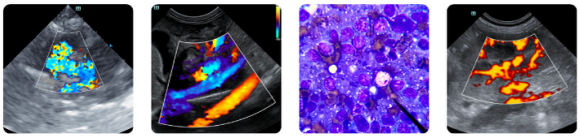


PATIENT

Mya Villanova

SPECIES

Canine

BREED

Husky

SEX

Intact Female

AGE

7 years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

The Animal Hospital of Sussex County

REFERRING VET

Dr. Obsharski

INVOICE

11876

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

Diabetes mellitus becoming catastrophic. Keto acidosis. Lethargy, recumbency, anorexia.

Abnormal PE/Chem/CBC/UA Results: Glucose 700 at 9 am and 687 at noon. Ketones and glucose.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (7.48 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 (8.66 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 0.72 cm at the cranial pole and 0.56 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 1.97 cm at the cranial pole and 0.56 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.

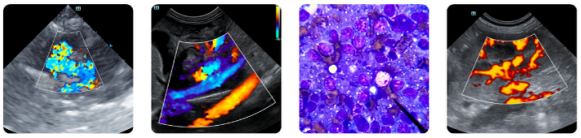
Spleen

The spleen is subjectively normal in size (1.19 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 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.



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Gastrointestinal

The stomach contains moderate 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.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 (0.21 cm.) Visualized peristalsis appears appropriate. The ileum measures 0.46 cm. Some areas of small intestine have mild gas and fluid distension. The ileum appears prominent and fluid distended, most consistent with an enteritis type pattern.

Much of the descending colon appears severely gas distended, creating a gas artifact which makes visualization in this region difficult. No focal lesions are observed.

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 moderate pancreatitis in the right limb.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There's no significant lymphadenopathy. The omentum is hyperechoic particularly around the right limb of the pancreas.

Other

Both ovaries are visualized and appear within normal limits. The left ovary measures 1.71 cm, and the right ovary measures 1.14 cm.

PRIMARY FINDINGS

- Moderate pancreatitis with surrounding reactive mesentery in the right limb.
- Large, heterogenous, hyperechoic liver. Findings are most consistent with a vacuolar hepatopathy/diabetic hepatopathy.
- Moderate fluid distension of the stomach and some sections of small intestine. Findings are suggestive of gastrointestinal ileus/enteritis. A partial obstruction or similar cannot be definitively ruled out,

SECONDARY FINDINGS

- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right limb of the pancreas appears large, hypoechoic and is surrounded by reactive mesentery most consistent with moderate pancreatitis. Additionally, the stomach and some sections of small intestine appear moderately fluid distended. There is a hypoechoic shadowing structure visualized in

