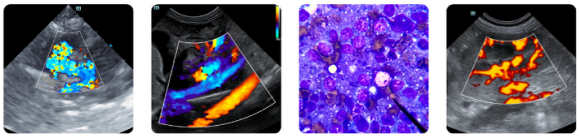


SonoPath www.thefocalzone.com
FOSTERING THE ART OF VETERINARY MEDICINE™ info@thefocalzone.com 289.808.2608

PATIENT

Masha Pawlik

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

6 years

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ananda Stewart

HOSPITAL NAME

Hamilton Region Emergency

REFERRING VET

Dr. Vercaigne

INVOICE

11565

DATE

3/26/2026

PRESENTING CLINICAL SIGNS

- Presented to HREVC yesterday for <24hrs vomiting and anorexia. PE showed abdominal pain, dehydration. Rads showed hepatomegaly and soft tissue material in stomach, not obstructive. Was treated with SQ fluids and maropitant.
- Masha did not eat overnight, seemed nauseous initially, and lethargic. She had a seizure around 11am.
- Today's PE revealed m3 painful abdomen, otherwise WNL
- Hx seizures, currently on PB 45mg q12hrs, however has not had a dose for 36hrs
- Last ate 36hrs ago.
- Current Medications: methadone, maropitant, midazolam, phenobarbital (oral dose given at 1pm today, without food.)

Abnormal PE/Chem/CBC/UA Results: BW and rads attached Primary Question to Be Answered in This Exam r/o: GI obstruction, pancreatitis, gastroenteritis, hepatopathy, other.

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 (6.1 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 a cortical cyst visualized in the cranial pole measuring 0.63 cm diameter. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.98 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.

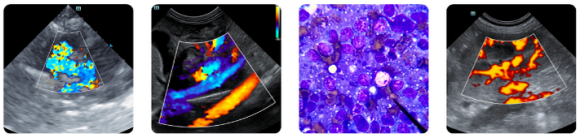
Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.54 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 0.93 cm at the cranial pole and 0.38 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 (1.67 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic



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parenchyma appears normal. The shape of the spleen appears somewhat irregular, most consistent with a folded spleen.

Liver

The liver is large in size, and hyperechoic. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 (0.26 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Descending colon has a large amount of gas. The wall appears prominent, and slightly irregular but with intact wall layering and normal thickness measuring at 0.19 cm.

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/moderate pancreatitis in the left limb.

Free Abdomen

Evaluation of the peritoneal cavity revealed a scant amount of free fluid visualized near the spleen. There is no significant lymphadenopathy. The omentum is hyperechoic around the left limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with moderate pancreatitis in the left limb.
- Large, heterogenous, hyperechoic liver. 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. This is likely a phenobarbital induced hepatopathy.
- Mild enteritis type pattern.
- Scant free fluid visualized near the spleen. Recommend fluid analysis and cytology.

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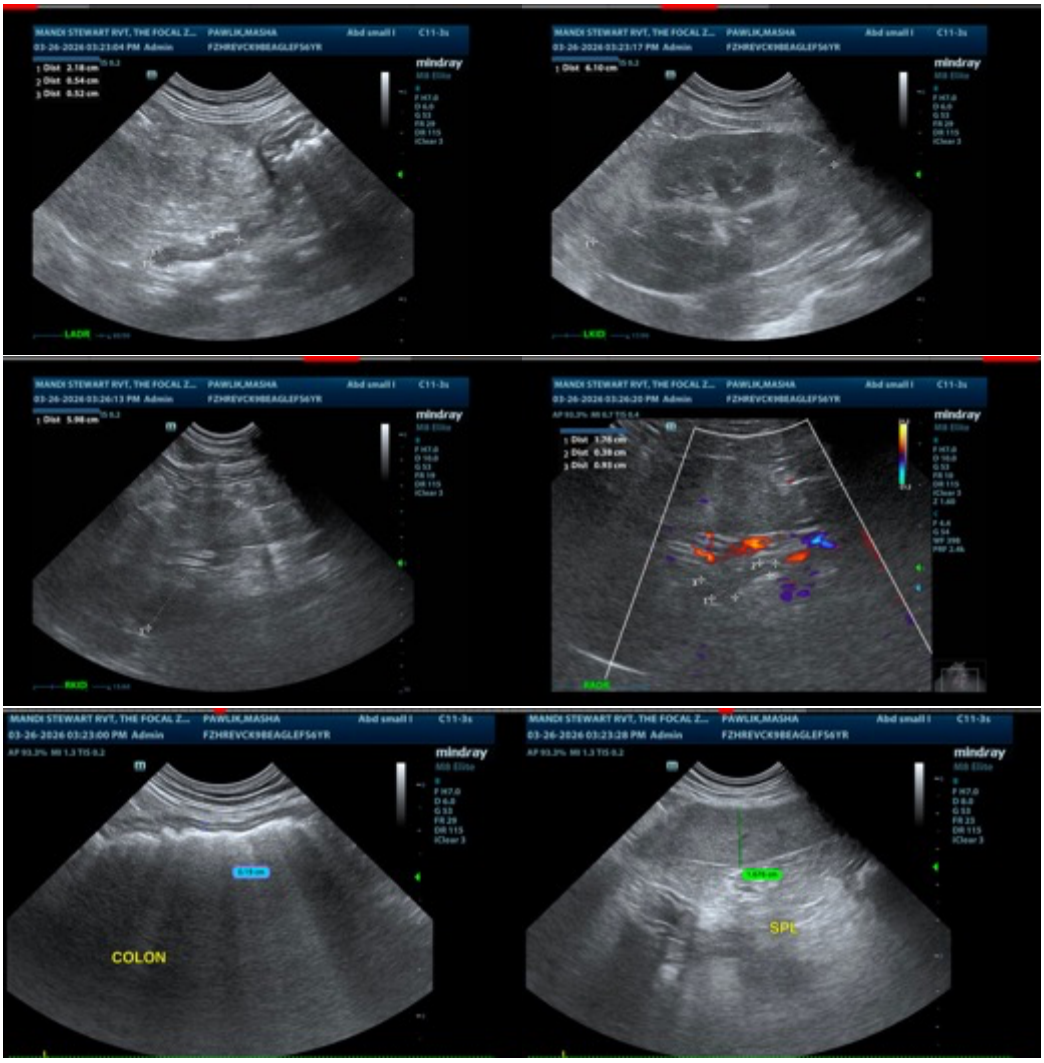
- Prominent colon wall. Findings can be consistent with mild colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are focal areas in the left limb of the pancreas which are hypoechoic, irregular and surrounded by reactive mesentery most consistent with moderate pancreatitis. The majority of the small intestine and stomach appear normal, although there are some areas which have mild segmental thickening with some mild gas, most consistent with a mild enteritis type pattern. No focal lesions are visualized associated with the GI tract. Although, this cannot be definitively ruled out. Recommend in house treatment for pancreatitis. If symptoms are not responding to therapy as would be expected, consider repeat imaging looking for the development of new lesions or the progression of today's lesions.

