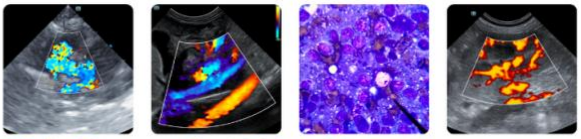

PATIENT

June Kowalyk

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

6 Years 8 Months

WEIGHT

34.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski DVM

HOSPITAL NAME

Apex Veterinary Services LTD

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Alpine 24/7 ER Doctor

INVOICE

13687

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- initially presented on Feb 7 with a hx 4-day history of bilateral ocular discharge (“crying appearance”), conjunctival redness, and irritation.
- Lethargy noted on day of presentation.
- Appetite, drinking, and defecation normal.
- No vomiting or diarrhea reported.
- Re-presented with tachycardia, hypertension, and fever.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:39.7, Heart Rate/min (HR):150, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, ptyalism/ CRT< 2 sec ,Mentation: QAR ,Hydration: Adequate , BP = 205 / 121 (138) CBC: Leukocytosis with neutrophilia and marked monocytosis Platelets WNL Chemistry: ALT and ALP markedly elevated GGT and total bilirubin WNL Hyperglobulinemia Mild hypochloremia Amylase mildly elevated Total T4 mildly low (suspected euthyroid sick syndrome) Pancreatic Lipase (Catalyst): Markedly elevated (535 U/L), consistent with pancreatitis.

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.

No evidence of pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.6 cm in length. The right kidney measured 7.1 cm in length.

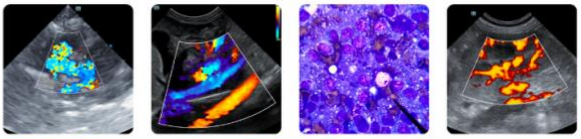
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.53 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.



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Liver & Gallbladder

The liver presented subjective borderline mildly 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 mildly thickened hyperechoic gallbladder wall. The gallbladder contained anechoic bile. No evidence of bile sediment or calculi. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor gastric fluid and gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry and with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Focal to intermittent mildly prominent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.1 cm x 0.90 cm. No evidence of peritoneal effusion or peritonitis.

ULTRASONOGRAPHIC FINDINGS

- Prominent nonhomogenous remodeled pancreas.
- Hepatopathy with suspect mild chronic cholecystitis.
- Sonographically unremarkable gastrointestinal tract/spleen.
- Normal adrenal glands.
- Intermittent mild mesenteric lymphadenopathy- suggestive of benign criteria i.e. incidental or reactive hyperplasia or possible lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant active or necrotizing pancreatitis, although mild to chronic pancreatitis may be suspected if cranial abdomen or subxiphoid discomfort on palpation, however, the pancreatic appearance is nonspecific given lack of reported concurrent gastrointestinal signs. Assuming normal clotting status, hepatic FNA cytology is warranted primarily to assess for evidence of inflammation.

No evidence of intrabdominal neoplastic criteria. A definitive cause of the hypertension was not obvious. Correlation with three view chest radiographs is recommended.

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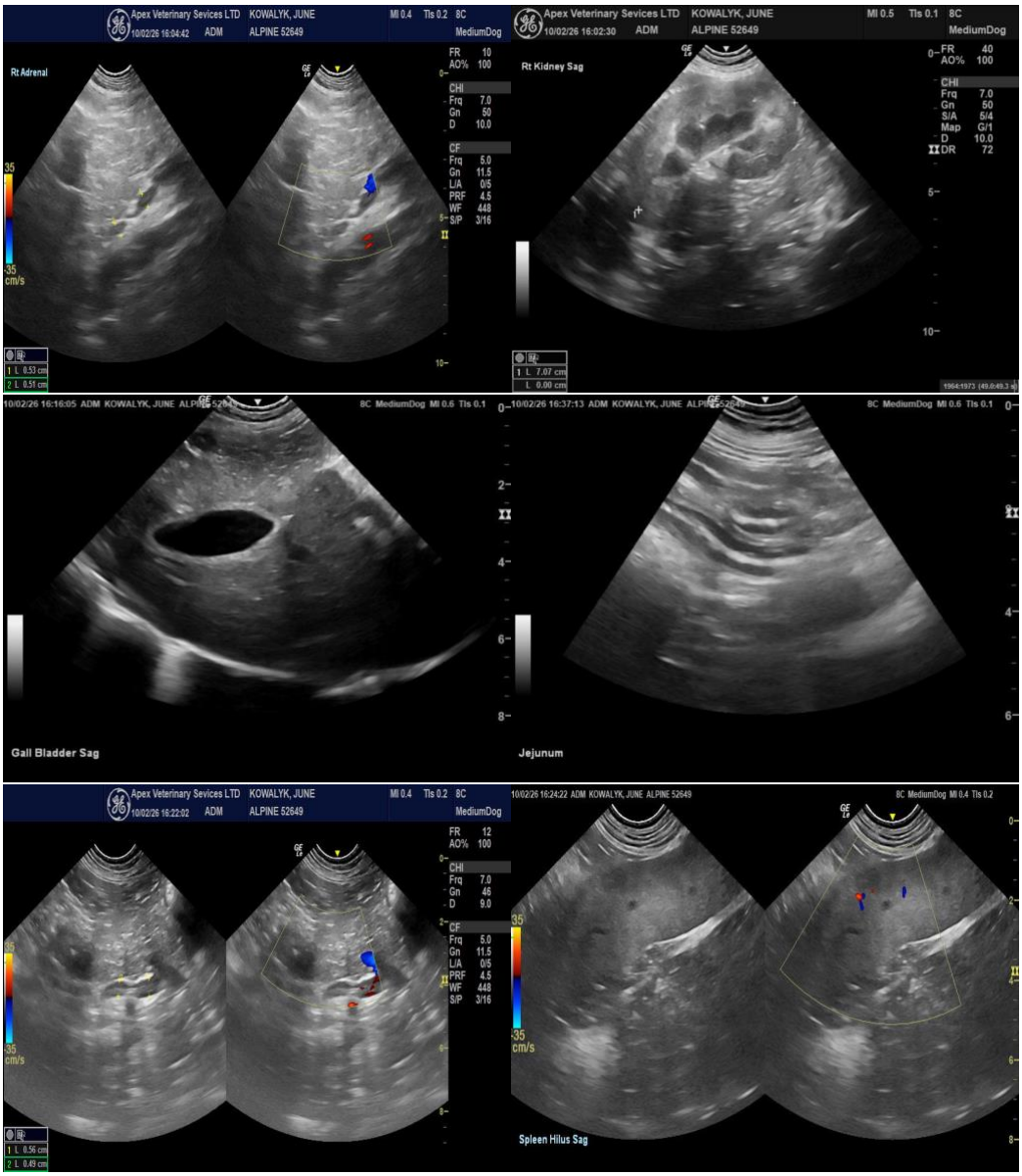
Supportive care which may include hepatogastrointestinal support and empirical therapy for possible inflammatory hepatic disease and mild/chronic pancreatitis with clinical monitoring would be reasonable. Sonographic reassessment if progressive CBC abnormalities or clinical signs.



