualized. The free fluid present is very scant, but if sampling is possible, fluid analysis and cytology should be performed. Repeated AFAST after fluid therapy is recommended in an attempt to obtain abdominal fluid sample. Ultimately, GI biopsy may be necessary to differentiate. Supportive care for gastroenteritis and pancreatitis is indicated. Lymph node aspirate could be attempted, but the lymph nodes are relatively small, and aspiration may be difficult.







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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com