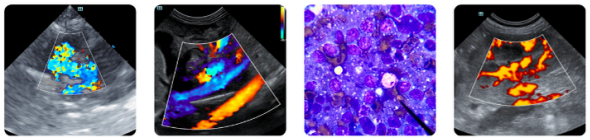


PATIENT

Sky Larson

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

9 years

WEIGHT

14.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

11376

DATE

2/26/2026

PRESENTING CLINICAL SIGNS

- O has been in Florida since February 1st. O's daughters have been watching her since then. Pt has PUPD for about a month prior to them leaving, then their daughters noticed it as well. O's daughter took pt to the rdvm yesterday where she was diagnosed as DKA.
- 6-8% dehydrated, tacky, CRT 4s. Heart murmur grade 4.
- Abdomen: Painful, distended (pot belly), Overweight.
- Purulent vaginal discharge.

Abnormal PE/Chem/CBC/UA Results: HAEC Dx 2/26/26: CBC: Reticulocytes 9.5 (L), Neutrophils 12.01 (H), Monocytes 1.34 (L), Eosinophils 0.01 (L) Chem: Glucose 329 (H), Phosphorous 1.9 (L), Calcium 7.8 (L), ALT 278 (H), ALP >2,000(H), GGT 14 (H), QPL >2,000 (H) EPOC: Bicarb 5.7 (L), pH 7.165 (L), Sodium 124 (L), Potassium 2.9 (L), Glucose 392 (H) Urinalysis (Cystocentesis): Glucose 1000 (H), USG 1.024 (L), Ketones 150 (H), Blood 250 (H), WBC <1/hpf, RBC <1/hpf, Non-Squamous Epithelial Cells <1/hpf, Rod bacteria present Urine Culture: Pending.

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 left kidney has a normal shape and size (5.71 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (5.76 cm). Overall echogenicity is normal with adequate 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.

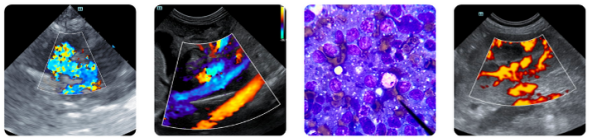
Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.48 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 0.58 cm at the cranial pole and 0.52 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.

Spleen

The spleen is subjectively normal in size (1.36 cm) 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. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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. Luminal contents are mild and likely incidental at this time. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.24 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 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 in both limbs.

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

- Pancreatic changes consistent with mild pancreatic remodeling and mild pancreatitis.
- Large, hyperechoic liver. The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is somewhat prominent with some mildly reactive surrounding mesentery. The appearance is most consistent with chronic pancreatic remodeling and mild inflammation/pancreatitis. Correlate with PLI level and consider supportive care for mild pancreatitis.

The liver is large and hyperechoic. This has the appearance most consistent with a vacuolar

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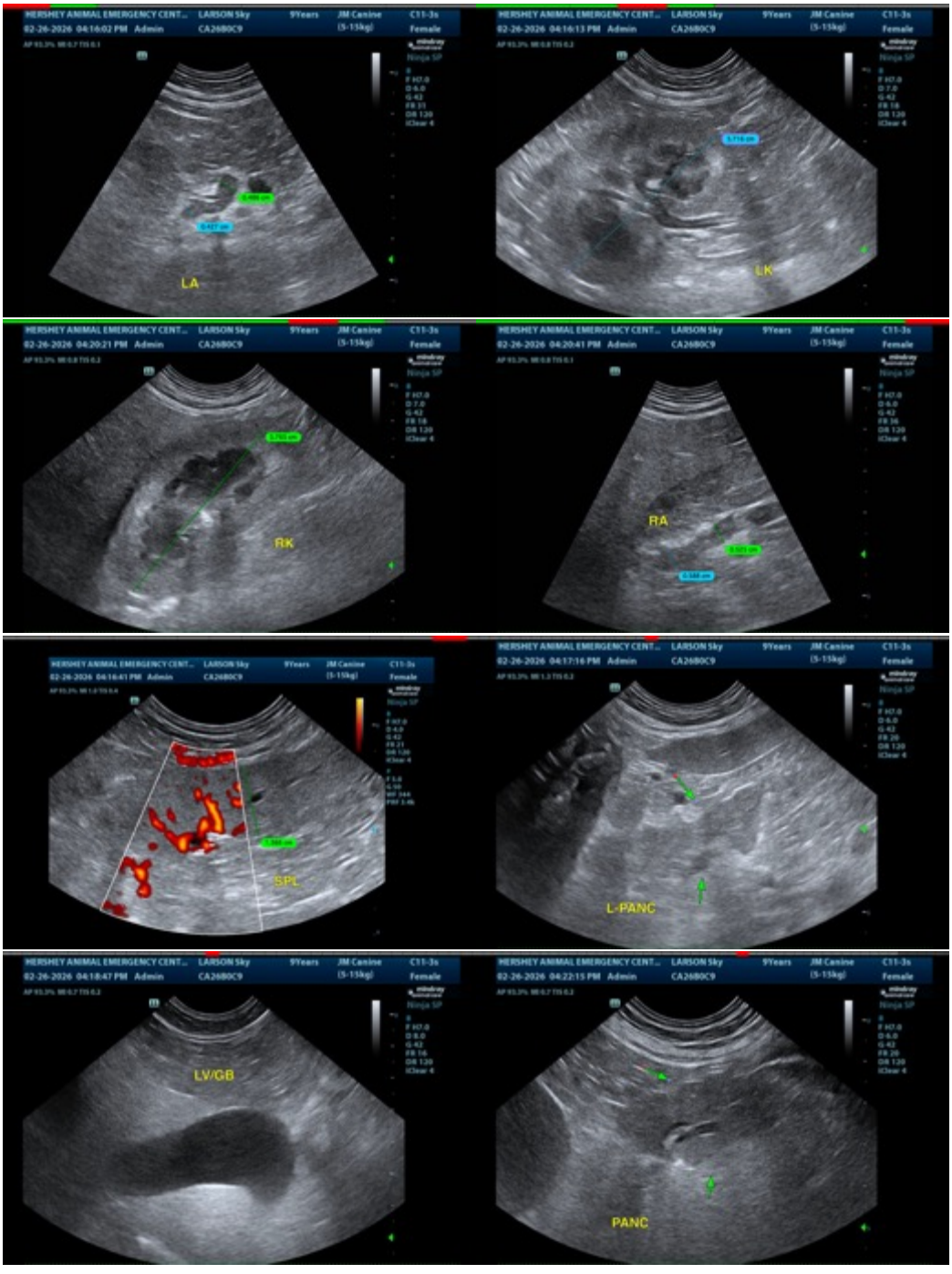
hepatopathy/diabetic hepatopathy, although other hepatopathies are possible. Consider Denamarin therapy, and insulin therapy for the diabetes.



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.

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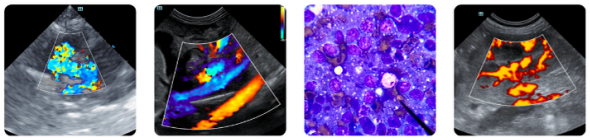

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@sonopath.com