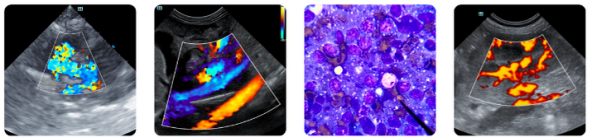


PATIENT

Nino Frank

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

13

WEIGHT

8.8

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Schiess

INVOICE

10763

DATE

11/19/2025

PRESENTING CLINICAL SIGNS

Hx of pancreatitis Increased kidney values Hx of focal seizures, had an echo 11/ 5.

Abnormal PE/Chem/CBC/UA Results: Creat 1.9 BUN 49 ALP 356.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is pyelectasia noted measuring 0.39 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.89 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size, irregular and hypoechoic, measuring 1.43 cm at the cranial pole and 0.83 cm at the caudal pole. It is visualized in its normal position cranial to the left renal artery. It is abnormal in appearance in that the cranial pole is hyperechoic creating somewhat of a mass effect, measuring 1.43 cm x 1.54 cm. No evidence of vascular invasion is visualized.

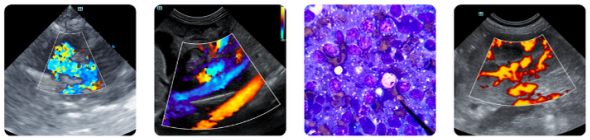
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In the mid right region of the liver, there is a poorly defined hypoechoic, slightly cystic mass effect visualized measuring 2.44 cm x 2.04 cm. Adjacent towards the left side is a less distinct nodule measuring 1.66 cm in diameter.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular, large shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of 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 layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.57 cm in wall thickness) and the jejunum measured as normal (0.32cm.) Visualized peristalsis appears appropriate. The proximal duodenum appears thickening and edematous, adjacent to the inflamed pancreas.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic, particularly in the left limb and in the cranial right aspect of the abdomen, adjacent to the pylorus/duodenum. The pancreas is surrounded by free fluid and severely inflamed mesentery most consistent with severe pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity revealed a moderate amount of free abdominal fluid. There is no lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The mesentery is severely inflamed.

ULTRASONOGRAPHIC FINDINGS

- Poorly defined mass effect involving the cranial pole of the left adrenal. Findings could be consistent with hyperplasia, adenoma, carcinoma, pheochromocytoma, other.
- Severe pancreatitis with surrounding reactive mesentery and free fluid. The pancreatic changes are most consistent with severe pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Age related changes visualized associated with both kidneys, and left sided pyelectasia. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, heterogenous, rounded liver with an ill-defined, cystic, hypoechoic mass effect and nodule. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The cystic mass effect has the appearance most consistent with a primary mass lesion (adenoma, carcinoma, although other differentials are

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possible.)

- Large, fluid/ingesta distended stomach. Correlate with the feeding history. If the patient was adequately fasted, this likely represents gastric ileus.
- Thickened duodenum. Findings are most consistent with duodenitis, secondary to pancreatitis.
- Moderate free abdominal fluid, and mesenteric inflammation. Findings are most consistent with peritonitis (likely sterile, recommend fluid analysis and cytology.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is severely inflamed with active inflammation, free fluid, and reactive mesentery. Recommend aggressive therapy for pancreatitis, and close continued monitoring as necrotizing peritonitis is a concern. Secondary to the pancreatitis there's duodenitis and likely gastritis, as the stomach is distended with ingesta and fluid. Recommend pain medication, rehydration, nausea medications, etc., and monitoring of the azotemia. Hopefully this will improve with hydration. Consider a urinalysis and culture based on the dilation of the left kidney.

The left adrenal is large. This could be an indicator of underlying Cushing's disease, although this could be a benign or neoplastic lesion. Once the pancreatitis has resolved, recommend repeat evaluation to reassess and make a plan for further evaluation.

