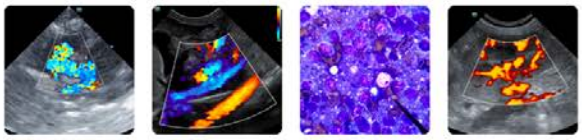


PATIENT

Sara Jones

SPECIES

Canine

BREED

Terrier x

SEX

Spayed Female

AGE

1/29/11

WEIGHT

5.9 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Dr. Sovyk

INVOICE

75410

DATE

5/22/26

PRESENTING CLINICAL SIGNS

- 3-4 mornings of bilious vomit before eating
- Small amount of yellowish bile
- Intermittent pattern, similar episodes occurred in Arizona
- No changes in appetite, stool, urine, or behavior
- Normal activity level, walks daily
- Recent travel to Arizona (Casa Grande area)
- No access to trash, no known foreign body ingestion
- No coughing, sneezing, diarrhea, or lethargy

MEDS- MAROPITANT 24 MG TABLETS - Denamarin 90mg PO nightly (for hepatomegaly) - Heartworm prevention monthly (first of month) - Glucosamine for joints

Abnormal PE/Chem/CBC/UA Results: Working diagnosis Acute intermittent bilious vomiting - r/o pancreatitis, gastritis, hepatic disease, renal disease, gastrointestinal disease, tick-borne disease; 2) Cutaneous mass left periocular region—r/o papilloma, benign neoplasia; Summary of Abnormal LABs * ALT 227 18 - 121 U/L HIGH LIPASE 319 0 - 250 U/L HIGH SPEC cPL 407 0 - 200 ug/L HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. The urethra appeared normal and measured 2.85 mm in width.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.9 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Very mild renal pelvic dilation of 1.0 mm in width noted, most likely clinically insignificant.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.5 mm in width at the cranial pole and 5.8 mm at the caudal pole.

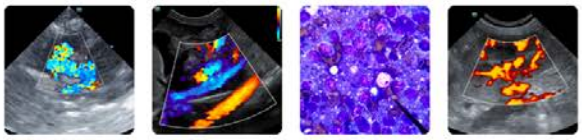
The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 4.7 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal.



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Normal vascular pattern.

The gallbladder contains a moderate amount of aggregated dependent echogenic debris. Mild surrounding hyperechoic fat noted. No free fluid seen around the gallbladder. The gallbladder does not appear obstructed.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The colon contained a small amount of what appears to be soft stool. Colon wall was hypoechoic and normal in thickness at 2.1 mm width.

Pancreas

The pancreas is subjectively mildly hypoechoic with multifocal hyperechoic striations present throughout.

Free Abdomen

A visible left iliac lymph node measured 3.1 mm in width. The right iliac measured 3.2 mm in width. The iliac lymph nodes appear normal to mildly enlarged, most likely reactive, unlikely to be neoplastic.

A lymph node present at the pyloroduodenal junction measures 4.5 mm in width, appears normal to reactive, unlikely to be neoplastic.

Multiple mesenteric lymph nodes were mildly to moderately enlarged, hypoechoic. A representative node measures 6.3 mm x 17.1 mm in size, most likely reactive, less likely neoplastic.

No free abdominal fluid is seen.

The uterine remnant was normal at 3.1 mm in width, hypoechoic, not fluid filled.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris.
- Mildly hypoechoic pancreas with hyperechoic striations.
- Multiple mildly to moderately enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It would be important to discuss with owners if patient may be showing signs of PU/PD, which could potentially be the cause of the mild renal pelvic dilation. The left kidney is not obstructed. Other possibility would be pyelonephritis. If not already performed, recommend urine culture to rule out pyelonephritis.

The echogenic gallbladder debris and hyperechoic fat around the gallbladder may suggest possible bacterial cholangitis. Recommend ultrasound guided fine needle aspirate of the gallbladder to obtain bile sample for aerobic and anaerobic bacterial culture and for cytology. If owners elect not to pursue this procedure, recommend starting Ursodiol and an antibiotic such as Amoxicillin for 4-6 weeks and rechecking the appearance of the gallbladder. Also the appearance of the gallbladder may be the cause of the patient's mildly elevated liver values. After treatment of gallbladder disease, recommend rechecking ultrasound of the gallbladder and rechecking liver values to determine if they improve with this treatment plan.

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If possible, recommend ultrasound guided aspirate of the mesenteric lymph nodes with submission for cytology to rule out disease such as lymphoma or mast cell, which seem unlikely.

The hyperechoic striations in the pancreas may be due to fibrosis from chronic intermittent pancreatitis. At this time there is no hyperechoic fat around the pancreas. Clinically significant active pancreatitis is not suspected at this time. The mildly elevated cPLI is not considered high enough to be causing significant clinical disease at this time. However, it does appear the patient is most likely having low-grade chronic intermittent pancreatitis. If patient is not already eating an ultra low-fat diet, consider switching to one such as Royal Canin GI low-fat or Hills ID low-fat, or going to www.balanceit.com to create an ultra low-fat homecooked diet.

Given the report that the patient's bilious vomiting generally happens before eating in the morning, recommend feeding the patient a small meal just before going to bed in the evening so the patient does not have an empty stomach overnight. This may help correct patient's reported bilious vomiting syndrome. Also consider Omeprazole at 20mg by mouth twice daily 30 minutes before feeding.

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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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com