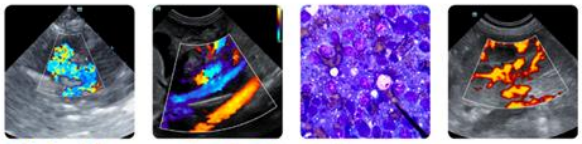


PATIENT

Rocky Donald

SPECIES

Canine

BREED

Bichon Mix

SEX

MN

AGE

14

WEIGHT

10.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE
24260

DATE
03/23/2026

PRESENTING CLINICAL SIGNS

- Rocky presented for a 5-day history of inappetence and lethargy, with an acute onset of vomiting yesterday. Owners think he may have eaten something on a walk.
- Starting on in hosp supportive care for ddx acute pancreatitis with IVF, methadone, emavert. Add antibiotics?
- submitted as STAT plz due to 5d anorexia
- Abnormal PE/Chem/CBC/UA Results: CBC: Moderate hypocytic, normochromic, non-regenerative anemia, marked lymphocytosis characterized by a moderate neutrophilia and monocytosis. Moderate thrombocytosis Chem: mild hypochloremia Chloride 108 mmol/L rr 109- 122 Moderate to severe increase ALP 1,388 U/L rr 23- 212 - Cushings? Amylase 2,040 U/L rr 500- 1500 - pancreatitis? 3-view abdominal rads: possible foreign material/bone opacity ingesta in SI, not causing obvious obstructive pattern. Radiopaque structures in bladder suggesting calculi Blood pressure: HR 223/138 MAP 160 UA: not performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Subjective mildly thickened ventral to ventroapical urinary bladder wall with minor polyploid component. Estimate 2 irregular to shadowing dependent lumen calculi present, an example measured 0.64 cm diameter. Non-homogenous urinary bladder wall mass present in the mid to caudodorsal urinary bladder wall measuring ~ 2.1 x 1.0 cm. An undifferentiated non-homogenous to hypoechoic mass adjacent to the urinary bladder neck and proximal urethra and residual prostate without overt lower urinary tract or prostate involvement was present measuring 3.0 x 1.5 cm.

Normal size and margination were 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. Bilateral areas of medullary mineral were present The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm in length.

A solitary mildly enlarged non-homogenous medial iliac lymph node was present measuring 1.6 cm in diameter.

The residual prostate appeared normal and free of pathology measuring 0.75 cm in diameter.

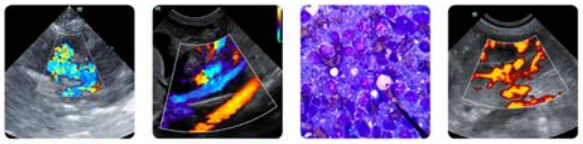
Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.45 cm width. The right adrenal gland was not definitively visualized.

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



PATIENT

Rocky Donald

SPECIES

Canine

BREED

Bichon Mix

SEX

MN

AGE

14

WEIGHT

10.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE
24260

DATE
03/23/2026

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly non-homogeneous and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened hypoechoic wall and empty lumen with mild lumen gas.

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

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

Pancreas

Diffuse enlargement of the left/right pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

Free Abdomen

Peripancreatic to regional cranial to mid abdomen non-homogenous hyperechoic omentum and mild volume effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Dorsal urinary bladder wall mass with cystic calculi
- Unspecified non-homogenous mass lesion area of pelvic inlet
- Mildly enlarged non-homogenous medial iliac lymph node
- Enlarged non-congested non-homogenous liver
- Mild gallbladder debris (non-mucocele)
- Enlarged non-homogenous hypoechoic pancreas with peripancreatic peritonitis- significant potentially necrotizing pancreatitis with potential for pancreatic neoplasia
- Subjective gastroduodenitis

Secondary

- Chronic renal changes, exhibiting mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample and screening BRAF assay are recommended. Assuming normal clotting status and using 25ga needle, a hepatopancreatic FNA cytology could be considered for further clarification. No evidence of obstructive gastrointestinal foreign material.

