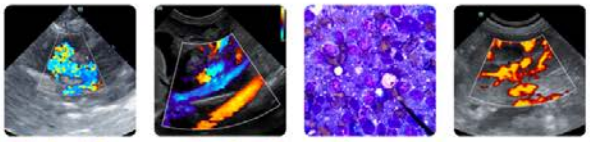


PATIENT

Max Chang

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

11 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

74099

DATE

4/1/26

PRESENTING CLINICAL SIGNS

Had been here at Shores on 3/18 and 3/23 and 3/30 for issues with stool and appetite. Diabetic on Novalin - did not give this morning since he wouldn't eat. Licking anus a lot - anal glands? Not his normal perky self. Previous Health Concerns: Diabetic; Blind

Current Medications : Novalin 8 units - last given last night at 6PM

Abnormal PE/Chem/CBC/UA Results: 3/19 ALP 375 3/23 Chem BUN/creat 15.7/0.4 BG 75* (blood sat before being run, spurious) ALT 59 ALP 349 GGT 27 tbili 0.9 EPOC: pH 7.452 pCO2 40.8 BE 4.5 bicarb 28.6 Na 152 K 3.1 Cl 109 iCa 1.22 BG 72 Lac 3.46 BUN/creat 15/0.53 Vcheck cPL: 78.6ng/ml (WNL) 3/23 Rads Mixture of gastric contents likely a combination of ingesta and residual foreign material. No overt evidence of a gastric outflow obstruction is identified however the gastric structure may be causing intermittent outflow obstruction and gastritis. Due to steatitis or regional effusion such as with pancreatitis versus an artifact from visceral crowding. No overt abnormalities of the small intestinal tract are identified. Moderate hepatomegaly.

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 normal in size (1.07 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

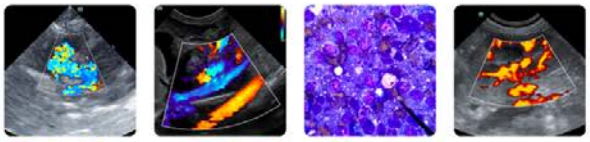
The left kidney has a normal shape and size (7.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.09 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 0.54 cm at the cranial pole and 0.57 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 caudal pole of the right adrenal gland is normal measuring 0.67 cm (the entirety of the cranial pole is not clearly visualized) The right adrenal gland 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.



PATIENT

Max Chang

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

11 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

74099

DATE

4/1/26

Spleen

The spleen is subjectively normal in size (1.41 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 large in size, and normal in echogenicity with smooth peripheral margins. 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 mild to moderate fluid/gas/shadowing ingesta. 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 evidence of an outflow tract obstruction is visualized at the pylorus.

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 0.45 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 prominent and mottled compared to the surrounding isoechoic mesentery. 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, 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 in the right cranial abdomen most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis is possible.
- Large, heterogeneous liver – Findings are suggestive of a diabetic hepatopathy, although other hepatopathies are possible.

PATIENT

Max Chang

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

11 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

74099

DATE

4/1/26

- Mild/moderate fluid/gas/shadowing ingesta visualized within the gastric lumen – If the patient was adequately fasted, this could represent delayed gastric emptying. No evidence of an outflow tract obstruction is visualized.

