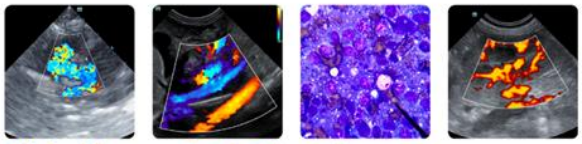

PATIENT

Cooper Manspeaker

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

8yr

WEIGHT

53.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cooper Manspeaker

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PRESENTING CLINICAL SIGNS

approx 1 wk hx of ADR/inappetence/intermittent vomiting with poor response to cerenia. BW and rads at onset were relatively unremarkable, BW initially showed just slight liver enzyme elevations. Was improving some once entyce was added, however now is clearly icteric and dehydrated. Currently hospitalized and planning to transfer to an ER at 2pm

Abnormal PE/Chem/CBC/UA Results: BW Aug 2025- NSF, ALT 26, ALKP 226 BW 11/3/25: CBC WNL, Chem: ALT 221, ALKP 673, pancreatic lipase WNL (94) BW 11/8/25: mild lymphopenia/eosinopenia- r/o stress. Mild thrombocytopenia but platelets appear adequate/clumped on bld smear ALT still not reading despite a 1:10 dilution, ALKP >2000, GGT 20, TBili 11.2, Chol 342, pancreatic lipase WNL (83)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

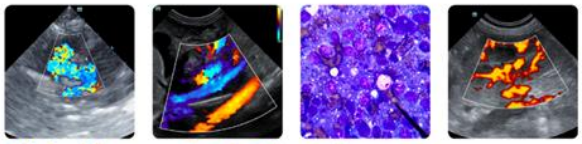
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width 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/Gallbladder

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. Normal vascular volume was present. The hepatic and



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portal vasculature were normal in appearance. The gallbladder was subnormal in size with mildly thickened edematous wall containing minimal anechoic bile with minor bile sediment.

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact mildly thickened wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Mild volume peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute / acute on chronic hepatopathy
- Subnormal mild edematous gallbladder
- Pancreatitis / pancreatic edema - subjective mild
- Gastroenteritis
- Peritonitis
- Nonspecific mild transdiaphragmatic comet tail artifact

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse acute to progressive hepatobiliary disease is present. Assuming no previous examination of the gallbladder, gallbladder rupture and associated bile peritonitis is of high concern given reported inappetence and subnormal gallbladder size. Sonographic evidence of pancreatitis is present despite normal pancreatic lipase yet subjectively does not appear severe to the extent of resulting in post hepatic obstruction. Further assessment may include effusion analysis, hepatic FNA assuming normal clotting status +/- Leptospirosis titers / PCR if potential exposure. No evidence of gastrointestinal obstruction. Acute neoplasia thought less likely yet not excluded. Thoracic radiographs are

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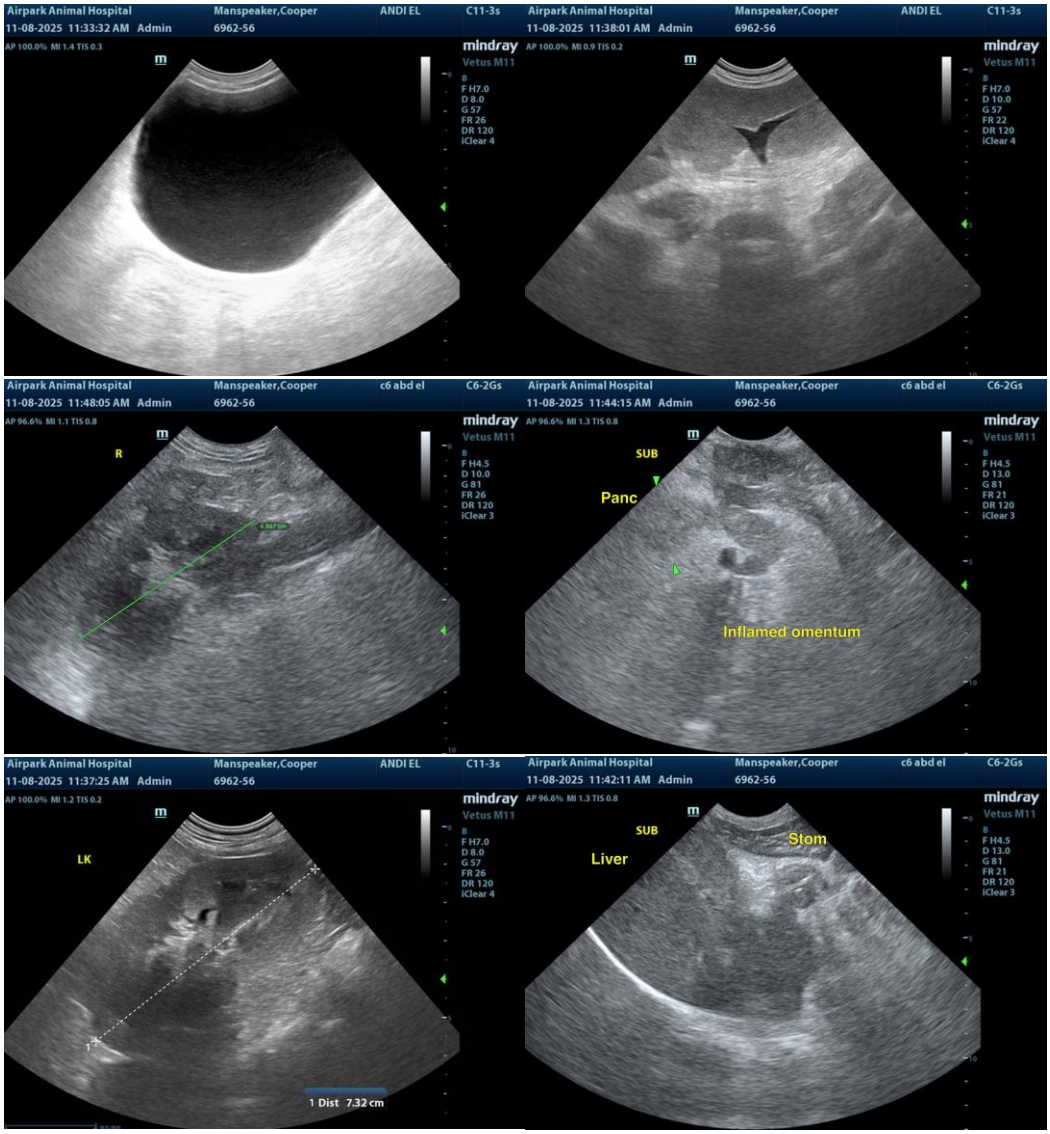
recommended if not done. Laparotomy with gross inspection of the gallbladder, cholecystectomy and hepatic biopsies are indicated if bile / septic peritonitis is confirmed or should be considered regardless of diagnostics and if no thoracic pathology, with broad spectrum empirical antibiotics currently indicated. Extremely guarded prognosis.



