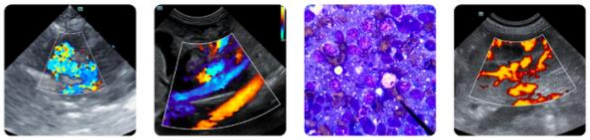


PATIENT

Bella Wuthrich

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

15 Years

WEIGHT

50 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Grace Kennedy

INVOICE

16454

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Approx 24 hour history of lethargy, diarrhea with hyporexia. Able to eat a little bit of chicken, but otherwise not interested. One episode of increase in respiratory effort yesterday but then subsided after a few hours. Not acting her normal self, not barking or talking with the owners. Historically elevated liver enzymes on blood work, but otherwise relatively normal. Adopted 12 years ago.

Abnormal PE/Chem/CBC/UA Results: Pendulous abdomen when laying, organomegaly palpable. Mucous membranes normal. Bloodwork done March 2026: PCV 40.6%, RBC 5.8 M/uL WBC 14 K/uL Platelets 333 K/uL Glucose 111 mg/dL Creatinine 0.7 mg/dL Hypochloridemia 105 mmol/L Total protein 8.5 g/dL, albumin 4.0 g/dL, globulin 4.5 g/dL ALT 164 U/L (18-121) ALP 471 U/L (5-160) Lipase 1,582 U/L (0-250) Chronic anaplasma positive

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. The left kidney measured 5.85 cm in length. The right kidney measured 6.13 cm in length.

Adrenal Glands

Both adrenal glands are not distinctly visualized.

Spleen

The spleen is diffusely mottled with multiple poorly defined hypoechoic nodules noted throughout the parenchyma. The most well-defined nodule measured 0.7 cm x 0.95 cm. There were no specific masses visualized.

Liver

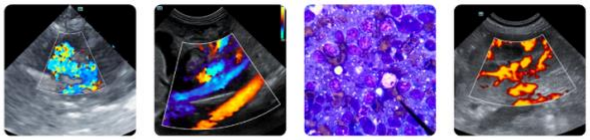
The liver is subjectively enlarged with rounded hepatic margins. There is a hyperechoic nodule noted in the left liver measuring 1.3 cm x 1.6 cm. There are no specific masses visualized.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing partially organized debris present. There are no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains ingesta with small linear shadowing objects which appear nonobstructive and of uncertain clinical significance. 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



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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 not visualized. 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 significantly enlarged and irregular with surrounding hyperechoic mesentery.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

There is scant free fluid noted between liver lobes and near the spleen. Mesentery spatial omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with peritonitis.
- Hepatomegaly with solitary hyperechoic nodule.
- Gallbladder debris.
- Mottled spleen with generally poorly defined hypoechoic nodules.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Panoquel could be considered if available and deemed clinically warranted. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

Hepatic parenchymal changes are a common finding in the face of endocrinopathies, infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things. As elevated liver enzymes are present, fine needle aspirate is recommended to further define. Ultimately liver biopsy may be required for more definitive diagnosis. The hyperechoic nodule is likely to be benign.

Poorly defined splenic nodules may represent a benign reactive or inflammatory change, immune stimulation or could reflect extramedullary hematopoiesis though infiltrative disease (lymphoma, MCT, other) cannot be completely ruled out. Fine needle aspirate could be considered to further characterize parenchymal changes.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Ursodiol could be given as a choleretic to help reduce debris accumulation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated.

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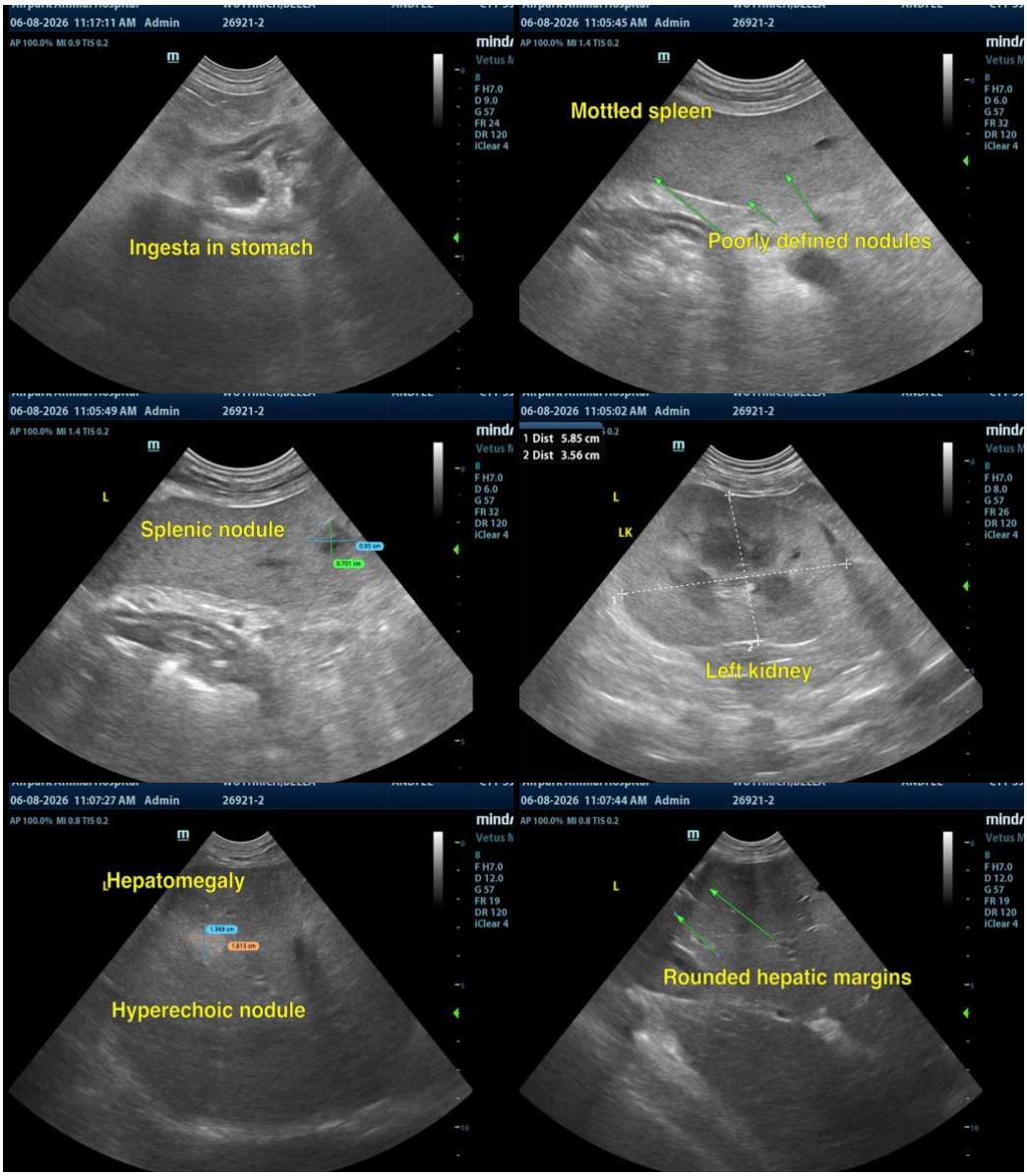
If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.



