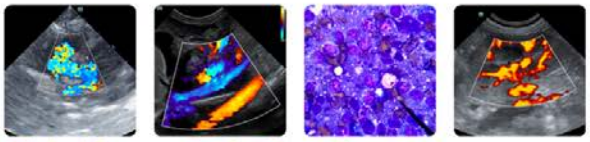


PATIENT

Luna Sandoval

SPECIES

Canine

BREED

Poodle x

SEX

Spayed Female

AGE

3 Years 6 Months

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

72766

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Clinical signs: History of chronic significant MCV elevation and low folate level. Presented on 8/4/25 for low appetite of 48 hours duration that had improved since owner made appointment. History of pancreatitis diagnosed the previous year. Lab work on 8/4/25 showed chronically elevated MCV. GI panel assessed due to potential for low folate as a cause. Low folate noted. Supplementation started for 1 month and the level was rechecked after discontinuing the supplement. The MCV was still high and the folate level still low. Ultrasound today to assess for cause of low folate and to assess pancreas due to previous history of pancreatitis. Current medications: Simparica Trio

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 5/9, mild dental tartar, no obvious abdominal pain, normal exam otherwise Lab work: 8/4/25 superchem/cbc Chemistry panel normal MCV high 108 MCH high 35.3 Remainder of CBC normal Initial GI panel 9/15/25 PSL, TLI, B12 normal Folate low 6.8 CBC/folate/B12 12/30/25 after folate supplementation MCV high 108 MCH high 34.4 Remainder of CBC normal Cobalamin normal 691 Folate low 7.1

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 (4.35 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 (4.32 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.

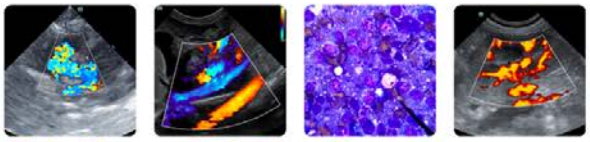
Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 cm at the cranial pole and 0.35 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 0.45 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 (1.37 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.



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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. 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 0.33 cm 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 0.26 cm. Jejunum wall measures 0.16 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 visible/mottled in both limbs. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. A prominent hypoechoic jejunal lymph node is visualized measuring 0.70 cm.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Prominent hypoechoic jejunal lymph nodes – Findings could be consistent with a highly reactive or possibly early neoplastic lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. The pancreas is slightly hyperechoic and mottled in both limbs, most consistent with pancreatic remodeling. Correlate with a PLI level, looking for any evidence of residual inflammation.

There is a prominent, hypoechoic jejunal lymph node with no evidence of a diffuse lymphadenopathy. The significance of this lymph node is uncertain. Options would include continued monitoring or potentially a fine needle aspirate if a safe window for sampling is available.

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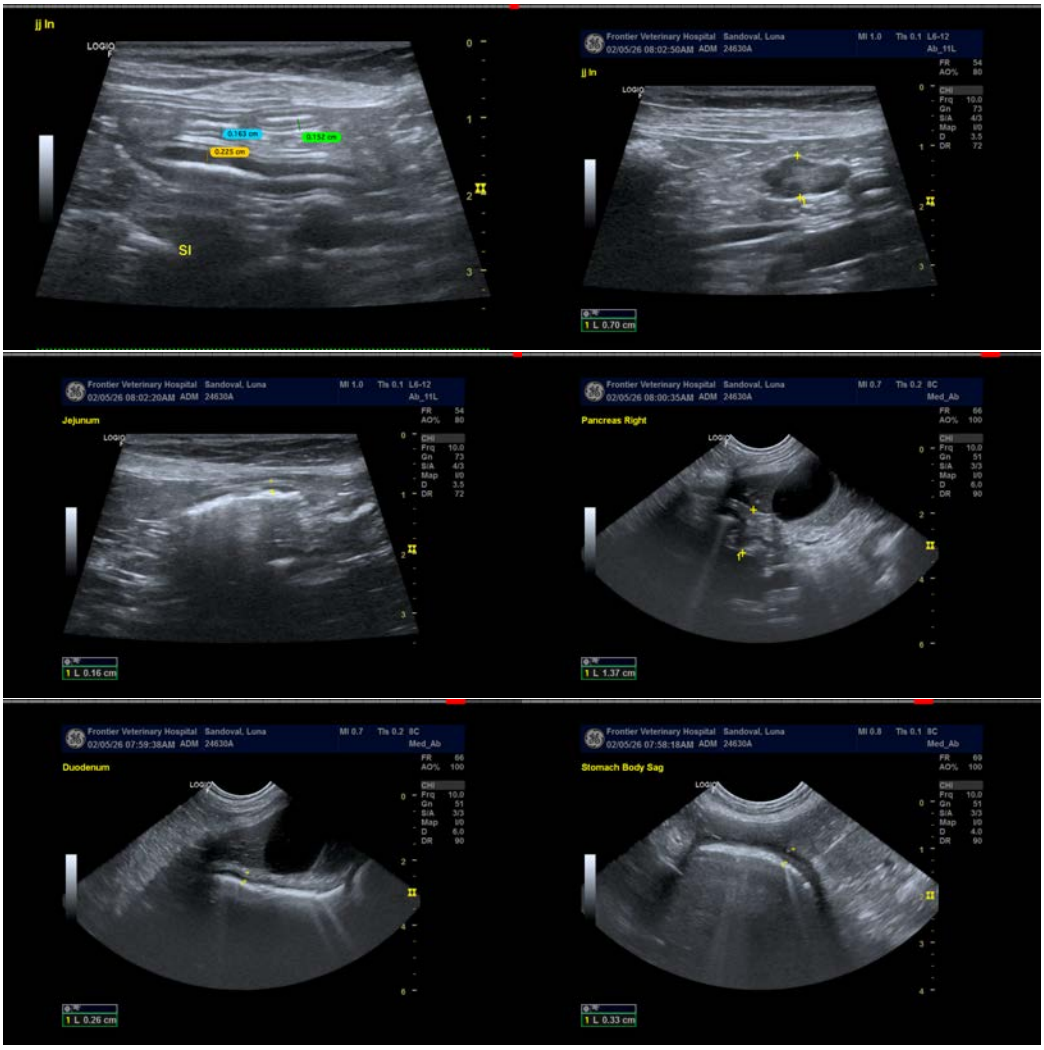
An obvious cause for the increase in MCV and low folate levels is not apparent. Small Poodles can get a hereditary increase in MCV value (this is a mix, so uncertain if this still pertains). If not already done, recommend a pathologist review of a blood smear.

