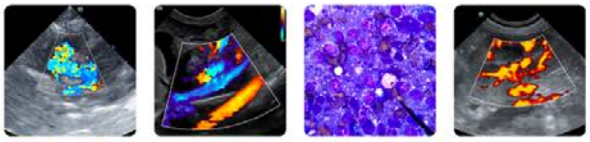


PATIENT

Tiggy Leslie

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

3.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Mooi (Centennial Animal Hospital)

INVOICE

71966

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Patient presented for inappetence, vomiting and Abd pain. After physical exam - Splenomegaly, Possible Abdominal Mass, and Suspected Nephrolith. Grade 2-3/6 Heart Murmur. Tiggy just completed a 7-day course of an antibiotic and tramadol. Owner reports dog is eating now (with a little bit of coaxing).

Abnormal PE/Chem/CBC/UA Results: Grade 2-3/6 heart murmur Tense, protective of abdomen CBC: Mild neutropenia without left shift or toxic change CHEM: Increased urea (17.1 currently, was 9.7 in Oct. 2024) with a high end creatinine (122, was 79 in Oct. 2024) Marked lipemia Thorax rads: pulmonary parenchyma appears clear VHS 10.3s suspicious for some degree of tracheal collapse. Abdomen rads: Liver appears to be at the upper end of normal size with slightly rounded margins. Spleen is enlarged Nephrolith visible Generalized gas pattern throughout the intestinal tract, suggestive of enteritis. Duodenum appears notably gas-distended, a finding that can be associated with pancreatitis. A round, soft tissue opacity is noted caudal to the stomach, which is suspicious for either a mass or a looped segment of intestine.

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 prostate is prominent, mottled and slightly cystic, measuring 0.98 cm x 1.02 cm in the transverse view.

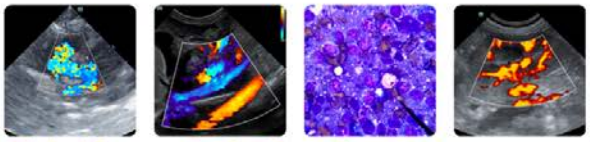
The left kidney has a normal shape and size (2.97 cm) with small, non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.2 cm) with occasional non-obstructive nephroliths, the most prominent measuring 0.39 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.58 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.



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Spleen

The spleen is subjectively normal in size (1.17 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

Pancreas

The right limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled, mildly cystic prostate – Findings are most consistent with a residual prostate after neutering later in life. If this patient was neutered prior to puberty, recommend a fine needle aspirate, looking for possible prostatic carcinoma.
- Age related changes and non-obstructive mineralizations visualized associated with both kidneys.

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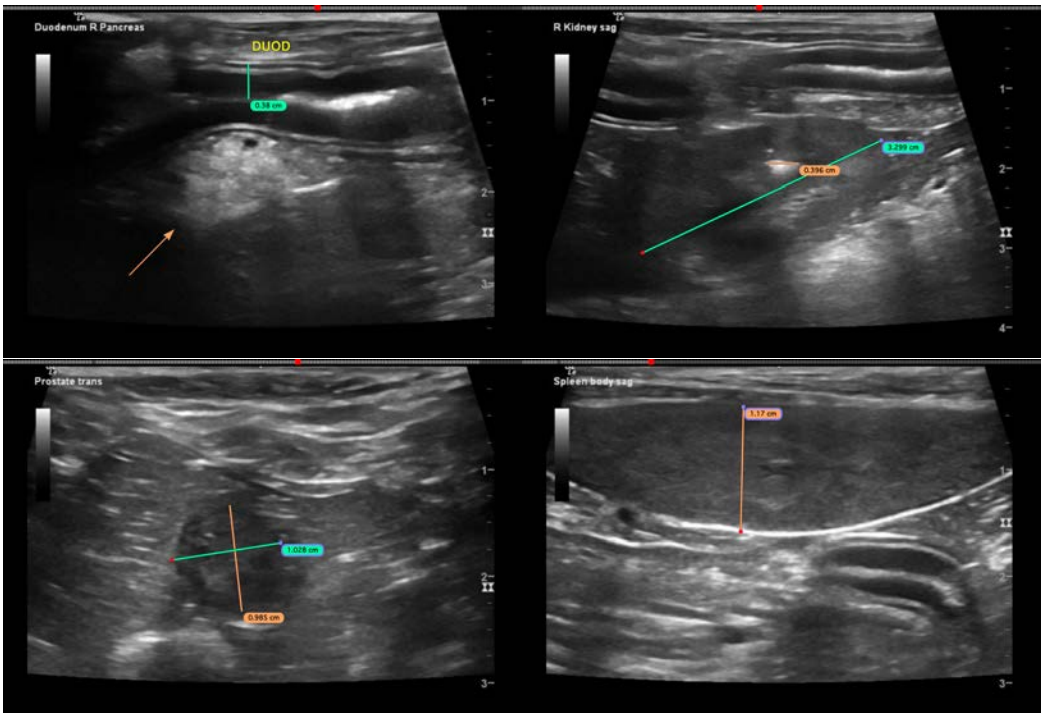
- Prominent, mottled right limb of the pancreas with some surrounding mild reactive mesentery – Findings are most consistent with chronic pancreatic remodeling and pancreatitis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is prominent and mottled in the right limb with some reactive mesentery in the region, most consistent with chronic pancreatic remodeling and active pancreatitis. Correlate with PLI level and consider empirical treatment for pancreatitis. Based on the report of lipemia, recommend a triglyceride and cholesterol level on a fasted sample, as this patient could have hyperlipidemia predisposing to pancreatitis. This also has been reported to cause abdominal pain.

