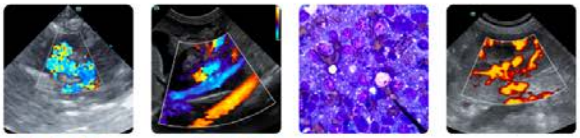


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Harper Bolton

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

6 Years

WEIGHT

22.1 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington Animal Hospital

REFERRING VET

Dr. Grodecki

INVOICE

71770

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Findings: -Acute onset of lethargy, arched back, abdominal pain and decreased appetite (will take some treats) -PE - overall normal aside from arched stance and abdominal pain (tried to bite when palpated which is highly unusual) -Had Ultrasound done in April 2025 - found large fluid filled structure retroperitoneally -Had been stable since April 2025 and no further symptoms other than recent inappropriate urination (Oct. 31st) Current Medications Methadone for pain/to facilitate

Abnormal PE/Chem/CBC/UA Results: See attached previous u/s and BW

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 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 6.53 cm. Hyperechoic, shadowing foci present in the right renal parenchyma and calyces consistent with nephrocalcinosis. Right kidney measures 6.84 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.05 cm in length x 0.39 cm at the caudal pole and 0.40 cm at the cranial pole.

The right adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 1.82 cm in length x 0.72 cm at the caudal pole and 1.29 cm at the cranial pole.

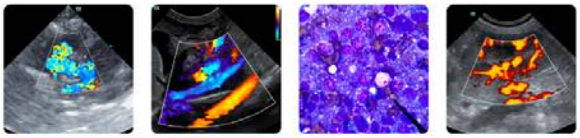
Spleen

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 enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. There is scant free fluid visible between liver lobes.

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



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Gastrointestinal

The stomach contains ingesta. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. 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.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 right limb of the pancreas is enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

There is scant free fluid visible between liver lobes and near the spleen.

ULTRASONOGRAPHIC FINDINGS

- Right limb pancreatitis with scant abdominal effusion.
- Focal peritonitis.
- Mild nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with pancreatitis. The prognosis of acute pancreatitis is largely dependent on the severity of clinical signs and response to treatment. Mortality is reported as high as 25% and secondary organ dysfunction and systemic inflammatory response syndrome can occur as inflammation progresses. Ultrasonographically, pancreatic inflammation is severe in this patient. Ultimately the need for hospitalization for treatment is based on the patient's cardiovascular stability, pain and appetite. Hydration and enteral nutrition are key factors in positive outcomes and if these cannot be achieved on an outpatient basis, hospitalization for 24 hour care is strongly recommended.

Treatment for pancreatitis is entirely supportive and involves fluid support, GI support - anti-nausea (ondansetron, cerenia 2mg/kg PO SID), appetite stimulation (mirtazapine, elura), analgesia (buprenorphine, gabapentin) and enteral nutrition as needed (syringe feeding, NG tube placement, etc). Panoquel could be considered if available and deemed clinically warranted. Antibiotics are generally not warranted for acute pancreatitis. Anti-inflammatory steroids may be tried in an attempt to reduce inflammation if traditional supportive care is inadequate. Serial imaging is indicated to monitor response to treatment. I recommend serial imaging to monitor for increase in abdominal effusion with attempted abdominocentesis, fluid analysis and cytology, if possible.

