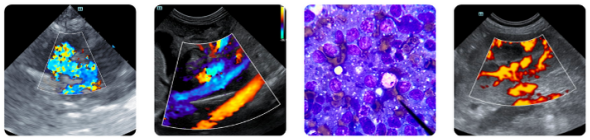




**PATIENT**

Pickles Meeder

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

FS

**AGE**

14 years

**WEIGHT**

19 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Julia Bakker

**HOSPITAL NAME**

Orange Blossom Veterinary Imaging

**REFERRING VET**

Dr. Ashley Sorice

**INVOICE**

11932

**DATE**

5/12/2026

## PRESENTING CLINICAL SIGNS

Screen for pancreatitis due to elevated lab work and single episode of vomiting.

Abnormal PE/Chem/CBC/UA Results: CPL results, equivocal for possible pancreatitis BUN 41 Lipase 590.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears normal in thickness with a smooth mucosal surface. The apical region appears mildly thickened measuring at 0.52 cm. The 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 (4.98 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.

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. Pinpoint non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.5 cm at the cranial pole and 0.6 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 0.66 cm at the cranial pole and 0.44 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.

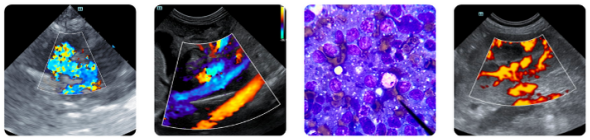
### *Spleen*

The spleen is subjectively normal in size (1.35 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.

### *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. Some of the





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debris appears adhered to the gallbladder wall in the region near the gallbladder neck. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains mild fluid. 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 (0.49 cm in wall thickness) and the jejunum measured as normal (0.31 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. The descending colon wall is prominent with intact wall layering measuring at 0.15 cm.

### *Pancreas*

The pancreas is normal and isoechoic to surrounding 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 generally of normal echogenicity. In the left cranial abdomen there is a focal hyperechoic region, possibly consistent with focal inflammation, fatty tissue, etc. There's no evidence of pancreatic inflammation associated with this hyperechoic tissue.

## ULTRASONOGRAPHIC FINDINGS

- Mildly thickened apical wall of the urinary bladder. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Moderate gallbladder debris with some debris adhered to the gallbladder wall. 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.
- Focal, hyperechoic tissue visualized in the left ventral abdomen. Significance of this is uncertain. This could represent focal inflammation (no direct association with pancreas is visualized), fatty tissue, etc.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Generally, today's exam appears within normal limits. The visualized areas of pancreas appear normal. There is one area in the cranial ventral abdomen with some hyperechoic tissue of uncertain nature. Association between this tissue and the pancreas is not directly visualized.

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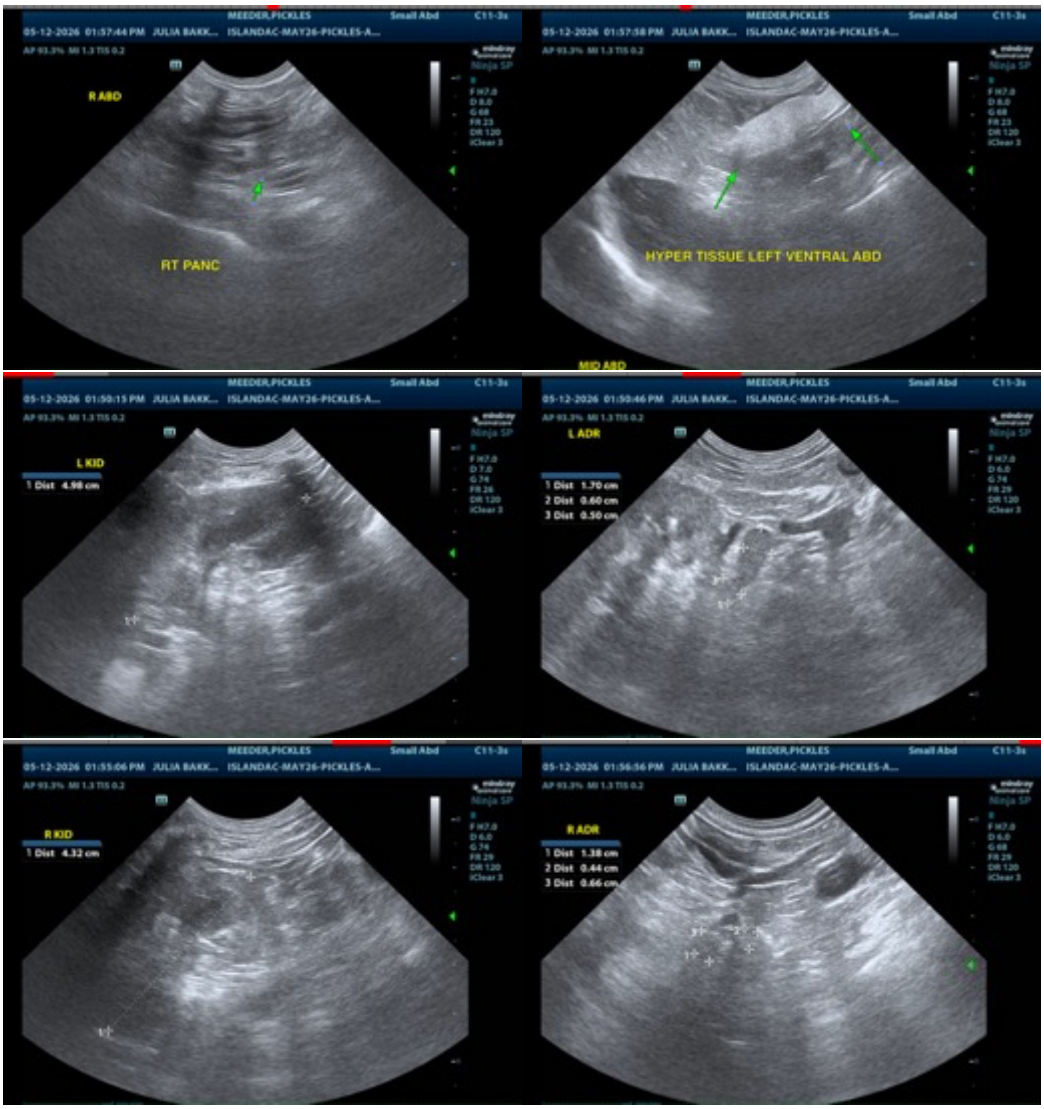
The gallbladder has some slightly irregular intraluminal material visualized near the gallbladder neck, possibly adhered to the gallbladder wall. If liver enzyme elevations are present, consider ursodiol therapy and continued monitoring of the gallbladder for any evidence of cholecystitis.