Hospitalization with aggressive therapy for active to necrotizing pancreatitis with close clinical and as needed sonographic monitoring is recommended. A guarded prognosis is indicated.

PATIENT

Rocky Donald

SPECIES

Canine

BREED

Bichon Mix

SEX

MN

AGE

14

WEIGHT

10.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

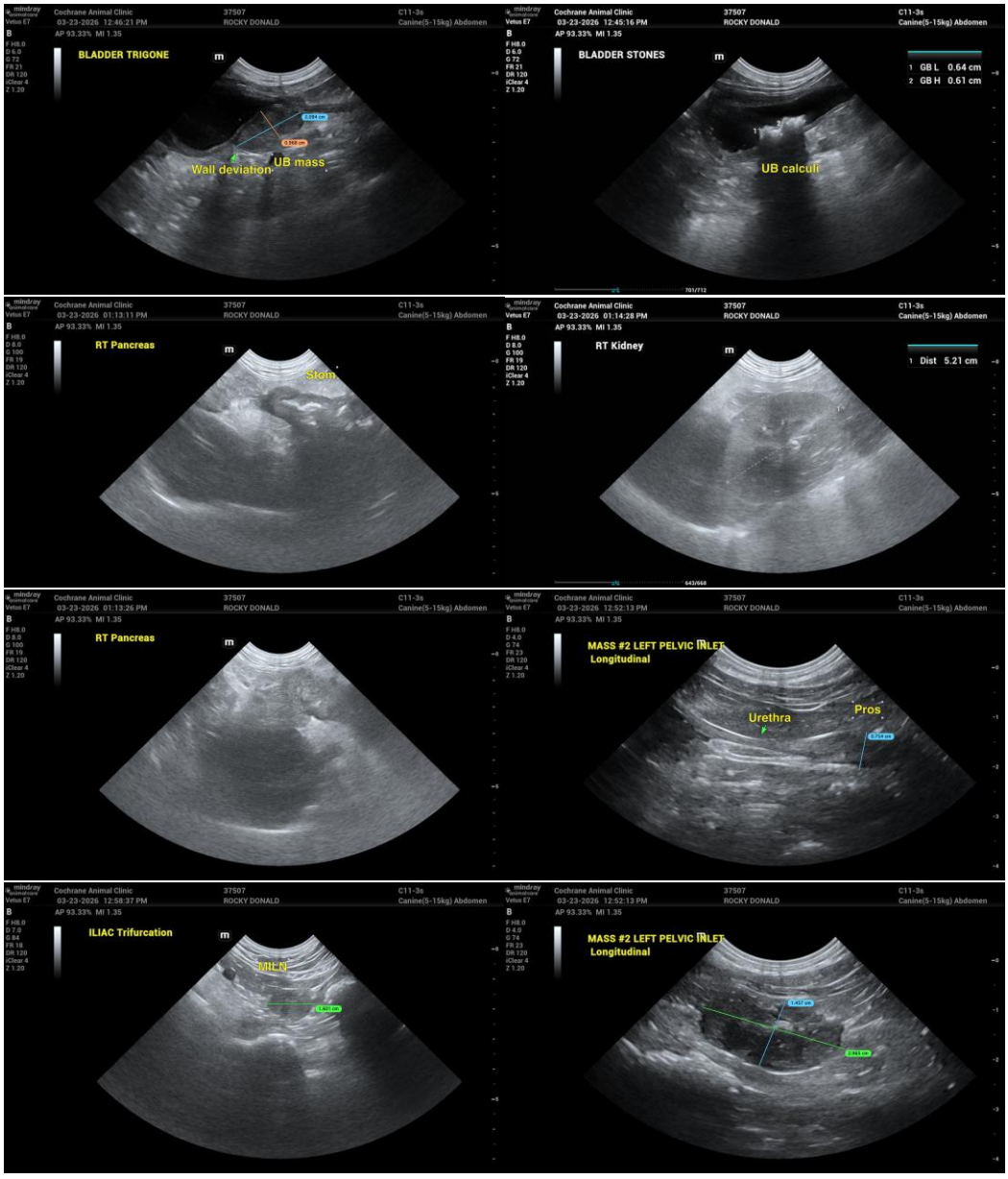
Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE
24260

