



PATIENT

Sakari Mather

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

JM Pet Resort &
Veterinary Clinic

REFERRING VET

Dr. Sorbo

INVOICE

13838

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Small cell gastrointestinal lymphoma (diagnosed Sept 2024; chronic)
- Chronic kidney disease (persistent azotemia with elevated SDMA, BUN, creatinine)
- Recurrent weight fluctuations with overall long-term weight loss trend
- Intermittent diarrhea; managed periodically with metronidazole
- Chronic nausea/inappetence episodes; on Cerenia PRN
- Vitamin B12 deficiency history; maintained on B12 injections every 2 weeks
- Mild chronic anemia (likely secondary to CKD and/or chronic disease)
- Episodes of dehydration requiring subcutaneous fluids
- Vaccines currently on hold due to chronic medical conditions
- Previous abdominal ultrasound(s) performed
- Current concerns: marked elevation in Precision PSL consistent with severe pancreatitis

Abnormal PE/Chem/CBC/UA Results: Recent exam: wt loss by >10%. Recent Significant Lab Abnormalities Precision PSL: 5,996 U/L (Ref: 24-140) → Markedly elevated Total Protein: 4.3 g/dL (Low) Albumin: 2.2 g/dL (Low) SDMA: 28.4 µg/dL (High) BUN: 42 mg/dL (High) Creatinine: 2.0 mg/dL (High) Calcium: 8.3 mg/dL (Low) Magnesium: 2.7 mEq/L (High) Hematocrit: 31% (Low) Hemoglobin: 10.1 g/dL (Low) RBC: 4.0 M/µL (Low) T4: 0.5 µg/dL (Low)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 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 5.8 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.40 cm width in the caudal pole. The right adrenal gland measured 0.45 cm width in 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

Sakari Mather

The liver presented borderline 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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, moderate nonshadowing to focal shadowing ingesta without signs of obstruction or foreign material.

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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. The duodenum wall measured 0.41 cm wall width. The jejunum wall measured 0.37 cm wall width.

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Normal visible colon wall layers were present with formed to semi formed fecal matter in lumen.

Pancreas

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

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy or overt peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild heterogeneous remodeled pancreas.
- Structurally unremarkable gastrointestinal tract with nonshadowing to shadowing gastric ingesta.
- Borderline hepatomegaly- subjective benign.
- Mild chronic renal changes.
- Sonographically normal visible colon with formed to semi formed fecal matter.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No sonographic evidence of significant or active pancreatitis with chronic pancreatitis, benign remodeling, or fibrosis possible. No current evidence of gastrointestinal mural pathology. Correlation with most recent meal ingestion is recommended. Likely variably dense food echogenicity present in the stomach, however, if confirmed fasted, documented 12-hour NPO and sonographic reassessment of the stomach may be considered. Correlation with urinalysis +/- screening urine culture and sensitivity or UPC level if clinically indicated for renal staging is recommended. Monitoring of GI panel to include PLI, TLI cobalamin and folate is suggested.