There's a potential association between phenobarbital use and pancreatitis. The liver is very large and hyperechoic with a significant hepatopathy. Recommend consultation with a veterinary neurologist as this may an opportunity to consider tapering off of phenobarbital and transition to an alternate antiseizure medication.



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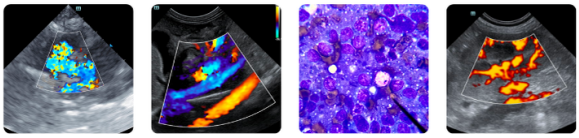

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Educational Teleconsultation Services™

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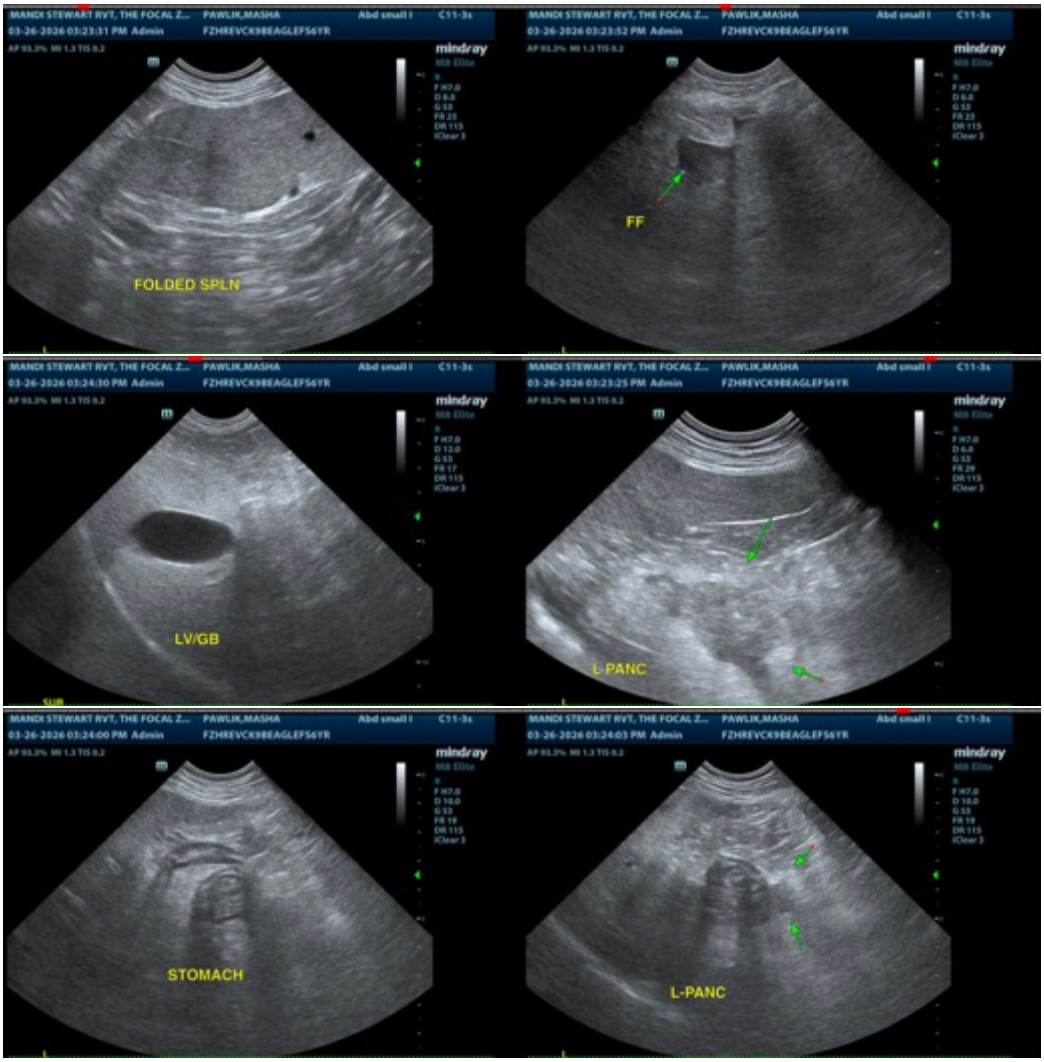

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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