DATE
03/23/2026



PATIENT

Rocky Donald

SPECIES

Canine

BREED

Bichon Mix

SEX

MN

AGE

14

WEIGHT

10.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

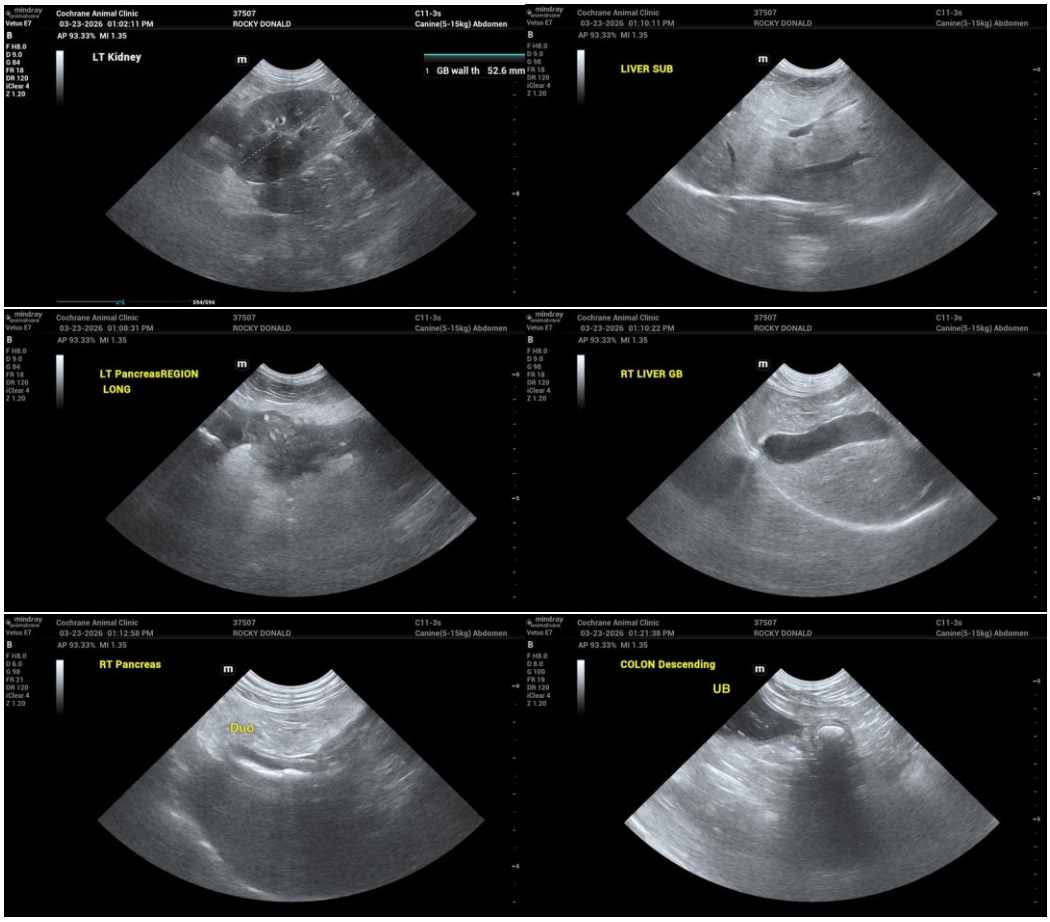
Cochrane Animal Clinic

REFERRING VET

Dr. Louise Corbeil

INVOICE
24260

DATE
03/23/2026



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