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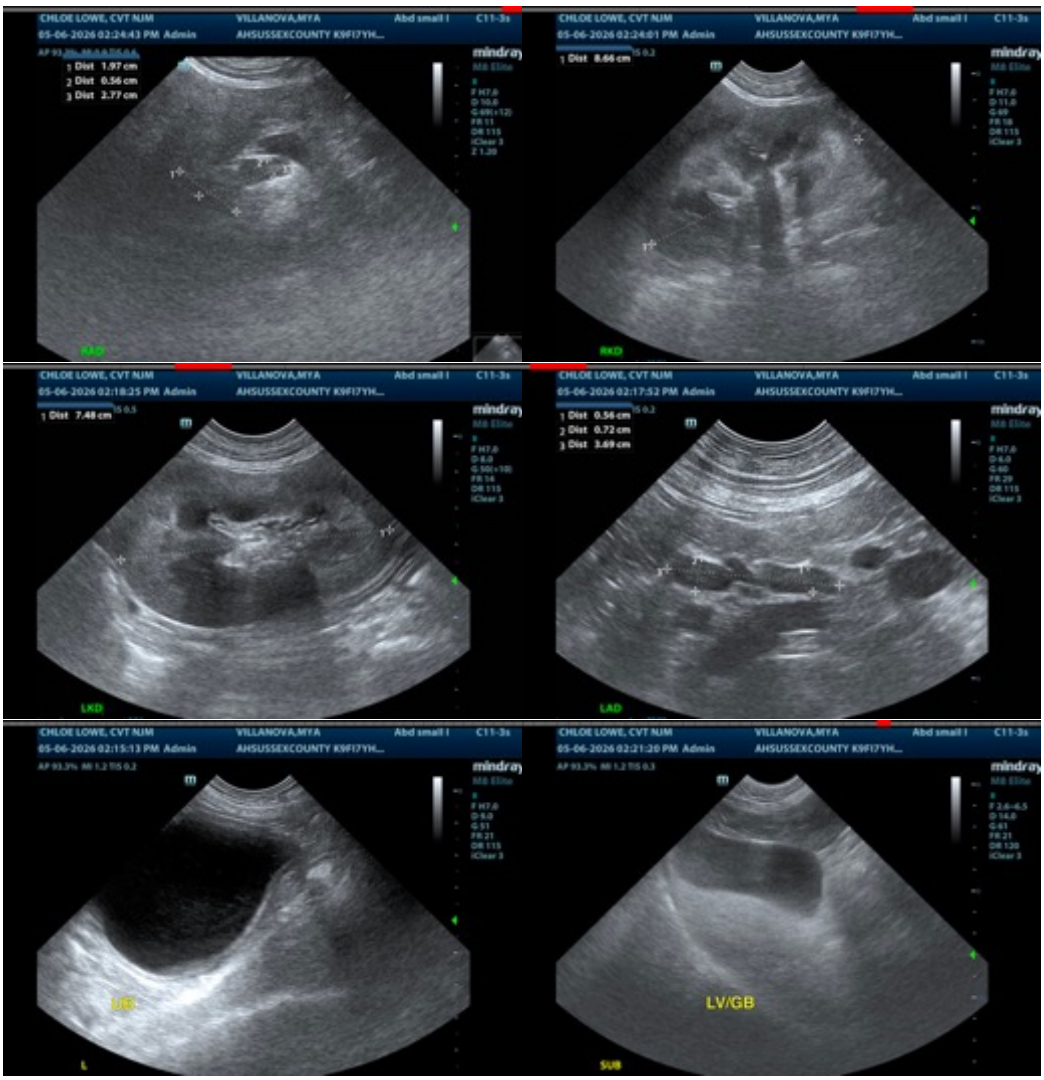
the caudal to mid abdomen suggestive of a gas distended colon. Recommend radiographs to confirm the nature of the structure. A brief visualization of what appears to be normal uterine body is visualized at the level of the trigone region of the urinary bladder.

The liver is large and heterogenous, likely consistent with a diabetic hepatopathy.

Recommend aggressive treatment for a diabetic ketoacidosis and pancreatitis. Recommend a urine culture to assess the echogenic debris visualized in the urinary bladder and radiographs to further assess the gas pattern in the caudal abdomen. Concurrent enteritis/gastritis are suspected. If the patient is not responding to treatment as would be expected, you could consider repeat imaging looking for the development of new lesions or the progression of today's lesions.



New Jersey Mobile
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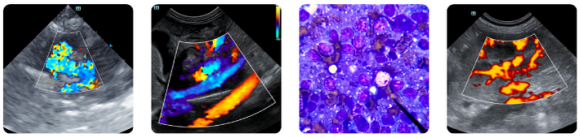