Folate levels are typically used as a marker of underlying gastrointestinal disease. Supplementation in these cases is usually not successful because of impaired absorption of folate. If chronic gastrointestinal disease is suspected, further workup could be considered. Initially I might consider a hydrolyzed protein prescription diet or a combination ultras low-fat prescription diet and hydrolyzed protein prescription diet (Royal Canin has this combination). Often B12 levels are low as well as folate. If these were run through Texas A&M's GI lab, you could consider a consultation through them to see if they have anymore specific recommendations.



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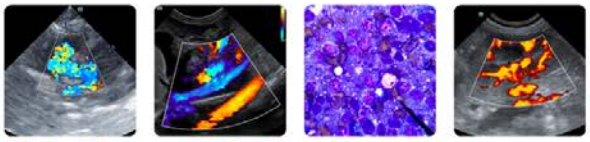

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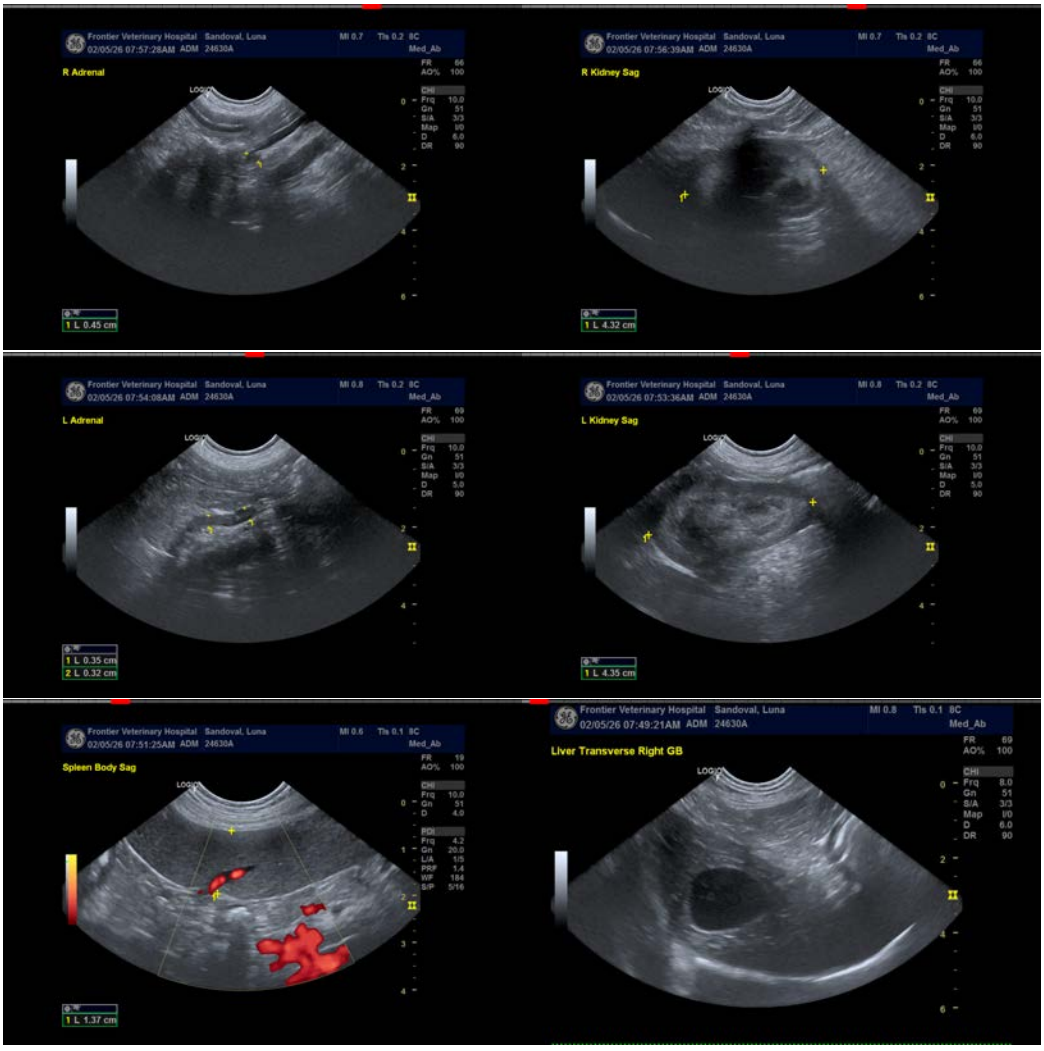

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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