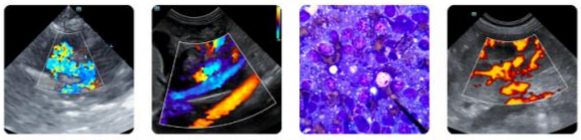


DATE

11/23/25

PATIENT

Giovanni Scopel

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

2017

WEIGHT

3.9 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Bateman

INVOICE

12437

PRESENTING CLINICAL SIGNS

Patient History: Giovanni has not eaten in 4-5 days. He started coughing and was seen on November 16th at AERC. He had bloodwork which was normal and radiographs that showed possible esophageal foreign body per owner. The next day he coughed up large amount of chicken. Owners think he was better after this and was coughing less. He still wouldn't eat. Then the last two days, he has also vomited. He is still acting normal.

Giovanni had an increased body temperature of 102.9 on presentation. He was not painful in his abdomen. His blood pressure was normal as well.

Current Medications: IVF, GI support (Maropitant, Ondansetron), and Panoquel (2 out of 3 doses admin thus far)

Lab Results: Not Attached. Reported as: HCT 60%

Chemistry: BG: 130 H; Globulin 5.0 H; K+ 3.4 L; Cl- 105 L

cPL 338 grey zone over 400 positive; repeat PCV/TS and epoc and BP

EPOC 11/22/25--Sodium (152); cPLI--426 (consistent with pancreatitis)

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small nonobstructive calculi measuring up to 1.0 mm entering into the prostatic urethra as well. The patient is likely passing calculi periodically.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. Areas of slight mineralization were present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.85 cm x 0.70 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland measured 1.54 cm x 0.62 cm width at the caudal pole and 0.63 cm width at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Some striations in the gallbladder were noted with minor overdistention, not suggestive of a mucocele formation.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