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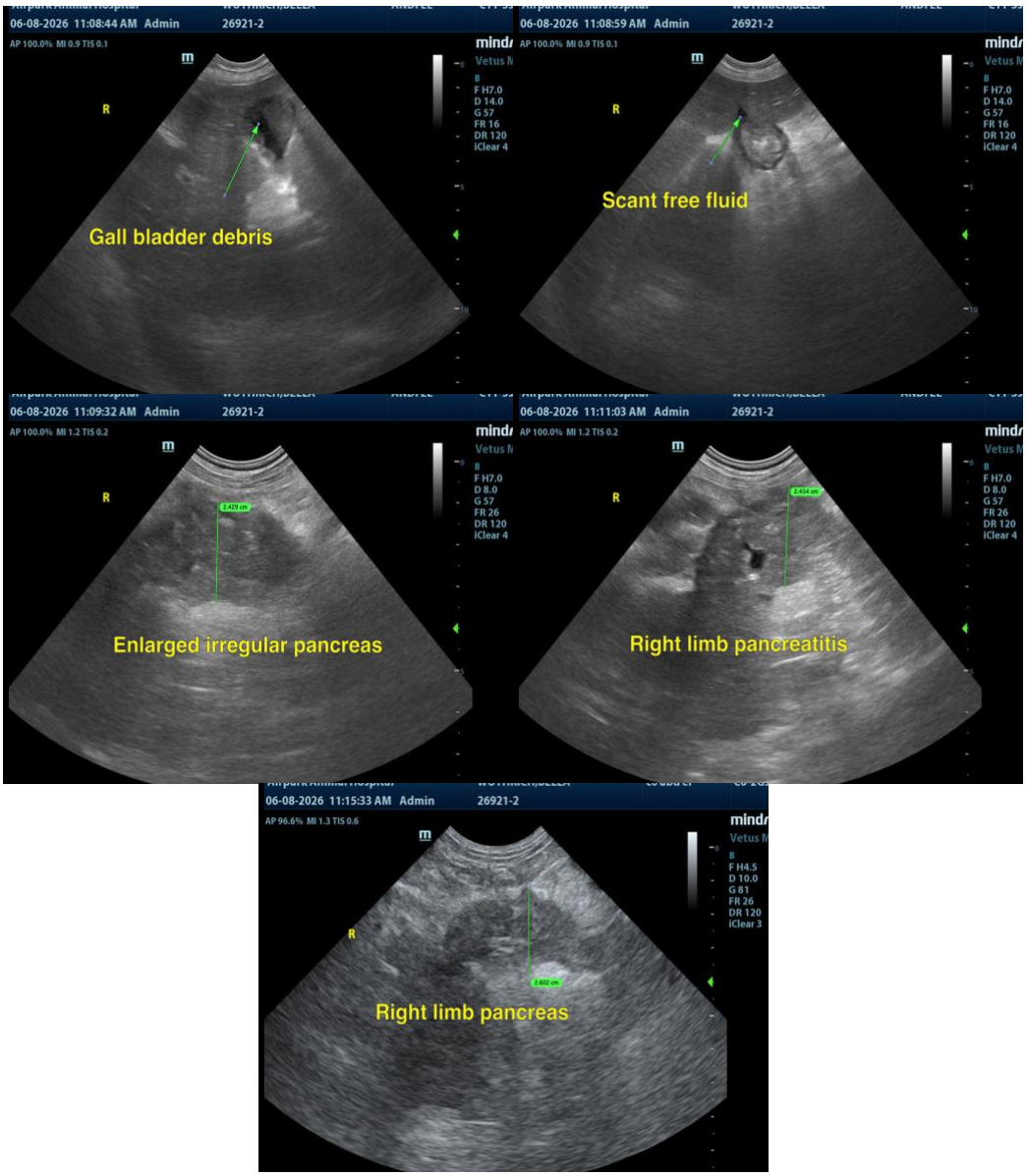

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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