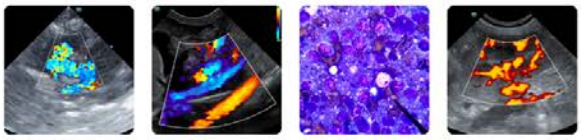


DATE

5/7/26

PATIENT

Mikey Vidal

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

7/7/13

WEIGHT

27 lbs

INTERPRETED BY

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

HOSPITAL NAME

Honeygo Animal Hospital

REFERRING VET

Dr. Mullenex

INVOICE

75035

PRESENTING CLINICAL SIGNS

Patient History: 2 month history of pancreatitis and inappetence. elevated alk phos 1900, other liver enzymes NSF

Current Medications: Gabapentin 100mg BID 7days, GI lowfat
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: 8/15/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 (0.78 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 (5.55 cm) with occasional small cortical cysts. An example measures 0.40 cm. Overall echogenicity is slightly hyperechoic with poor 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 (6.07 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 0.78 cm at the cranial pole and 0.66 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 0.70 cm at the cranial pole and 0.74 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 (1.39 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 rounded. 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.

Gastrointestinal
The stomach contains minimal luminal contents. The gastric wall appears slightly prominent, measuring at 0.84 cm, with a prominent muscularis layer. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. The gastric wall is prominent with a prominent muscularis layer, possibly consistent with gastritis type changes.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is overall normal. Duodenum wall measures 0.55 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears irregular, thickened, and somewhat corrugated, possibly consistent with duodenitis secondary to pancreatitis.

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 large, heterogeneous and irregular in the region of the body and right limb. There is regional inflammation in the area of the pancreas, most consistent with chronic active pancreatitis. In the cranial abdomen some areas of pancreas appear slightly irregular, almost nodular. There are large regional lymph nodes.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cranial abdominal lymphadenopathy with large, hypoechoic, mottled lymph nodes in the region of the hepatic lymph nodes measuring 1.67 cm and 0.85 cm in diameter. The omentum is highly inflammatory in the cranial abdomen in the region of the right limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.

- Large, mottled, hypoechoic pancreas with surrounding reactive mesentery – Findings are most consistent with chronic active pancreatitis. Irregularity and enlarged lymph nodes in the cranial abdomen somewhat increase concern for possible pancreatic neoplasia.

- Large, heterogeneous, rounded liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Developing mucocele – Consider medical management and close monitoring for progression of this

lesion.

- Mild gastric wall thickening with prominent muscularis – Findings are most consistent with inflammation/gastritis.
- Duodenal thickening and corrugation most consistent with duodenitis secondary to pancreatitis.
- Large cranial abdominal/hepatic lymph nodes – Findings could be consistent with highly reactive or neoplastic lymph nodes.

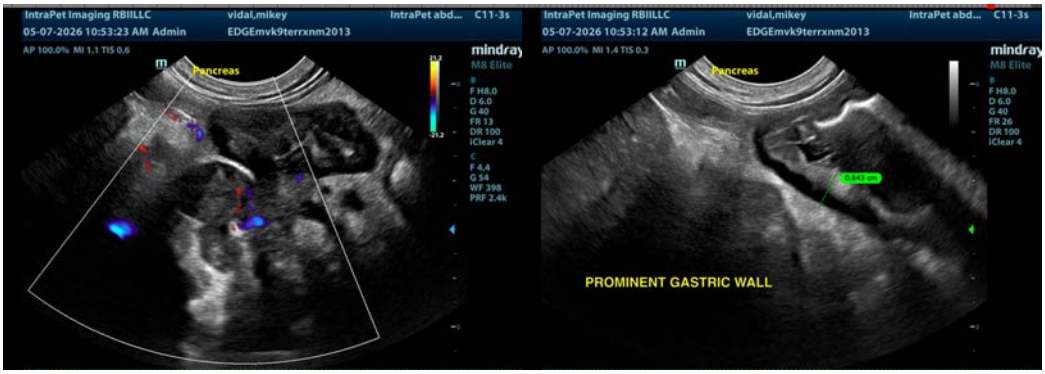
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

