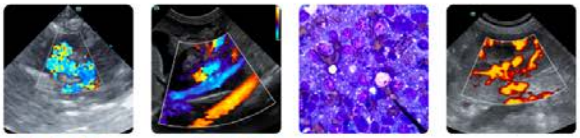

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Harley Naylor

SPECIES

Canine

BREED

Pug x

SEX

Neutered Male

AGE

13 Years

WEIGHT

13 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Graham Animal Hospital

REFERRING VET

Dr. Malatestinic

INVOICE

75021

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Chronic Pancreatitis off and on. Current Medications: Cerenia 24mg PO SID

Abnormal PE/Chem/CBC/UA Results: LIPA 5135 U/L 200 - 1800 HIGH Pancreatic Lipase 1123 U/L 0 - 200 HIGH Primary Question to Be Answered in This Exam Origin of Pancreatitis

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 mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in the right renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 5.34 cm. Right kidney measures 4.49 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 1.97 cm in length x 0.53 cm at the caudal pole and 0.41 cm at the cranial pole. Right measures 1.1 cm in length x 0.40 cm at the caudal pole and 0.55 cm at the cranial pole.

Spleen

The spleen contains a somewhat irregular, hypoechoic nodule at the capsular margin measuring 1.4 cm x 0.90 cm.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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.

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.

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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

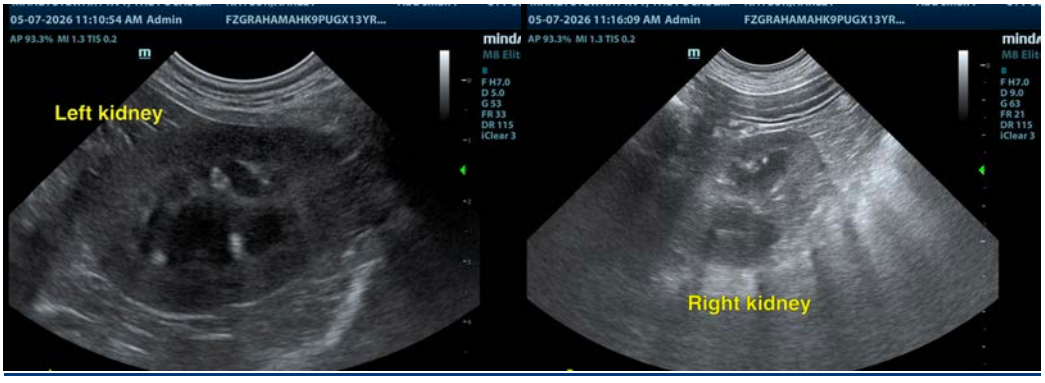
- Ultrasonographically normal pancreas.
- Mild aging renal changes.
- Irregular splenic nodule.
- Slightly coarse liver – likely aging change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A cause of reported recurrent pancreatitis is not identified. The visible pancreas is sonographically normal. The area surrounding the pancreas is normal with no signs of current inflammation.

Splenic nodule is small but has the ultrasonographic features concerning for a mass. It may represent neoplasia with a primary differential being early hemangiosarcoma or may be a benign growth such as a hemangioma or hematoma. FNA is recommended. Consideration for splenectomy is reasonable given the aggressive nature and rapid progression of hemangiosarcoma, though this nodule does not overtly have the appearance of aggressive neoplasia. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution could alternatively be considered, though this increases the chances of spread if malignant neoplasia is the underlying cause.

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.



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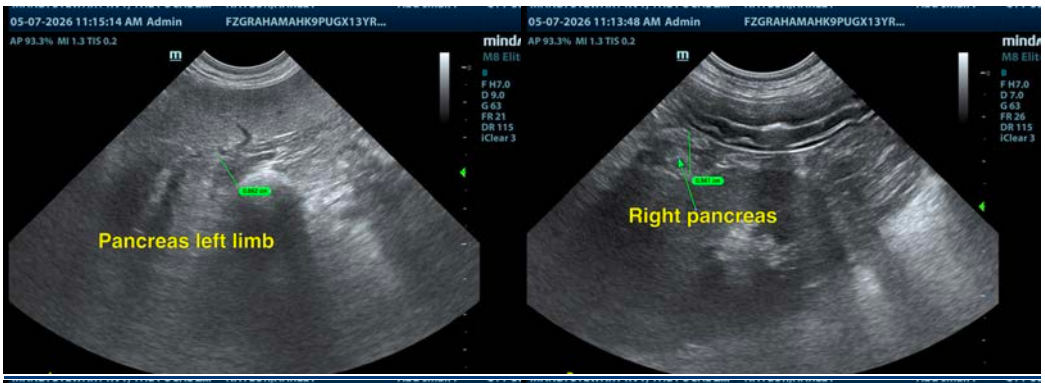

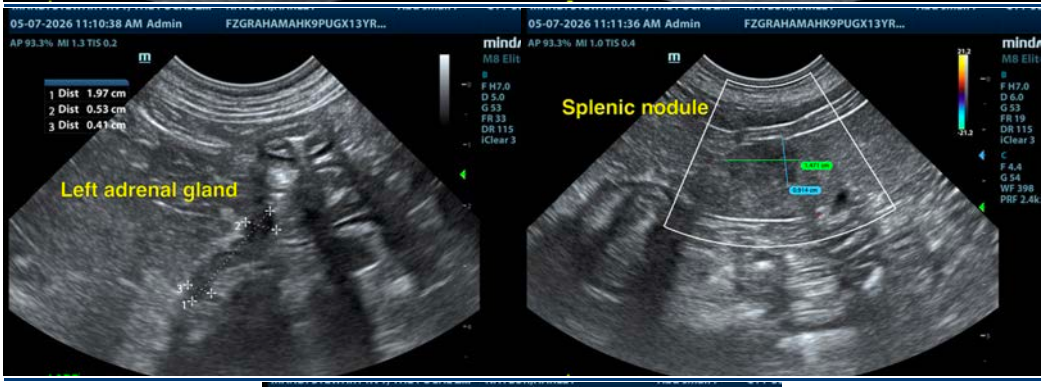

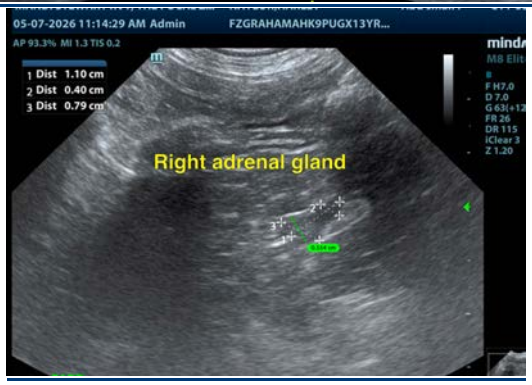

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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