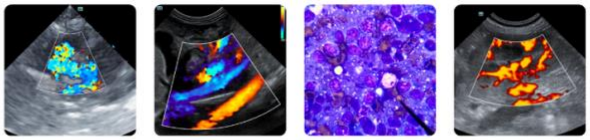


PATIENT

Pablo Veltkamp

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.7 kg

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dr. Diti Antonopoulos

HOSPITAL NAME

Orchard Veterinary Care

REFERRING VET

Dr. DeWalt

INVOICE

13368

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Meds: Clavaseptin, Cerenia, Gabapentin
- bloating, ADR, seems painful, hiding, not eating - no known foreign material / toxin ingestion

Abnormal PE/Chem/CBC/UA Results: MM: Pink and moist CRT: WNL. Temp 38 Chest: grade 4/6 murmur (new), pulses synchronous. Lungs clear. Abdominal Palpation: tense and hard abdomen but does soften with gentle pressure. NSF on palpation, no flinching in cranial abdomen but obvious distention today Dx/Ddx: Anorexia with painful abdomen and neutrophilia-Pancreatitis working diagnosis CBC: Moderate leukocytosis with moderate neutrophilia consistent with acute inflammation. Chem: Mild elevation in ALP, Mild stress hyperglycemia. Amylase error. UA: USG 1.026, proteinuria but concentrated sample without changes in chemistry. Quiet sediment. Radiographs (R lateral)- stomach and pylorus distended, some loss pf serosal detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **prostate** was homogeneous echogenicity with the width of 1.12 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Both kidneys were found to have evidence of multiple small anechoic renal cortical cysts. The left kidney measured 4.87 cm in length. The right kidney measured 4.48 cm in length.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 1.89 cm x 0.51 cm x 0.68 cm.

The area of the **right adrenal gland** was not visualized in the images provided.

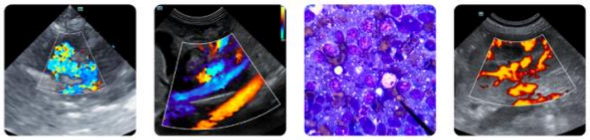
Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** generally had a homogeneous echogenicity, however, there was a single hyperechoic in the right dorsal aspect of the liver measuring 1.79 cm x 1.87 cm in size.

The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **stomach** presented with a large size containing a moderate to large volume of fluid. There were also hyperechoic and irregularly shaped luminal contents that appeared consistent with food, since there was no evidence of distal shadowing, however, foreign body material cannot be completely excluded. The duodenum was found to have a mild to moderate volume of fluid within the lumen, but no evidence of a discrete mass or foreign body. The remainder of the jejunum was not dilated, and no specific foreign bodies or masses were visible in the images provided. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right limb of the **pancreas** is found to have a hypoechoic echogenicity with surrounding hyperechoic omentum. There was no evidence of free abdominal effusion present within this region.

ULTRASONOGRAPHIC FINDINGS

- hyperechoic liver nodule.
- Moderate volume of fluid within the lumen of the stomach and also containing hyperechoic food luminal contents.
- Mild increase of volume of fluid within the lumen. of the duodenum.
- Hypoechoic right lumen of the pancreas with surrounding hypoechoic omentum.
- Bilateral renal cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have evidence of delayed gastric emptying with an increased volume of fluid as well as gastric contents in the lumen of the stomach. This may be due to a patient not being fully fasted in preparation for the ultrasound study or a mechanical obstruction which was not visualized in the images provided. Ileus could also be a cause for delayed gastric emptying since there is evidence that this patient has moderate to severe pancreatitis. Changes within the right lumen of the pancreas are consistent with pancreatic inflammation and should be treated with aggressive supportive care including IV fluids, Cerenia, appetite stimulants, and pain medication. Feeding a low-fat bland diet and daily probiotics would also give benefit to this patient. If there continues to be evidence of anorexia or vomiting, then further investigation to rule out any potential for mechanical obstruction should be considered based upon the volume of gastric contents.

This patient does have evidence of chronic degenerative renal changes with multiple small cortical cysts present in both kidneys. Careful monitoring of this patient's renal function is recommended. Since there was evidence of proteinuria on the urinalysis, this should be confirmed by checking three urine samples each separated by two weeks to determine if there's consistent proteinuria present. A systemic blood pressure should be monitored for the development of any hypertension.

The hyperechoic nodules felt to be likely a benign regenerative hyperplastic nodule, however, emerging neoplasia cannot be completely excluded without sampling information.

