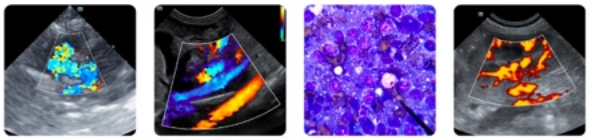


PATIENT

Coco Baum

SPECIES

Canine

BREED

Cairen Terrier Mix

SEX

Spayed female

AGE

12 years

WEIGHT

6.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Sinopoli

INVOICE

74960

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Initially presented 4/25 for vomiting, diarrhea and hematochezia for 3-4 days. Diagnostics performed and diagnosed with pancreatitis. 3 doses of panoquell given and outpatient supportive care. Patient was doing well yesterday, no vomiting, diarrhea and eating well. Overnight/early this morning owner woke up to vomit and diarrhea.
Eyes: Corneas clear and bright, no discharge or erythema, PLR and palpebral/menace intact OU, nuclear sclerosis OU
Oral Cavity: Mucous membranes pink/slightly tacky, CRT <2s, minimal tartar/gingival erythema, sublingual clear
Cardiovascular: Grade II/VI left SHM, No arrhythmias, pulses strong/synchronous
Abdominal: Soft and compliant with no abnormalities or pain on palpation, slightly more tense on cranial abdominal palpation, but not overtly painful
Rectal: no abnormalities, no stool or blood present
Abnormal PE/Chem/CBC/UA Results: 4/25: EPOC: TCO2 26.7 H CBC/chem: Unremarkable Catalyst pancreatic lipase: 451 H Rads Mild diffuse small intestinal gas -This finding is most compatible with non-specific enterocolitis such as food allergy, hypersensitivity, toxicity, infectious etiology, and/or inflammatory bowel disease. Acute pancreatitis is also a possible differential diagnosis. There is no evidence of gastrointestinal mechanical obstruction, discrete intraluminal foreign object, or plication. Mild hepatomegaly -This finding is most consistent with chronic benign etiologies such as vacuolar hepatopathy and/or nodular hyperplasia. Round cell neoplasia such as lymphoma or hepatitis such as infectious or immune-mediated etiologies is considered less likely. 4/29: PCV/TS: 55%/6 EPOC: WNL Panc lipase: 634 H (prev. 451)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

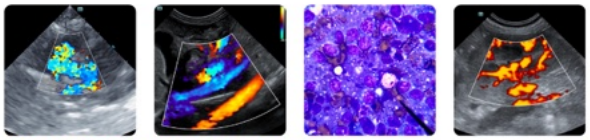
Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.14 cm. The right kidney measured 4.0 cm.

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



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adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.64 cm at the caudal 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 was 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. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

The **pancreas** revealed extensive, mixed echogenic to hyperechoic changes throughout the base of the pancreas, right and left limbs. This is consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis

Pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of foreign bodies. Plasma expanders, GI protectants, broad spectrum antibiotics

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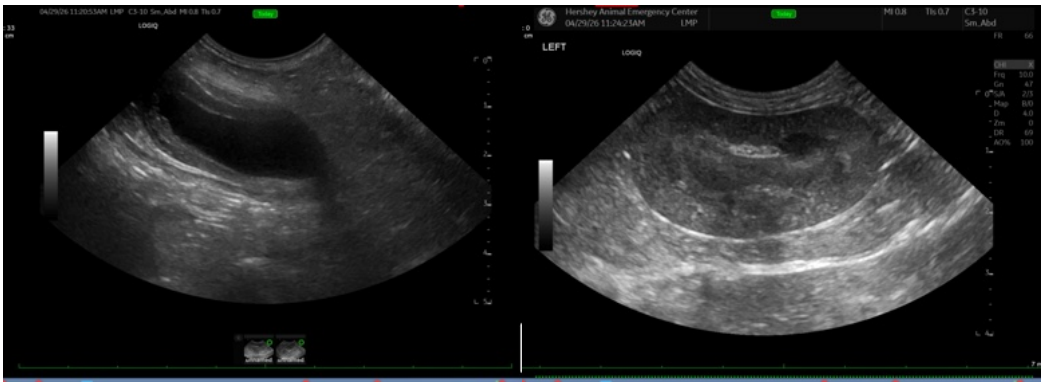
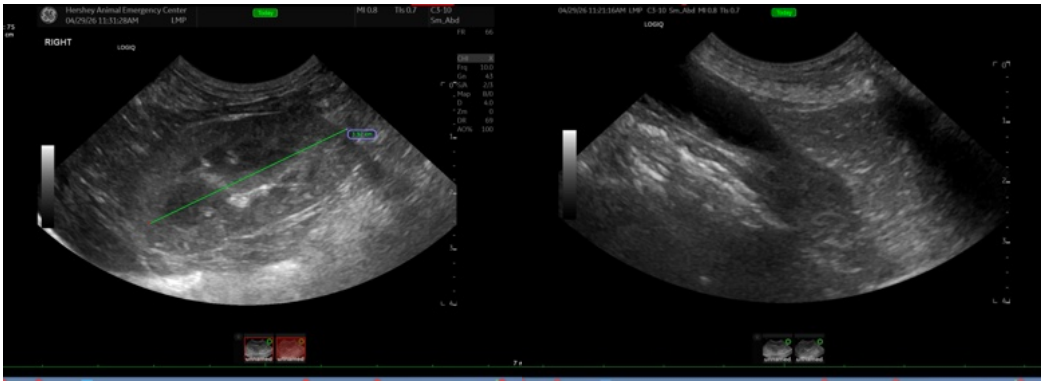
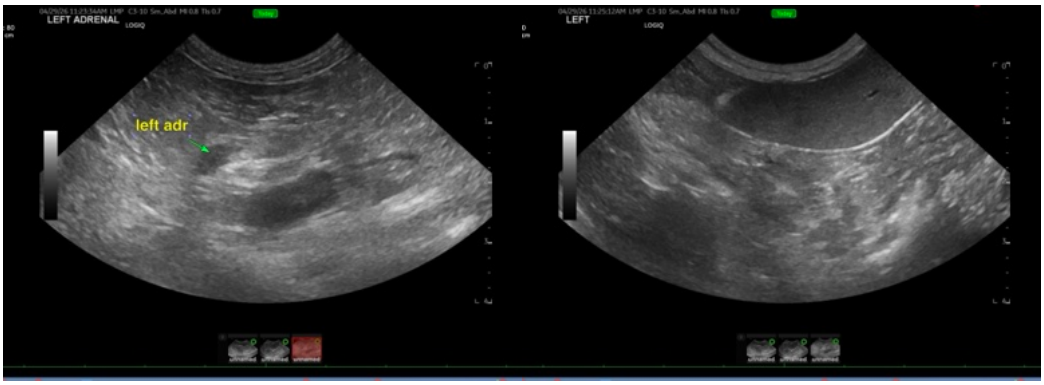
and pain management would all be indicated. A recheck sonogram is recommended in 48-72 hours to ensure adequate resolution. Fecal test is recommended.