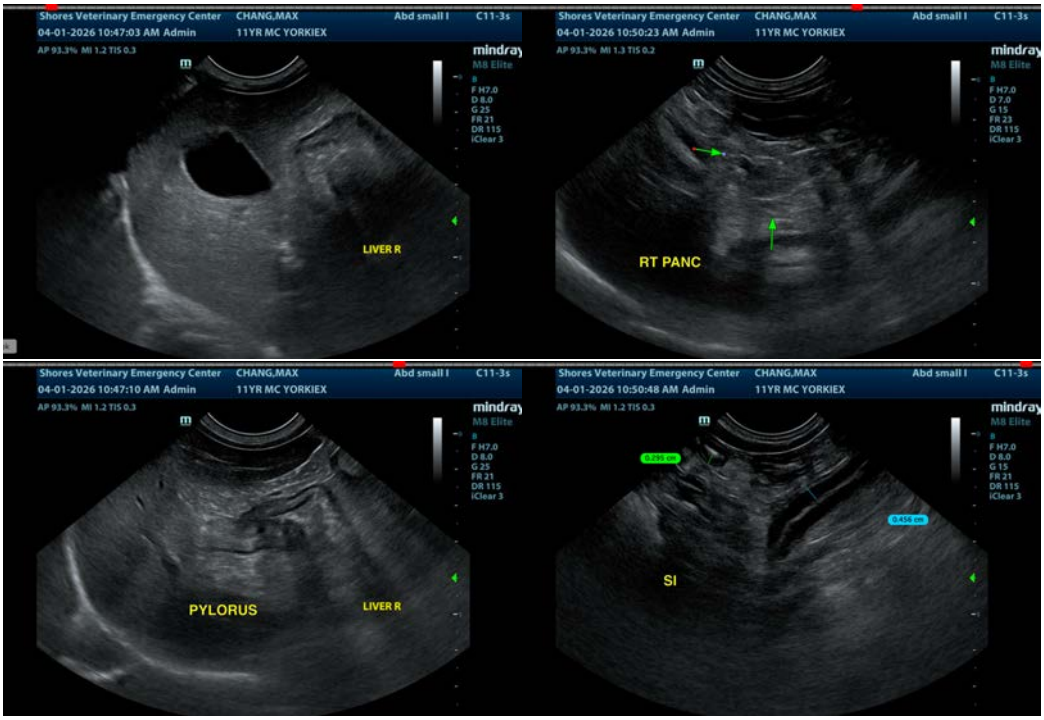
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some mild gas and fluid/shadowing ingesta visualized within the gastric lumen. No evidence of a significant amount of retained ingesta or foreign material is observed. There is no evidence of an obstructive pattern visualized. There could be mild delayed gastric emptying and gastritis. The right limb of the pancreas is visible but does not appear overtly inflamed. This does not definitively rule out pancreatitis. Correlate with a PLI level and consider empirical treatment for gastroenteritis/pancreatitis. Additionally, in a diabetic patient that is not eating well this patient may need to be hospitalized for supportive care and regular insulin as needed to help regulate glucose levels and prevent significant swings in glycemic control. The urine should be monitored for ketones, etc.

The liver is large and heterogeneous. I suspect this is most consistent with a diabetic hepatopathy. If a more significant hepatopathy is suspected, you could consider a liver function test and a fine needle aspirate of the liver.

If symptoms are more chronic in nature and a chronic enteropathy is suspected, you could consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.