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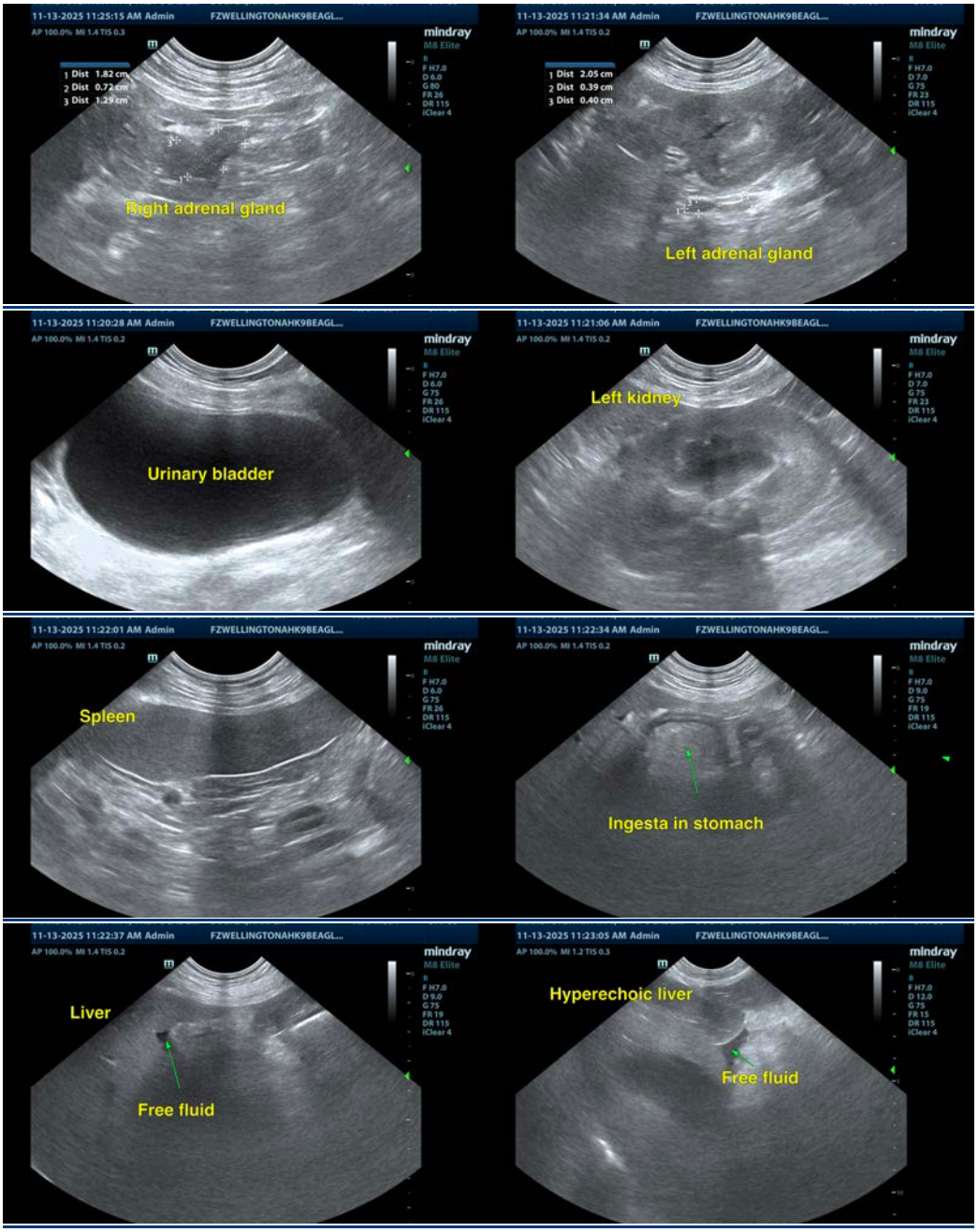
The previously noted abnormal structure around the kidneys is not present on today's scan.



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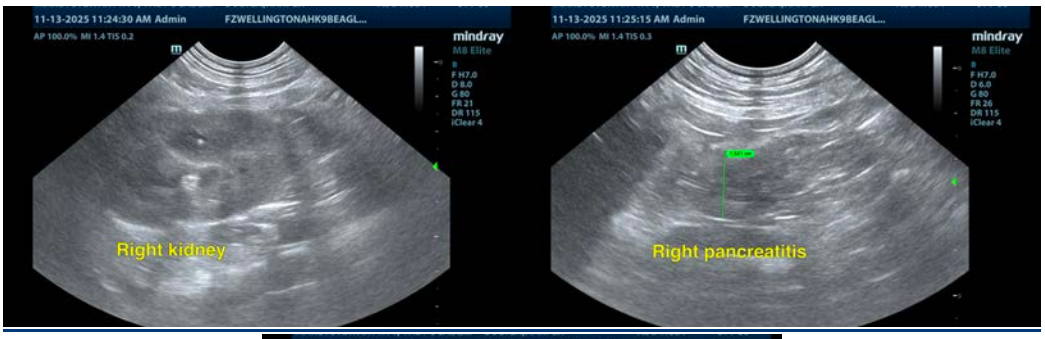

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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