Both kidneys have shadowing mineralizations. No evidence of an obstructive pattern is noted. Correlate with a urinalysis, urine culture and blood pressure evaluation.

If the patient is not responding to therapy as would be expected. Consider repeat imaging to reevaluate the pancreas and cranial abdomen.



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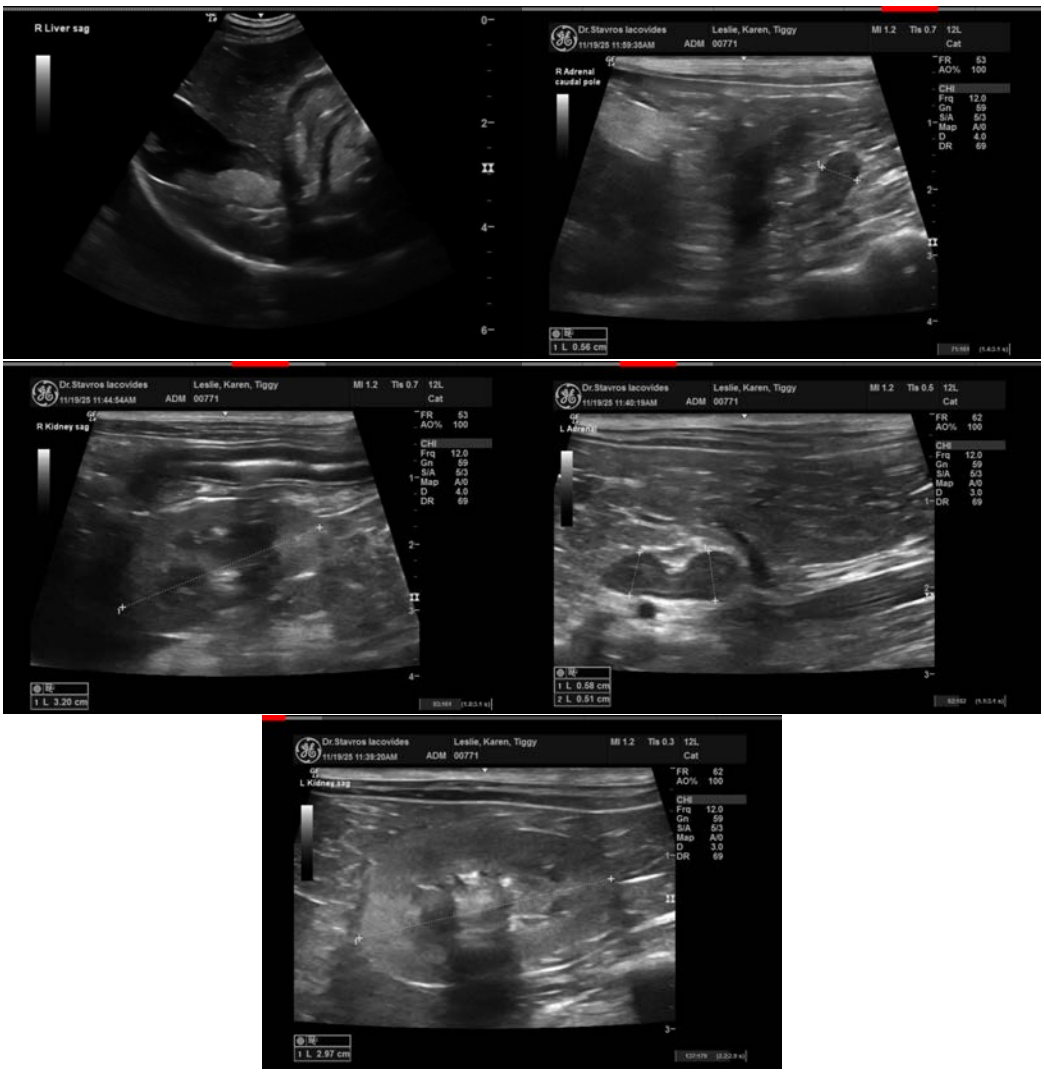

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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