PATIENT

Max Chang

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

11 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

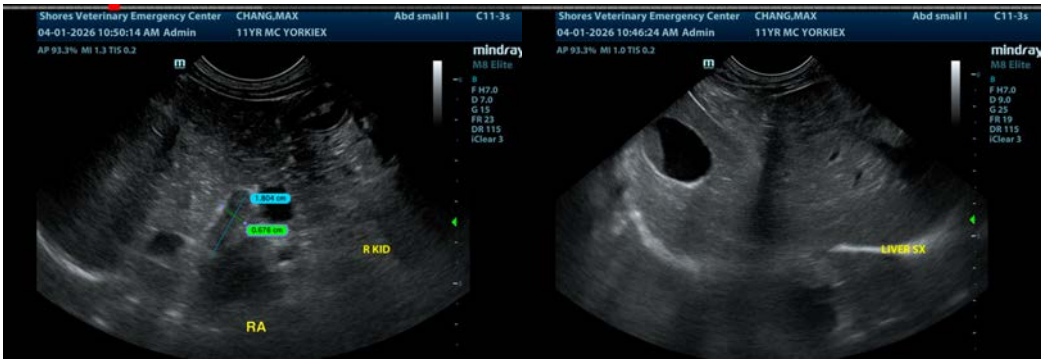
Dr. Law

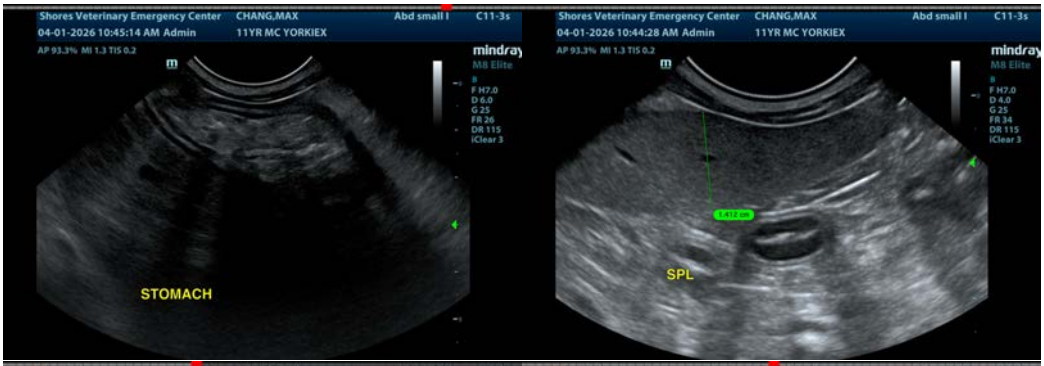
INVOICE

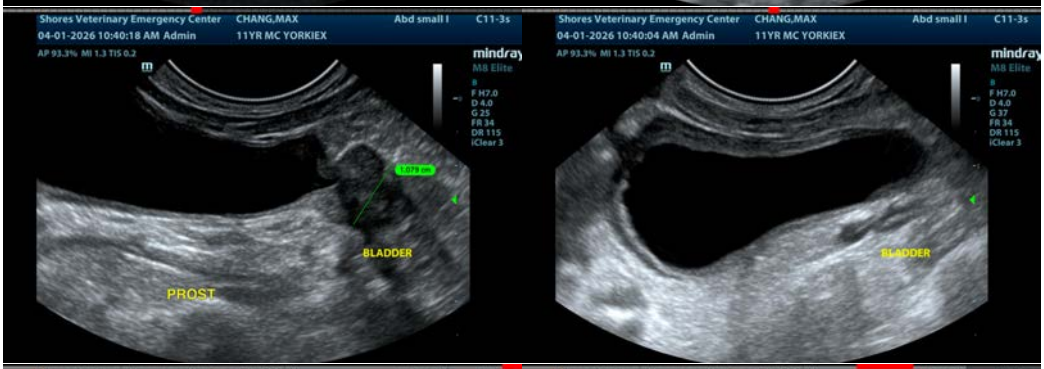
74099

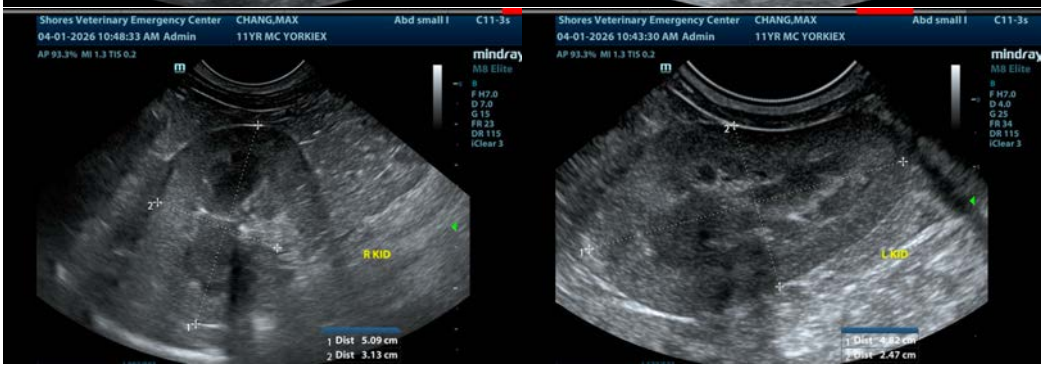
DATE

4/1/26

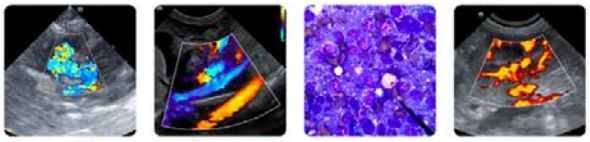








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Max Chang

SPECIES

Canine

BREED

Yorkie x

SEX

Neutered Male

AGE

11 Years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

74099

DATE

4/1/26

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