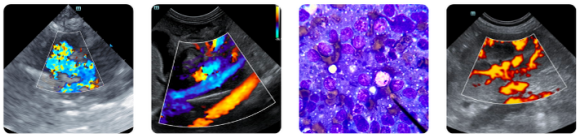

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PATIENT

Venus Jones

SPECIES

Canine

BREED

Pomeranian Mix

SEX

FS

AGE

7 years

WEIGHT

6.9 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Van Leeuwen

INVOICE

11265

DATE

2/10/2026

PRESENTING CLINICAL SIGNS

- Presented to prior DVM 2/5/26 for losing weight, anorexia, vomiting, lethargy and neon urine. Noted to have icteric/tacky mm.
- BW revealed hepatopathy, transfer NVEC. NVEC reported dehydration, icteric, severe tartar/gingivitis, lenticular sclerosis, hepatomegaly, 2/4 MPL bilaterally, AFAST small amount of hyperechoic debris in gall bladder, no obvious masses, BW performed, home with Metronidazole and Denamarin.
- Current Medications: Metronidazole, Denamarin.

Abnormal PE/Chem/CBC/UA Results: From 2/5/26, repeat labs pending CBC (WBC 25.46 [5.05-16.76], neutrophils 20.67 [2.95-11.64], monocytes 1.73 [0.16-1.12], MPV 13.5 [8.7-13.2], PCT 0.54 [0.14-0.46]) Biochem (creatinine 33 [44-159], urea 1 [2.5-9.6], globulins 54 [25-45], ALT 516 [10-125], ALP >2000/2918 after dilution [23-212], GGT 36 [<11], Tbil 67 [<15]) EPOC WNL PCV 50% TS 68 g/L Lepto witness negative Lepto PCR negative.

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 5.11 cm in length. Right kidney measures 5.58 cm in length.

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.

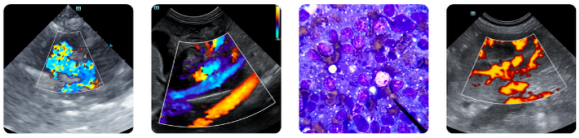
Left adrenal measures 2.02 cm in length, 0.51 cm at the caudal pole and 0.54 cm at the cranial pole. Right adrenal measures 2.06 cm in length, 0.54 cm at the caudal pole and 0.95 cm at the cranial pole.

Spleen

The spleen is prominent and hypoechoic with a smooth parenchyma, and a smooth capsule. No specific masses or nodules were visualized.

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.



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Gall bladder is normally distended with anechoic bile. Gallbladder wall is diffusely thickened and hyperechoic. Common bile duct is not definitively traced but there is no overt distension visualized.

Gastrointestinal

The stomach contains a small amount of 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 gas and ingesta throughout. 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 right limb and left limb of the visible pancreas are enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

Free Abdomen

There is scant free fluid visualized in the left cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with focal peritonitis.
- Cholangiohepatitis.
- Splenomegaly with hypoechoic parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Liver FNA is indicated given significant elevation in Tbili. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile, however, in the presence of evidence of concurrent cholangiohepatitis antibiotics should be considered. Antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

Prominent spleen with normal parenchyma may represent a normal variant, or a benign reactive or inflammatory change, immune stimulation or could reflect extramedullary hematopoiesis though infiltrative disease (lymphoma, MCT, other) cannot be completely ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes.

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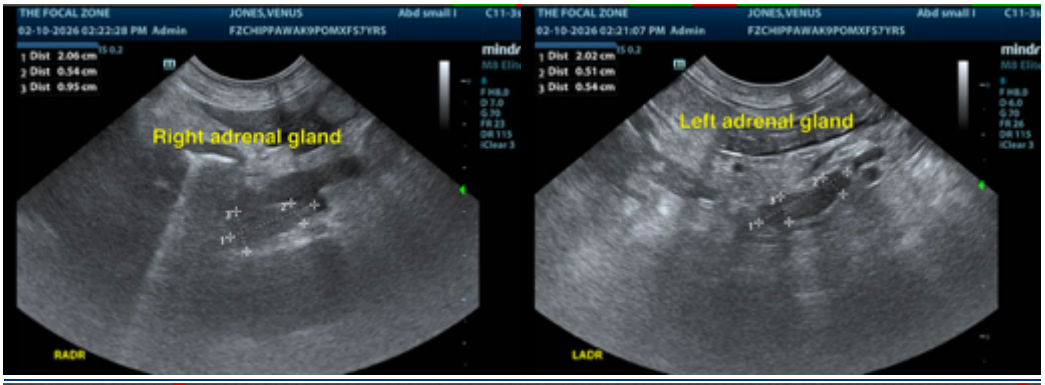

