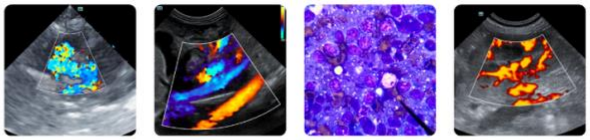


PATIENT

Amadi Poquita

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

10 Years

WEIGHT

9 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Catherine Alexander LVT

HOSPITAL NAME

NorthStar Veterinary Sonography PLLC

REFERRING VET

Dr. Phillips

INVOICE

12127

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Pancreatitis, not eaten since last Sunday, abnormal labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

Right adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The right adrenal gland measured 0.77 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

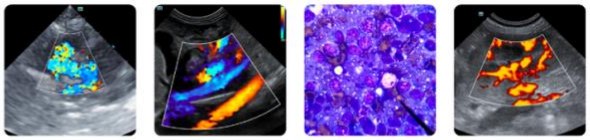
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination.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

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering. The stomach exhibited marked distention with retained fluid.

The small intestine exhibited overall intact wall layering and maintained wall layer ratio. Concurrent fluid dilated duodenum extending caudally into the jejunum. Strongly shadowing primarily symmetrical to spherical intestine lumen echo was present consistent with jejunal location. The echo is consistent



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with obstructive foreign body and measures approximately 2.2 cm in diameter. Sonographically normal small intestine distal to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The visualized pancreas presented with mildly prominent size, capsule asymmetry and mild nonhomogenous hypoechoic parenchyma. Minor peripancreatic reactive omentum.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Jejunal foreign body with proximal gastrointestinal obstructive pattern, empty small intestine distal.
- Subjective mild concurrent pancreatitis.
- Nonspecific yet subjective benign hepatopathy.
- Mild nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.
- Mild right adrenomegaly- nonspecific, benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract, area of the pancreas and with expectation toward enterotomy is recommended. Perioperative hepatogastrointestinal support and empirical therapy for mild pancreatitis is indicated. Once patient is stabilized and if clinical signs are consistent with Cushing's syndrome, adrenal screening may be considered.

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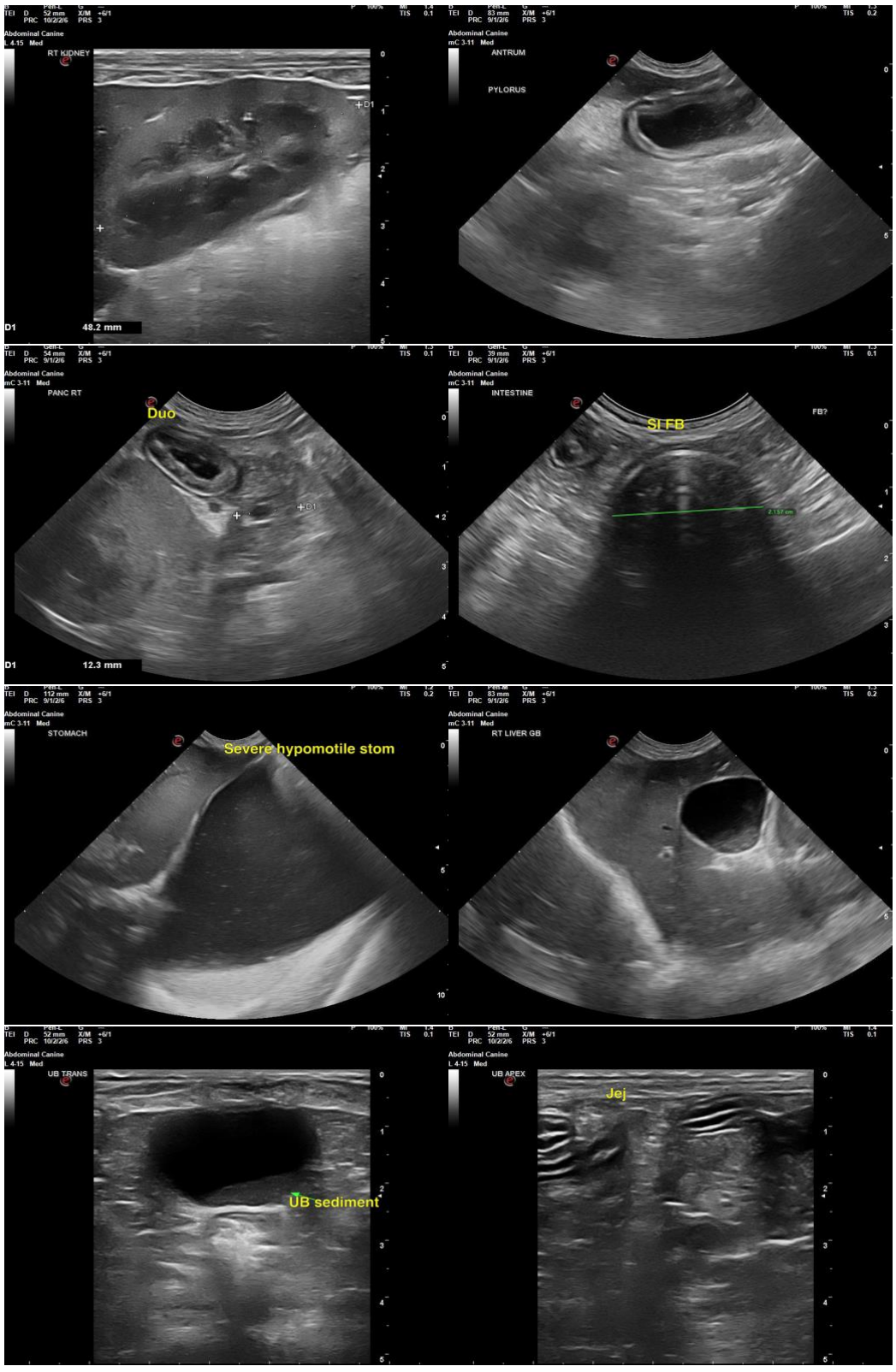