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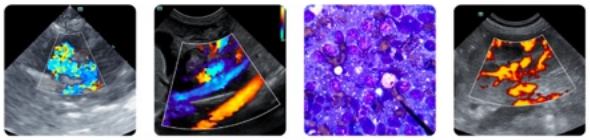

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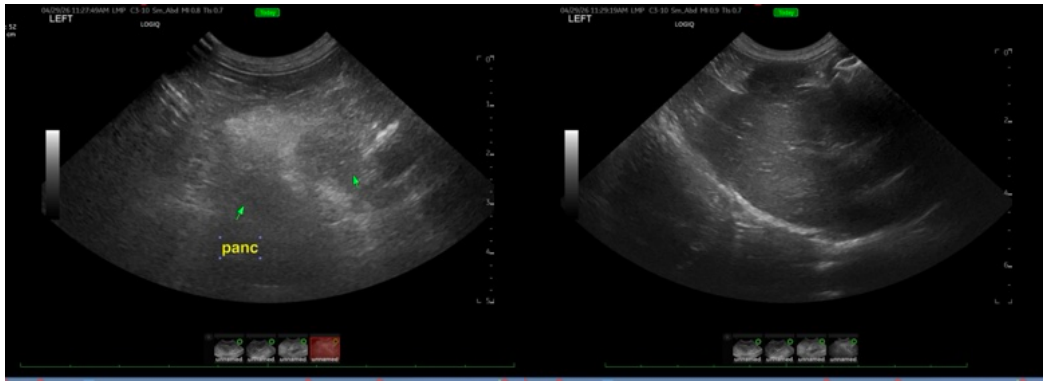

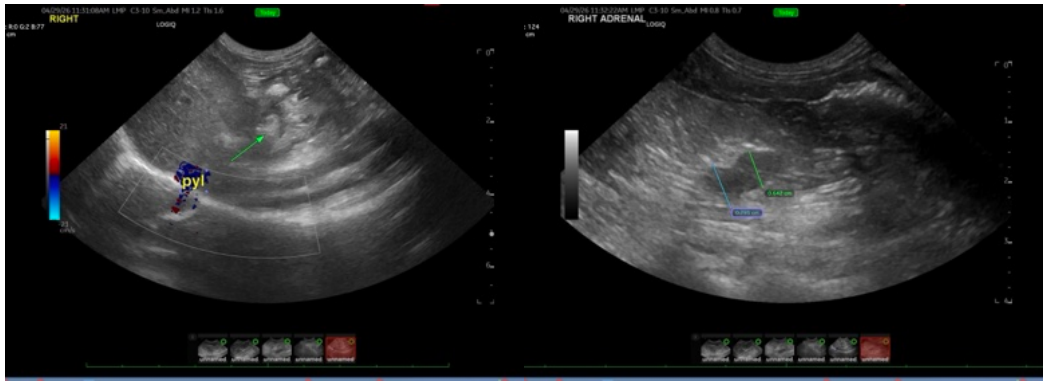

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com