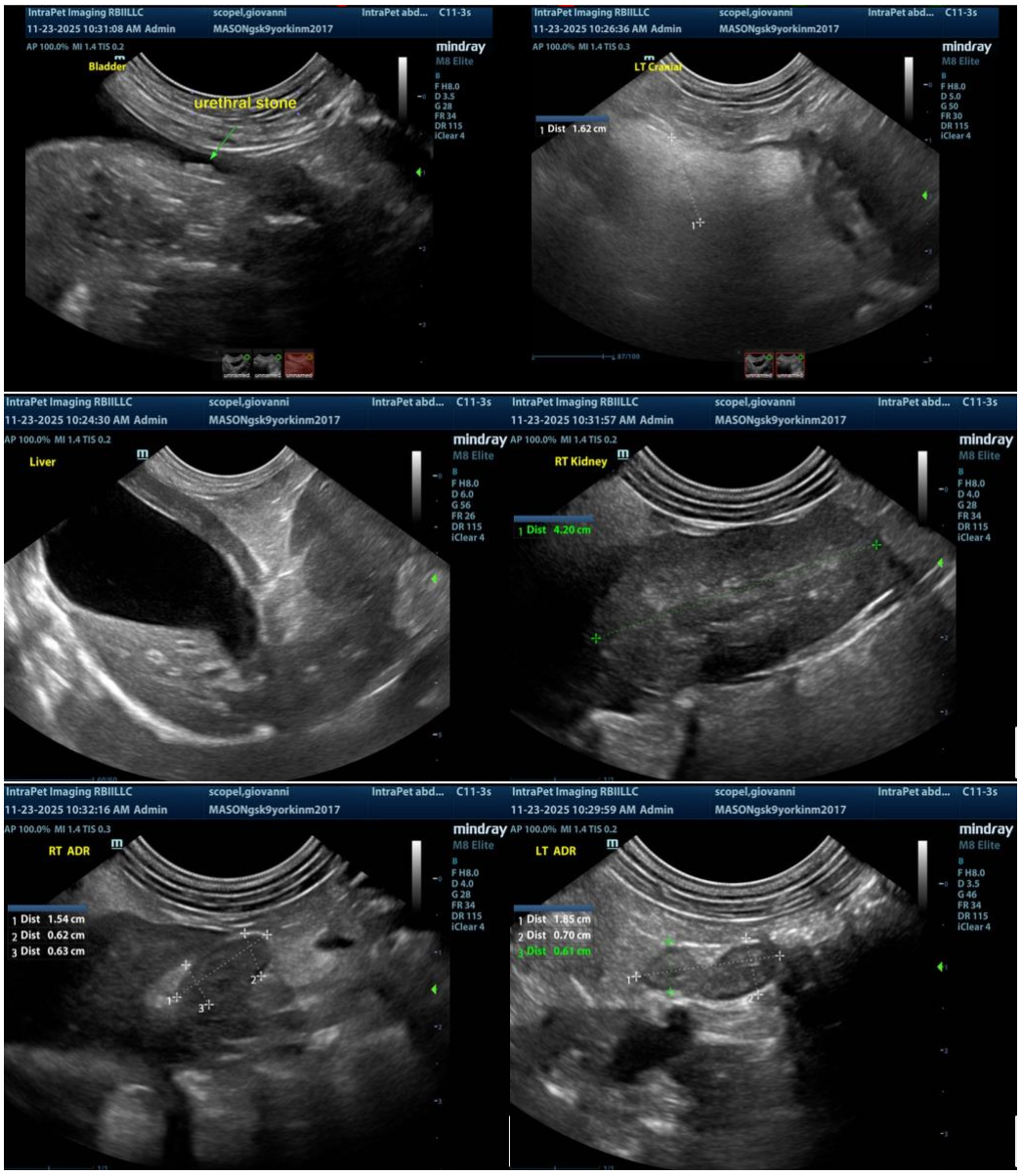
Diffuse moderate hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatic remodeling.
- Pancreatic remodeling.
- Calculi in urinary bladder.
- Slight mineralizations in the bilateral kidneys.
- Gallbladder striations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of active pathology responsible for the anorexia in this patient. Other causes such as orthopedic pain, thoracic or CNS disease should all be considered. Periodic anorexia can be caused by passage of calculi from the kidneys to the bladder yet, nothing obstructive was noted at the time of the sonogram.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Bladder
urethral stone
mindray
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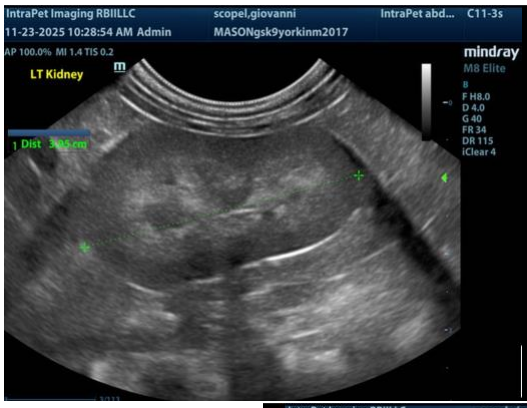

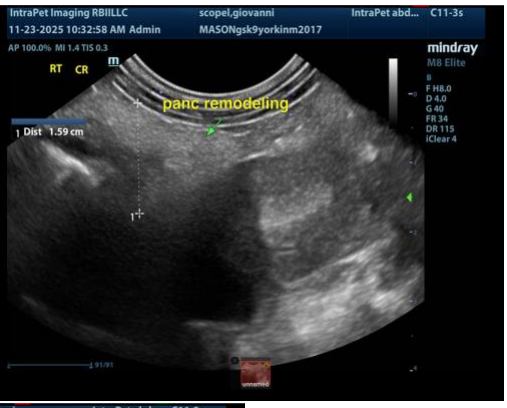

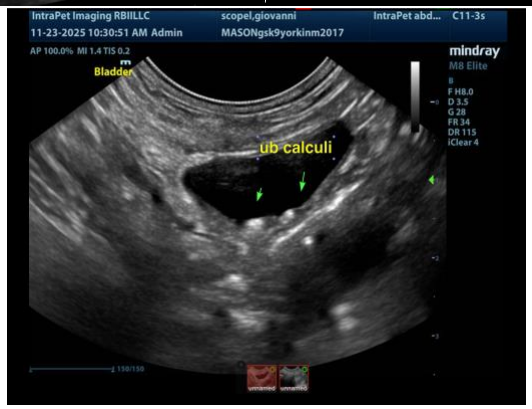

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

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