Recommend empirical treatment for gastroenteritis/pancreatitis. You could consider a quantitative PLI to further investigate the possibility of pancreatic inflammation. If the patient is not responding to this therapy, consider repeat imaging looking for the progression of today's lesions.



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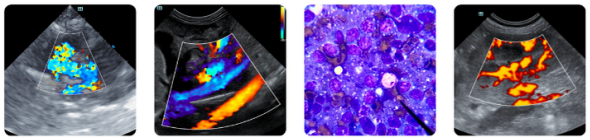

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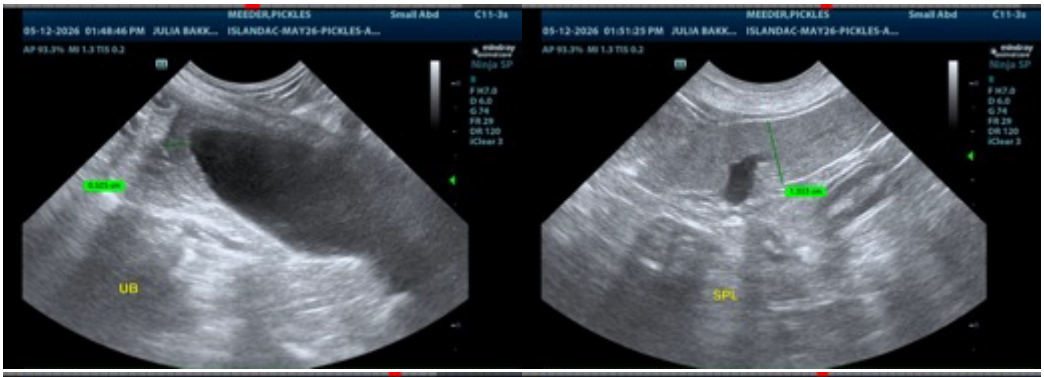


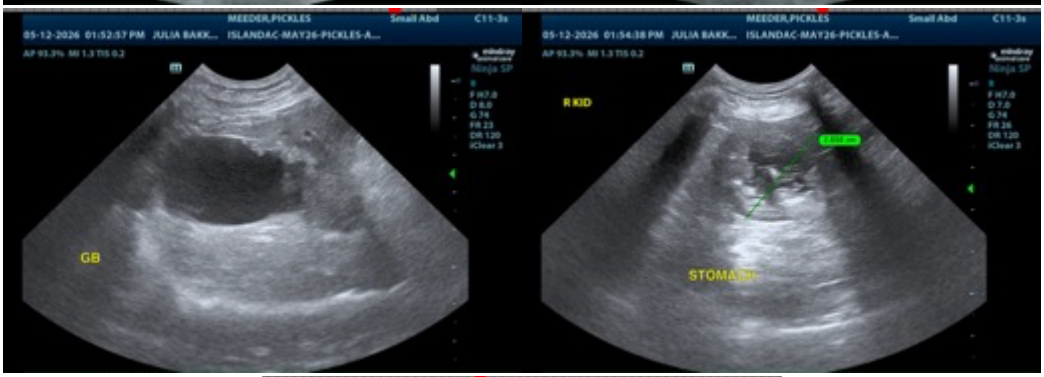



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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