



PATIENT

Simba Anderson

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

10yr

WEIGHT

2.57kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Seyler

INVOICE

23390

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

History: Pt went to rDVM on Tues . Pt went outside D+, struggling to defecate. O noticed left over diarrhea on rear with blood around 2p today. D+ started last night, has been going around the house. Diarrhea r/o pancreatitis, dietary indiscretion, infectious (bacteria, parasites, or viral) ; pancreatic inflammation, gastrointestinal obstruction, metabolic disease, or other cause.

Abnormal PE/Chem/CBC/UA Results: DX preformed @rDVM on 12/29: Diarrhea PCR panel: pending CHEM: SDMA 23 (H), Phosphorus 7.1 (H), Chloride 105 (L), ALT 231 (H), ALP 620 (H), GGT 298 (H), Lipase 793 (H) CBC: WBC 22.4 (H), Hct 38.3 (L), Platelet 533 (H), Neutrophil 16464 (H), Lymphocyte 224 (H), Monocyte 2755 (H) DX preformed here 1/1 830PM: CBC: Hematocrit 33.7% (L), Reticulocytes 268.4 (H), WBC 57.44 (H), Neutrophils 43.64 (H), Lymphocytes 9.93 (H), Monocytes 3.53 (H), Platelets 486 (H) CHEM: Glucose 154 (H), BUN 118 (H), ALT 126 (H), ALP 498 (H) CPL: 1008 (H) PE: Slightly dehydrated, P has tracheal stent, P actively leaking liquid diarrhea, mild erythema around anus, Sarcopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral/sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was overtly normal in size position and shape. The right adrenal gland measured 0.46 cm width at the caudal pole

Spleen

The spleen exhibited normal size and contour. Mild heterogeneous parenchyma with pinpoint to accumulated hyperechoic parenchyma foci was present, which may indicate pinpoint to accumulated areas of splenic microinfarction, fibrosis or mineralization.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-dependent, mild congealed to



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indistinctly organized emerging mineralized gallbladder debris. No evidence of peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic primarily non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenojejunal hyperechoic mucosal speckling was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with subjective gas and semi formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Gastric ingesta
- Nonspecific enterocolitis pattern
- Mild heterogeneous remodeled pancreas
- Hepatopathy- consistent with benign hepatopathy criteria
- Emerging gallbladder mucocele / choleliths
- Mild urinary bladder lumen mineral /sand

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Secondary

- Chronic renal changes exhibiting mild pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is suggestive of food echogenicity. Correlation with most recent meal ingestion is recommended. Dietary intolerance/ indiscretion, infectious disease, enterotoxin, inflammatory bowel, chronic pancreatitis, occult parasitism, occult Addison's disease, occult neoplasia, all potentials.

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Empirical therapy for nonspecific enterocolitis and possible chronic pancreatitis is recommended. A serum cortisol level and GI panel is warranted. Concurrent hepatosupportive medications with sonographic monitoring of the gastrointestinal tract, liver and gallbladder is indicated if continued progressive gastrointestinal signs, weight loss or progressive hepatopathy.