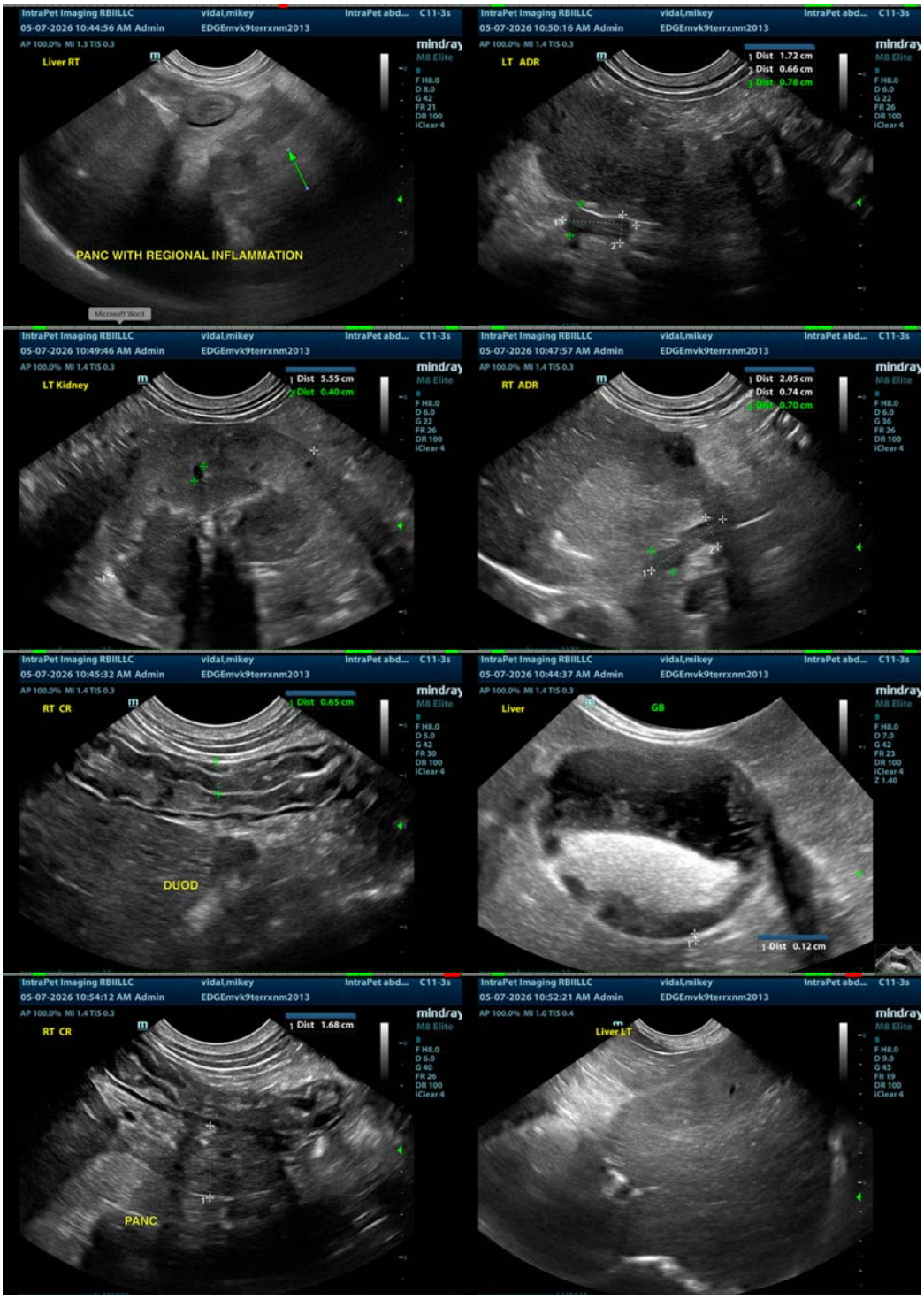
The pancreas is large, hypoechoic and irregular with surrounding reactive mesentery. Changes are consistent with chronic active pancreatitis. The right cranial aspect of the pancreas appears slightly irregular, and there are some large, mottled lymph nodes in the region, increasing concern for possible neoplastic change. Recommend aggressive treatment for chronic pancreatitis and possible reevaluation. Additionally, a fine needle aspirate could be considered, although the large lymph nodes in the pancreatic region would likely be difficult to reach.