There's a poorly defined, hypoechoic, slightly cystic mass effect visualized associated with the liver. This has somewhat of a benign appearance but continued monitoring and sampling (if a safe window is available) should be considered.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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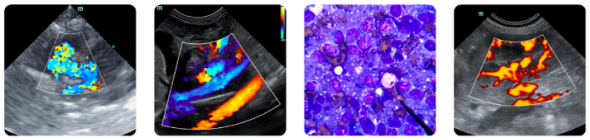

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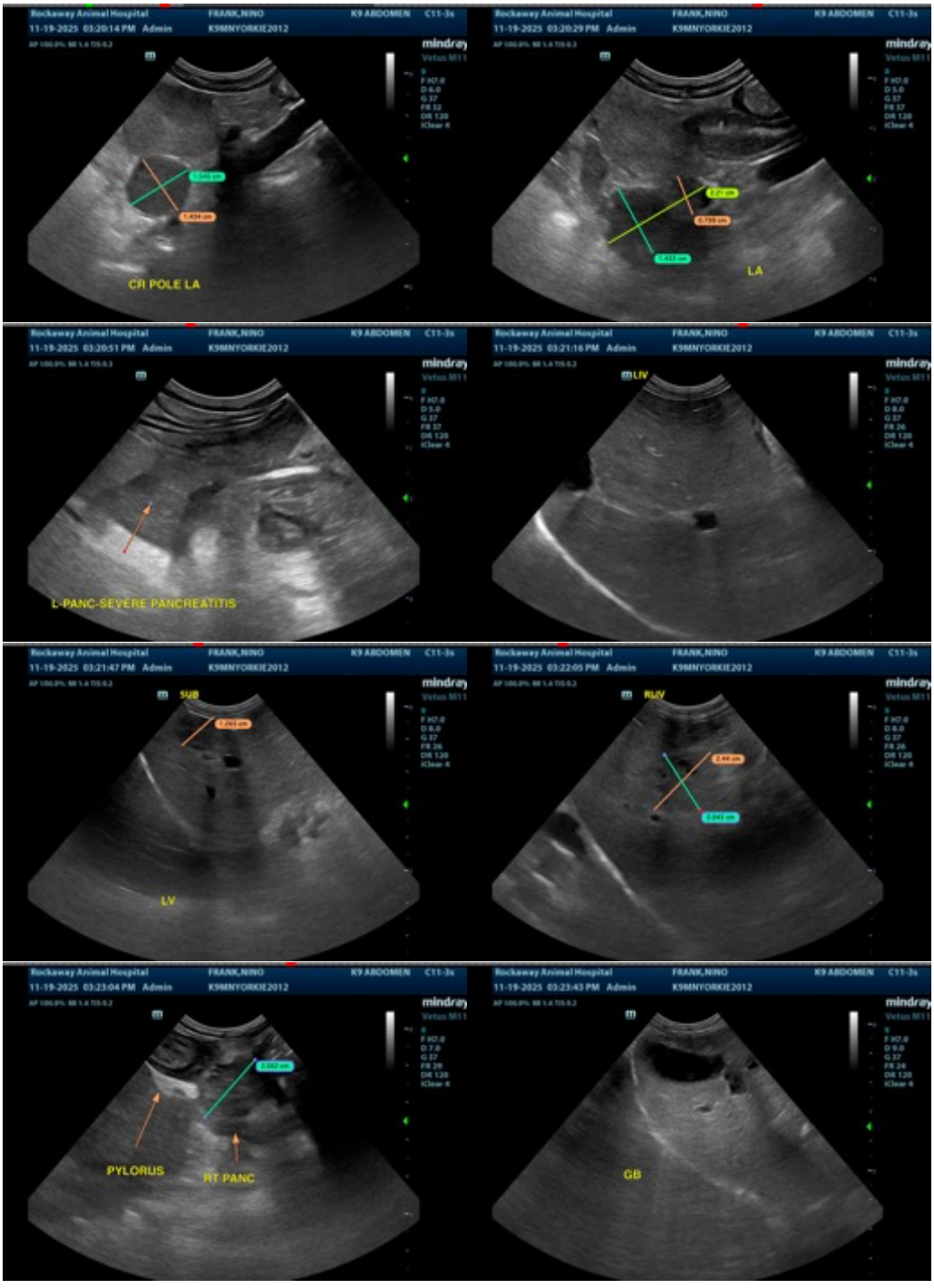

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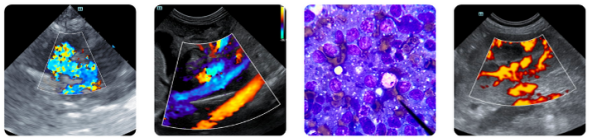

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com