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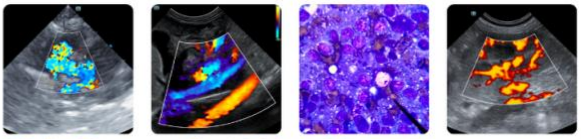

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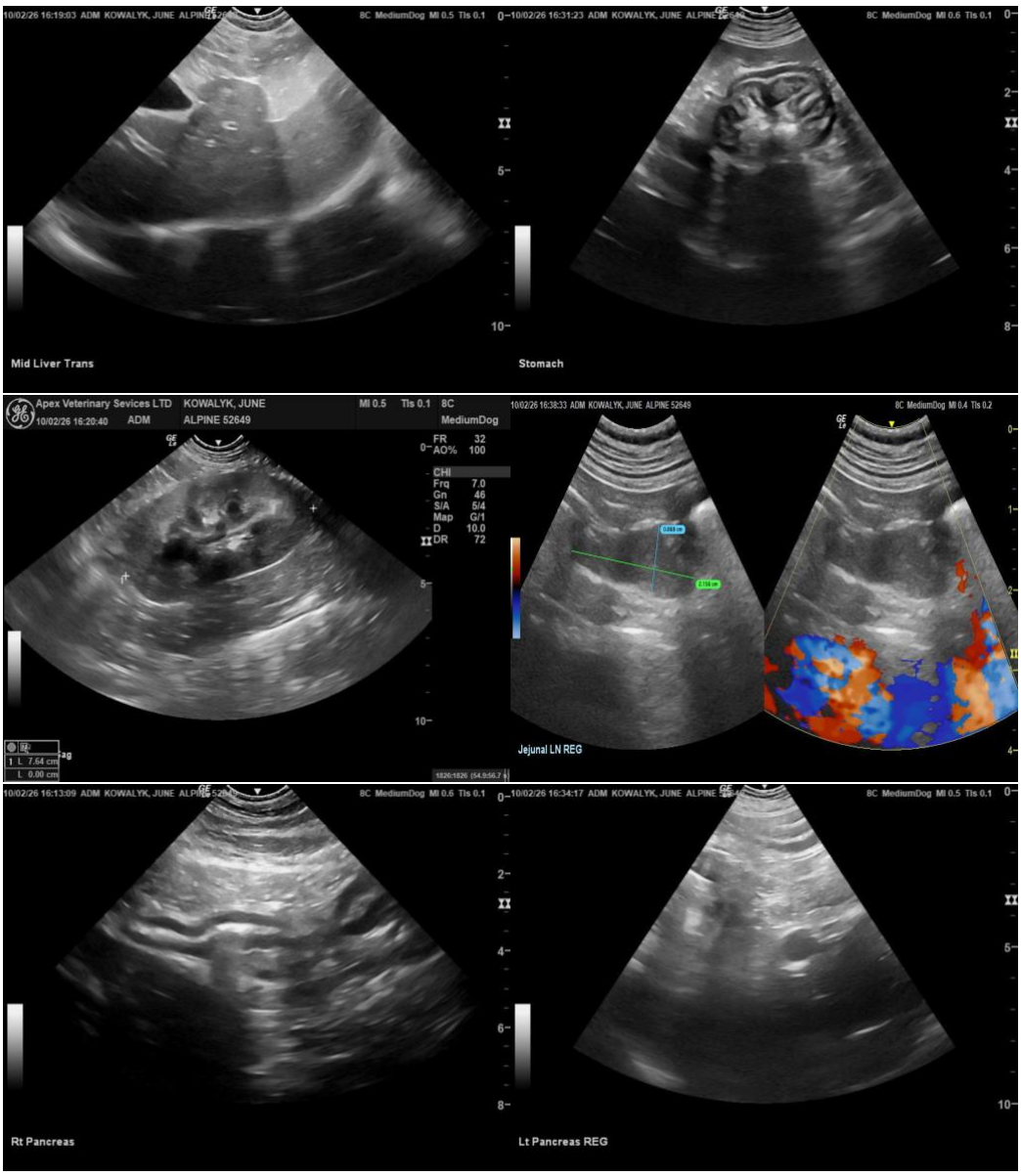

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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