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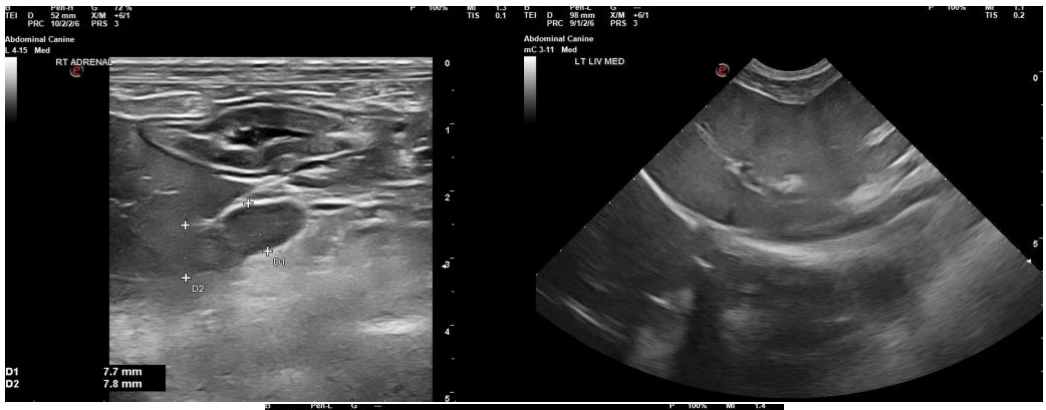

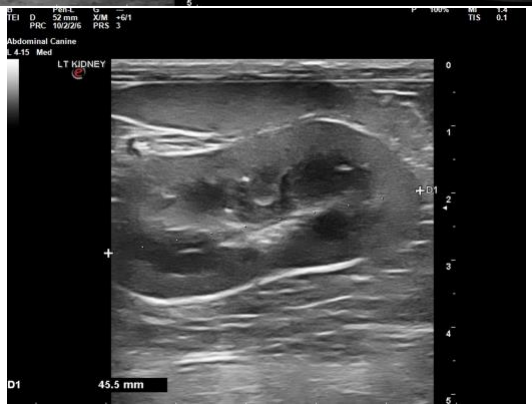

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com