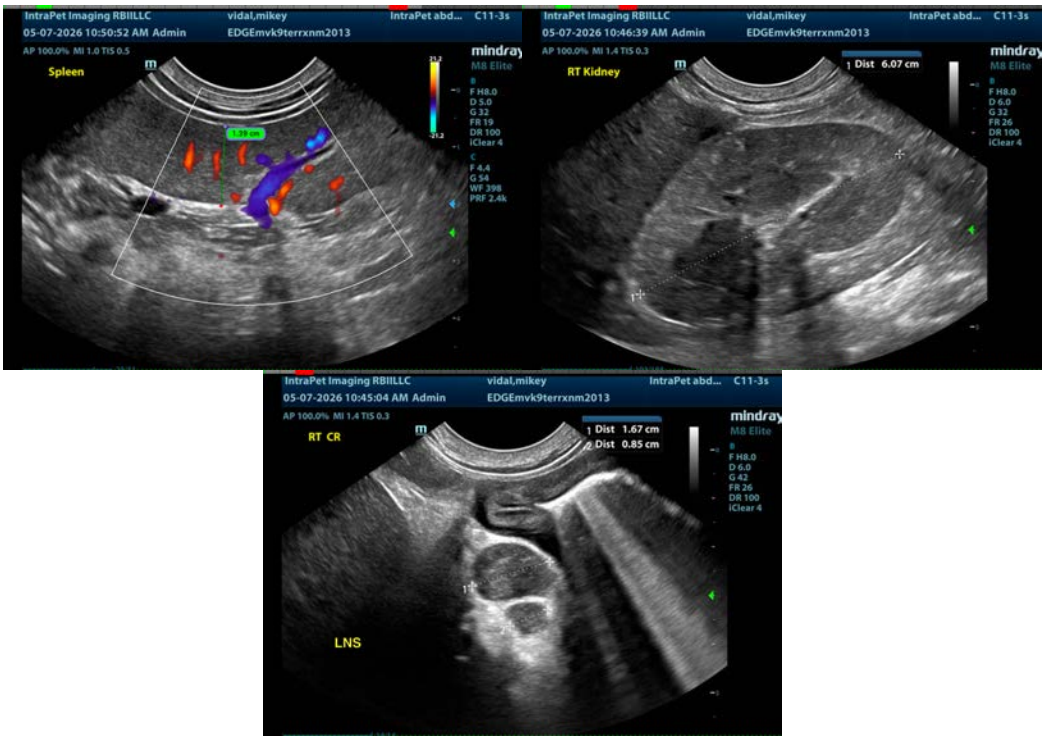
The liver is large, rounded and heterogeneous, potentially consistent with a vacuolar hepatopathy. If there is concern for a more significant hepatopathy, recommend pre- and post-prandial bile acids to evaluate, and potentially a fine needle aspirate.

The gallbladder has a large amount of debris and early mucosal stranding, most consistent with an early gallbladder mucocele. There is minimal inflammation at this time. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder.

There is associated gastritis and duodenitis likely secondary to the pancreatitis present.




IntraPet Imaging RBIILLC
vidal,mikey
IntraPet abd... C11-3s
05-07-2026 10:44:56 AM Admin
EDGEmvk9terrxnm2013
Liver RT
PANC WITH REGIONAL INFLAMMATION
05-07-2026 10:50:16 AM Admin
LT ADR
1 Dist 1.72 cm
2 Dist 0.66 cm
3 Dist 0.78 cm
05-07-2026 10:49:46 AM Admin
LT Kidney
1 Dist 5.55 cm
2 Dist 0.40 cm
05-07-2026 10:47:57 AM Admin
RT ADR
1 Dist 2.05 cm
2 Dist 0.74 cm
3 Dist 0.70 cm
05-07-2026 10:45:32 AM Admin
RT CR
1 Dist 0.65 cm
DUOD
05-07-2026 10:44:37 AM Admin
Liver
GB
1 Dist 0.12 cm
05-07-2026 10:54:12 AM Admin
RT CR
1 Dist 1.68 cm
PANC
05-07-2026 10:52:21 AM Admin
Liver LT



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