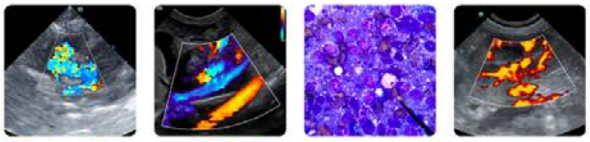

PATIENT

Luna Acevedo

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed Female

AGE

1 Year 6 Months

WEIGHT

8.6 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Mariela Diaz Campos

INVOICE

71784

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate vomiting and decrease appetite. Pt had a previous hx of pancreatitis in July 2025. Pt has vomiting with mucosy diarrhea. Diagnostics were done and showed mild elevation of Bile acids.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Bile acids attached as supporting documents.

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 3.66 cm. Right kidney measures 3.95 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. Right measures 1.35 cm in length x 0.51 cm at the caudal pole and 0.46 cm at the cranial pole. Left measures 1.7 cm in length x 0.36 cm at the caudal pole and 0.38 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.

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.

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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 subjectively prominent with a heterogeneous echotexture. There are no specific fluid accumulations or masses and no overt surrounding inflammation.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Prominent pancreatic right limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical significance of pancreatic changes is uncertain. This may be a variation of normal or may reflect resolving or previous episodes of pancreatitis. There is no overt surrounding inflammation consistent with active pancreatitis. However, given the patient's clinical signs, pancreatitis cannot be definitively ruled out, and treating supportively for pancreatitis including switching to a low-fat diet is reasonable.

No extra-hepatic shunts or suspected intra-hepatic shunts were visualized in this study. As pre- and post-prandial bile acids were significantly elevated, a protein C measurement may be considered to further investigate the likelihood of a shunt. Most shunts have bile acids >100. However, some degree of hepatic dysfunction is likely, given the bile acid results. Primary portal vein hypoplasia (microvascular dysplasia) is a primary differential which is not visible ultrasonographically and requires liver biopsy for definitive diagnosis. Contrast CT imaging is the modality of choice for assessing for shunting vessels as this modality has the highest sensitivity and can be used for surgical planning.

Given the patient's young age and clinical signs, consideration for abdominal explore for GI and liver biopsies is reasonable.

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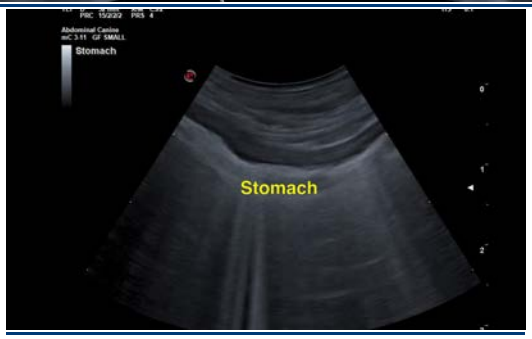

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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