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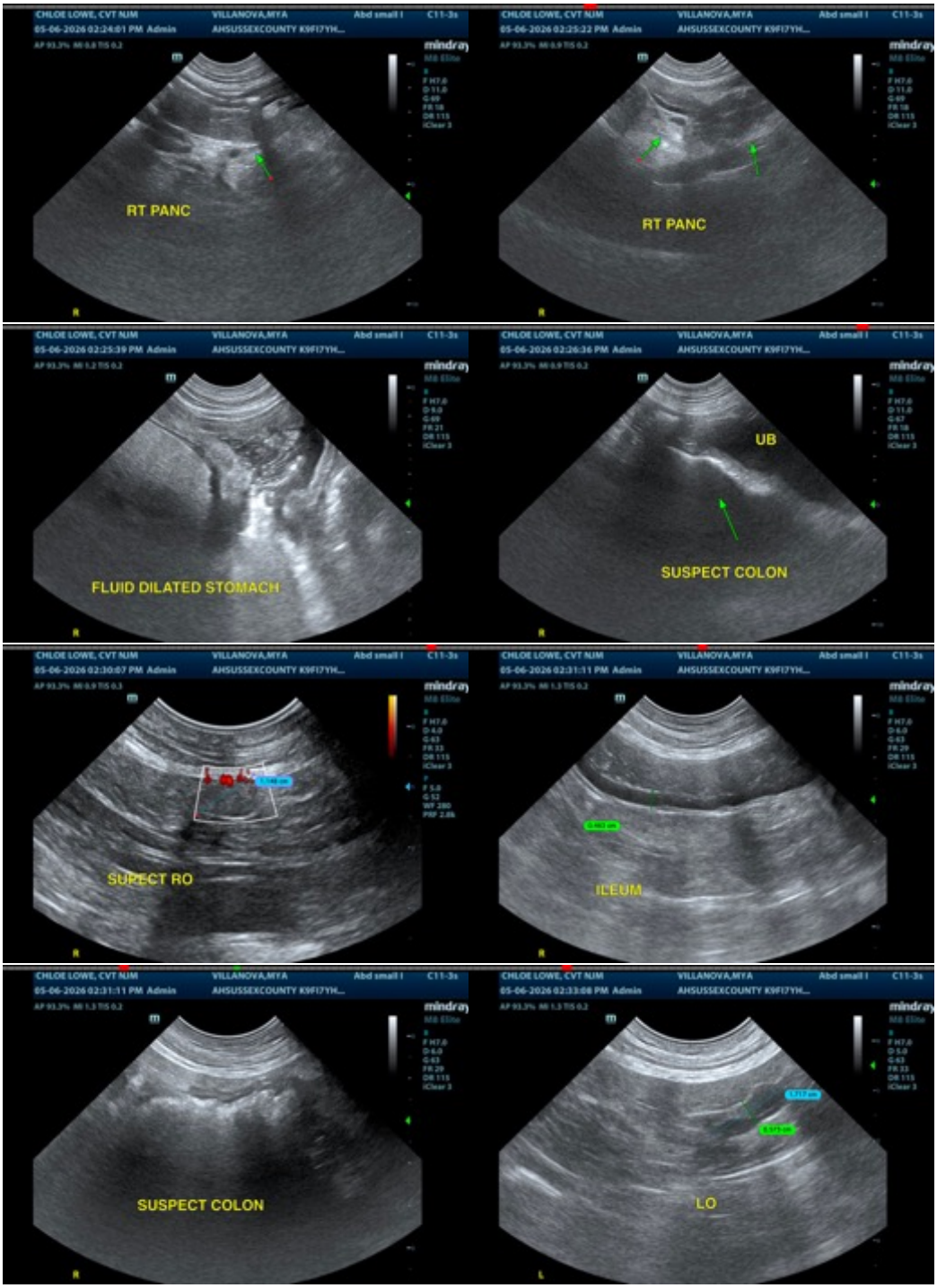

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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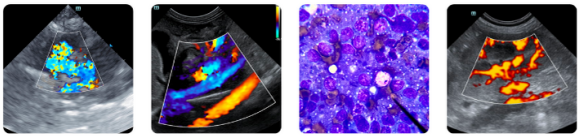

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@sonopath.com