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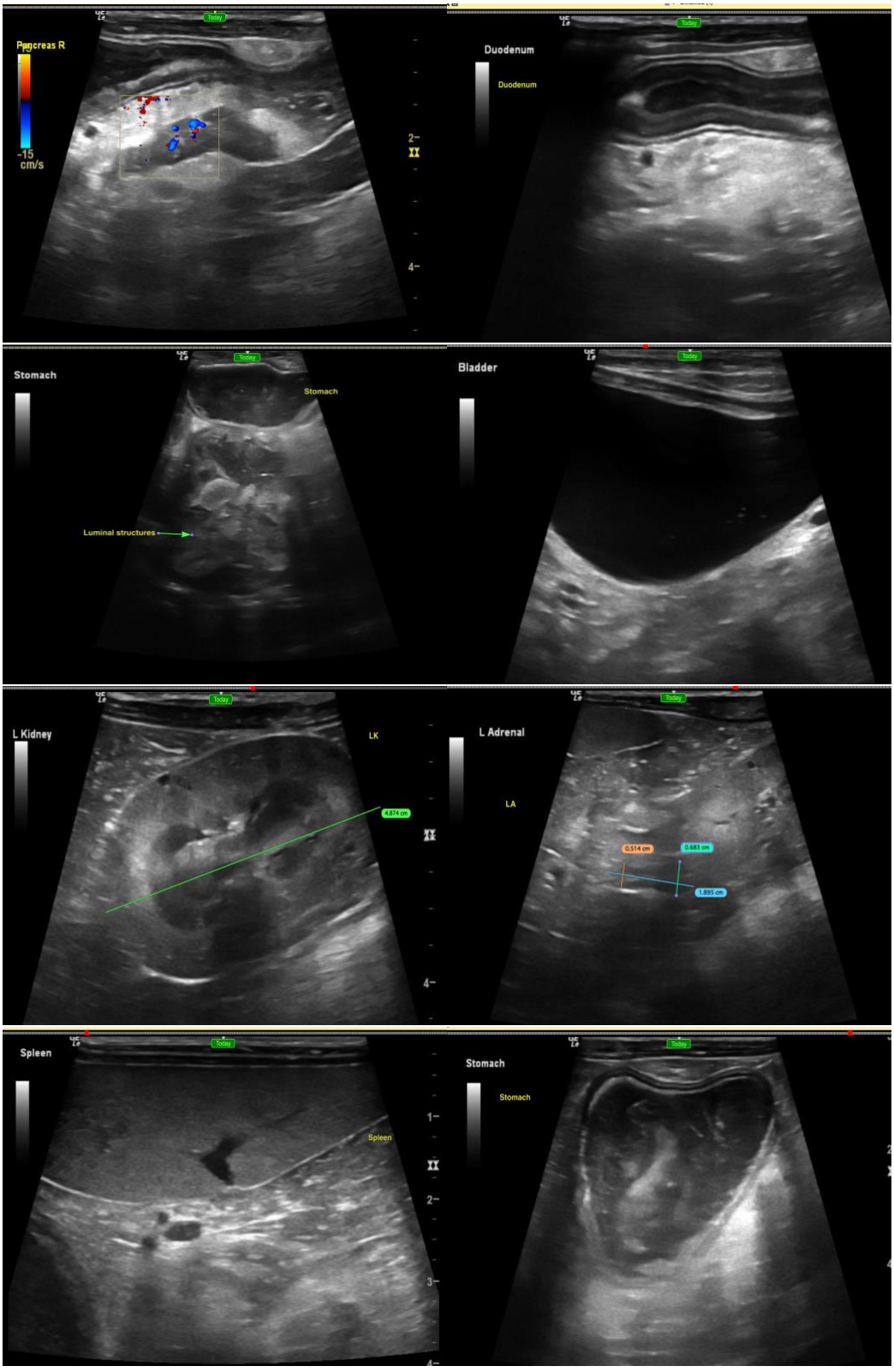

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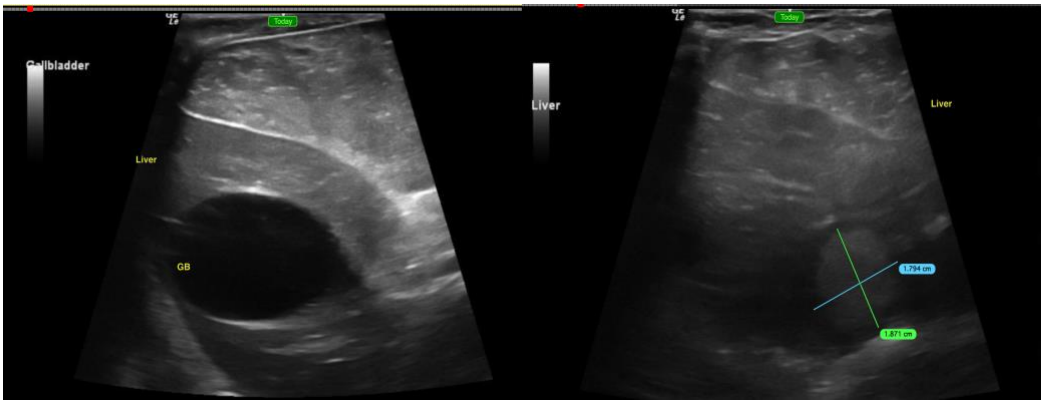

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com