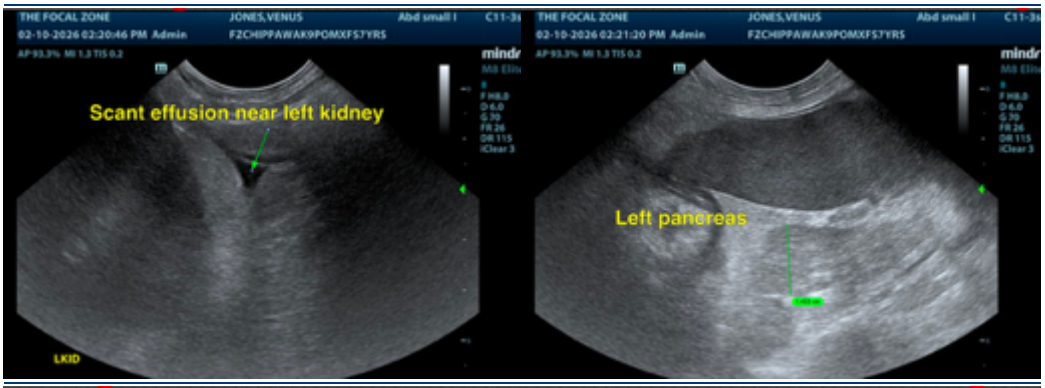

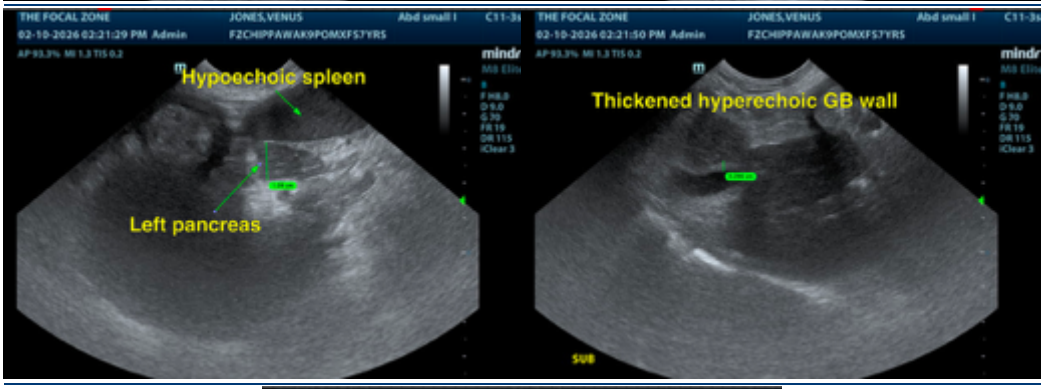

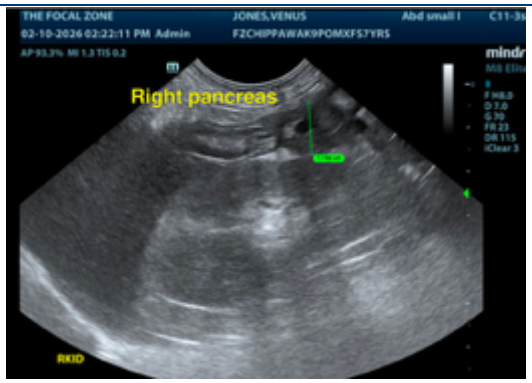

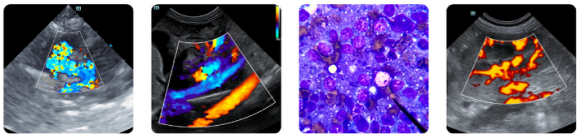

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com