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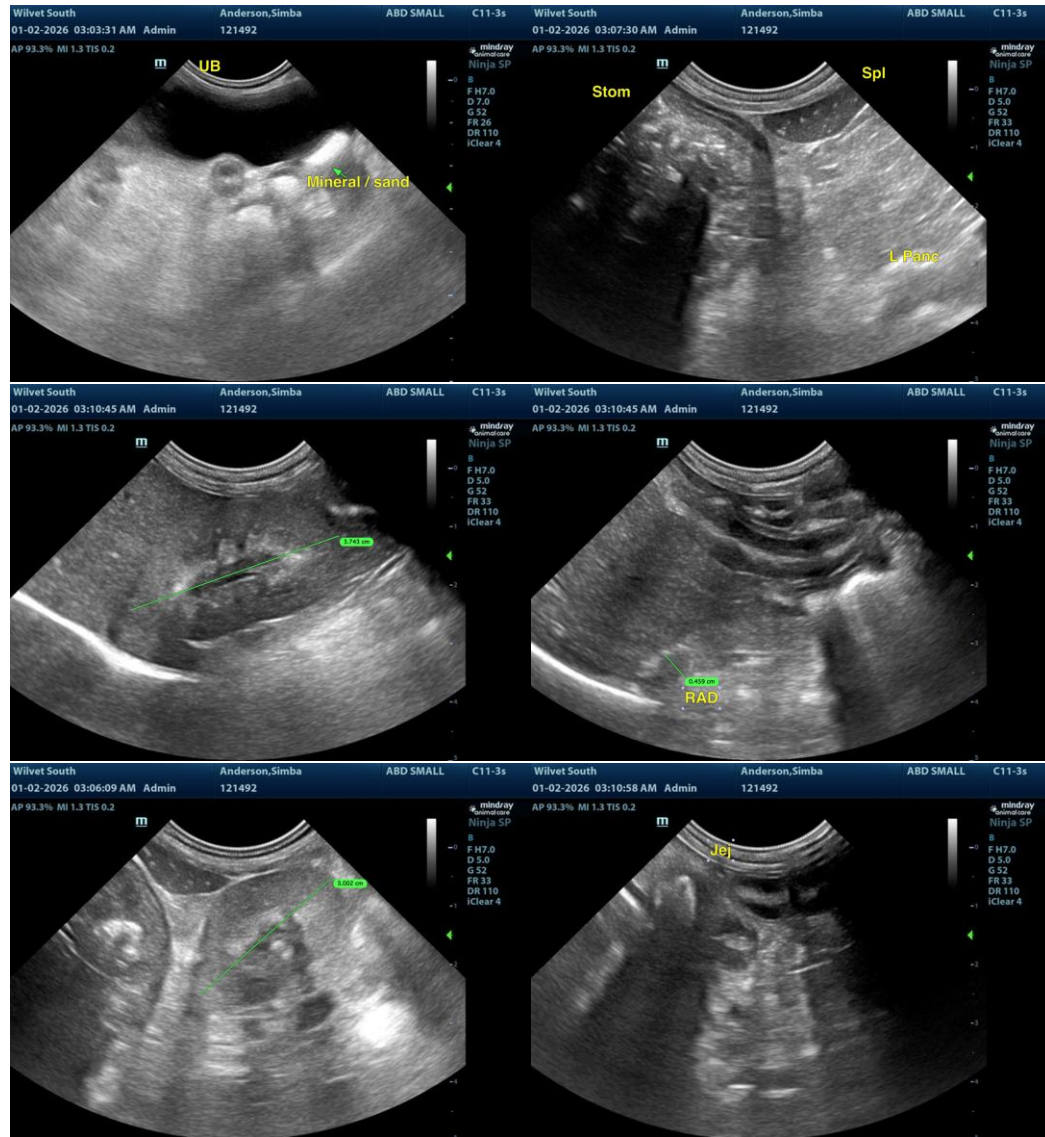
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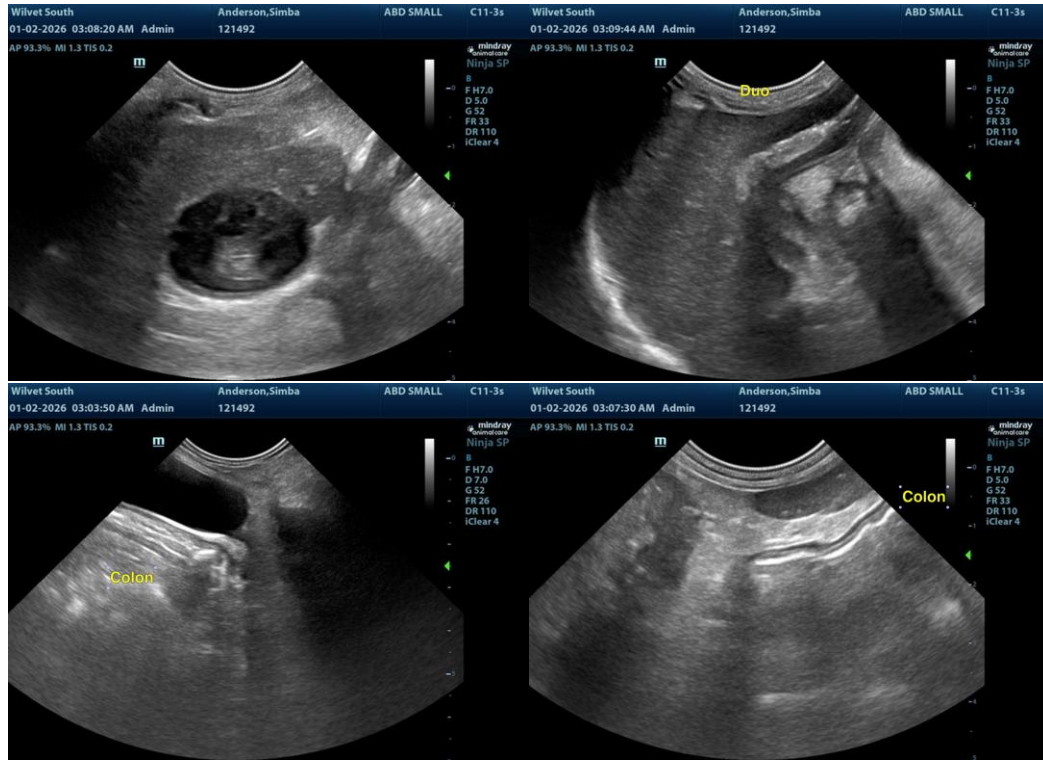
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com