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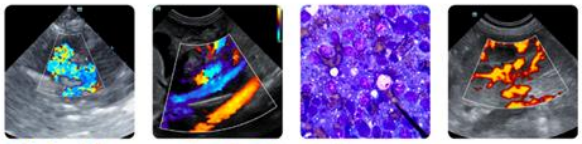

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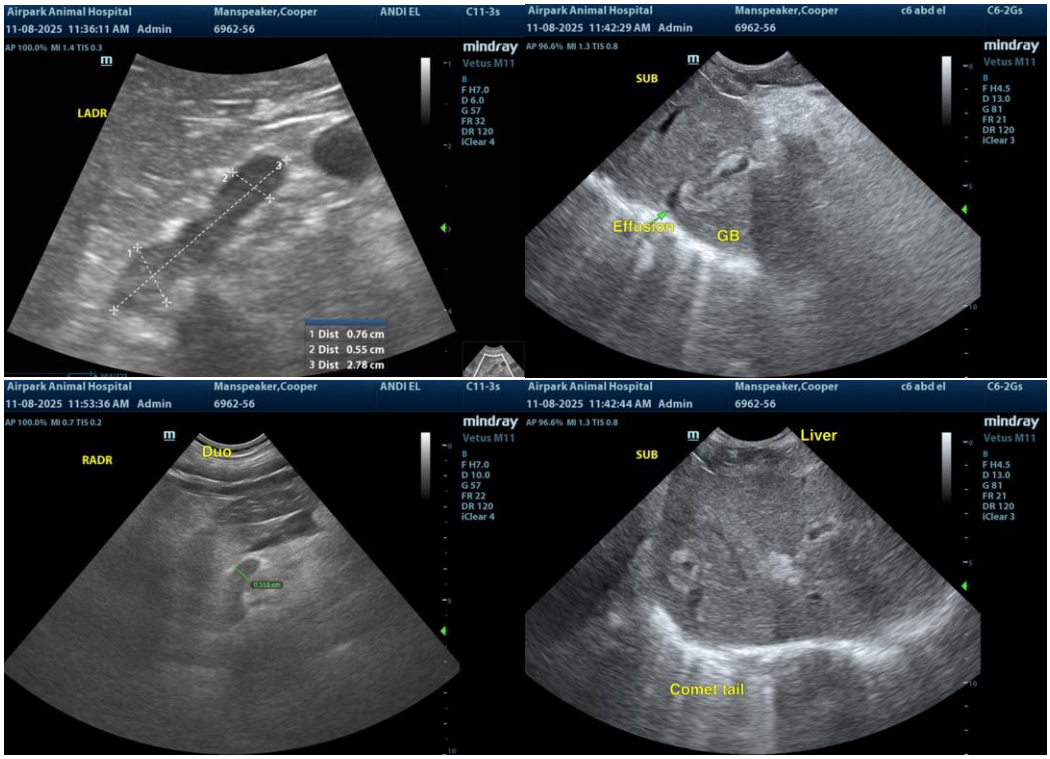

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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