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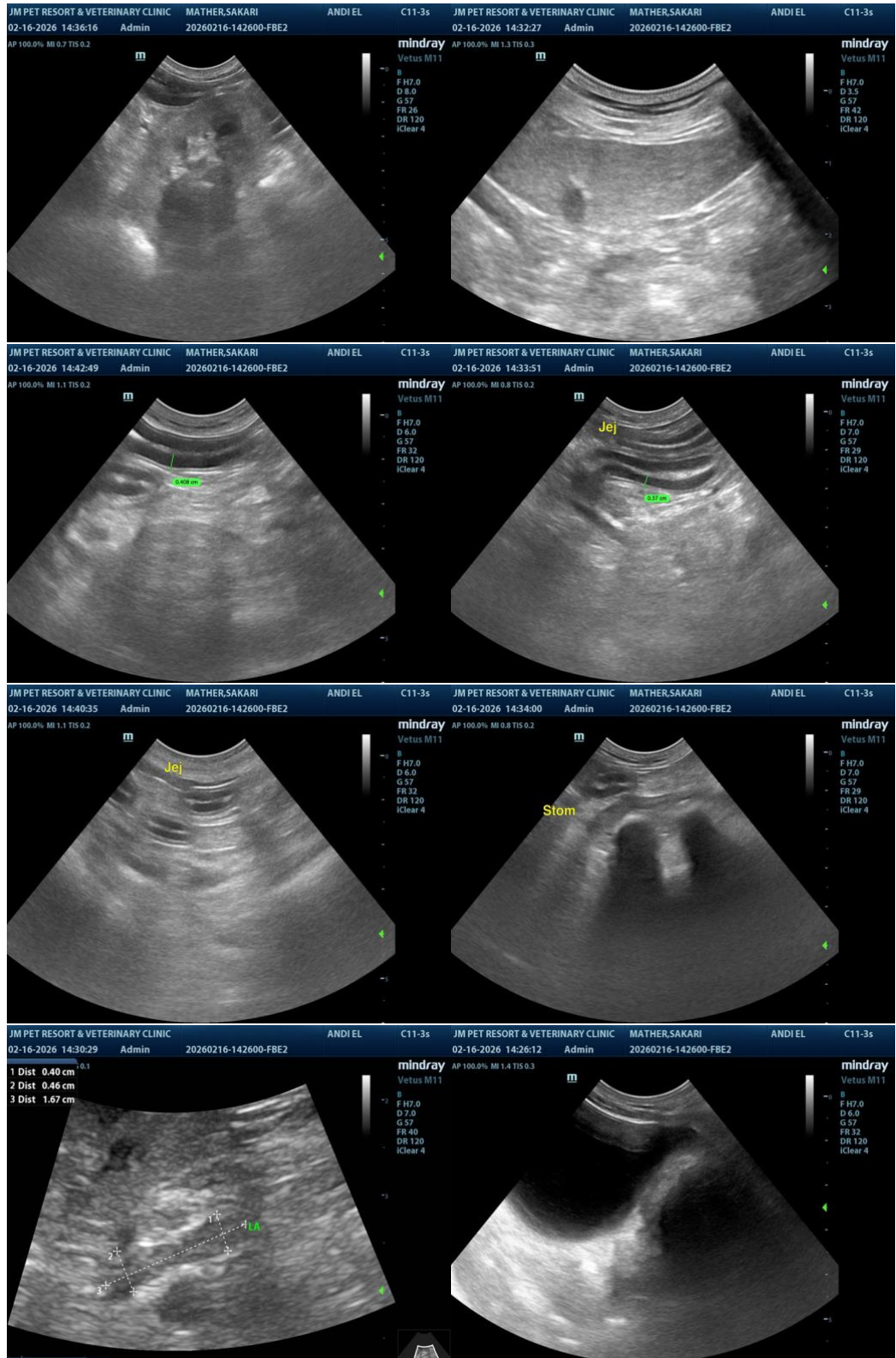
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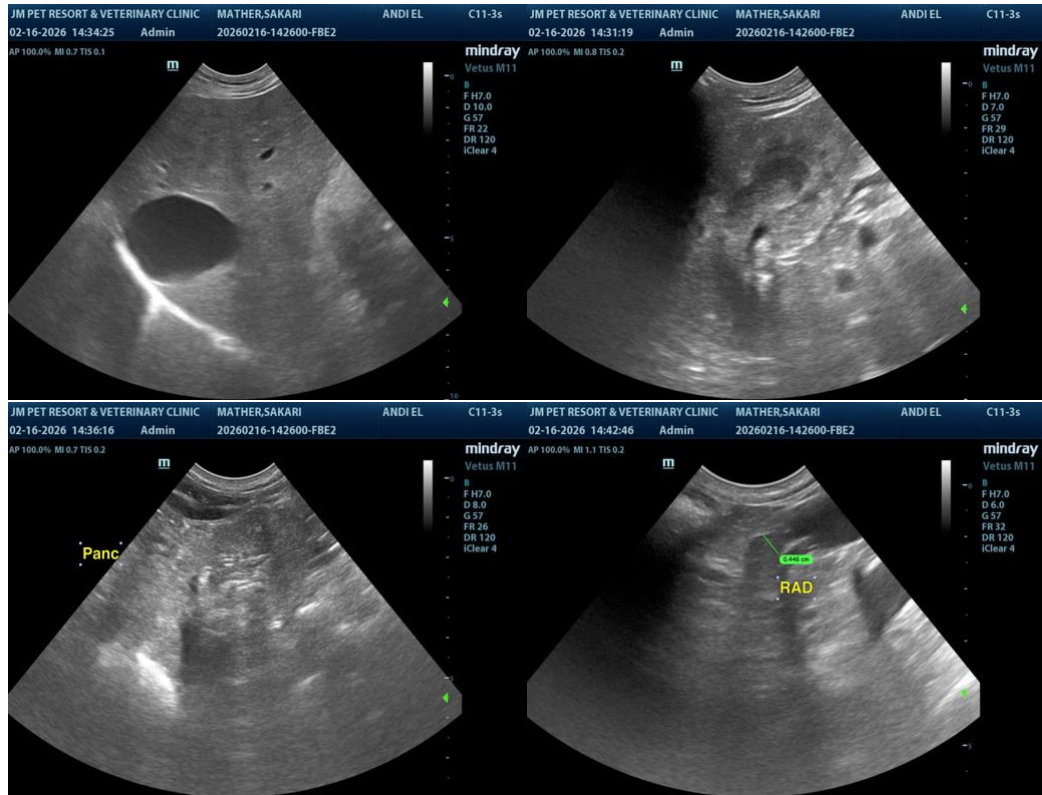
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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