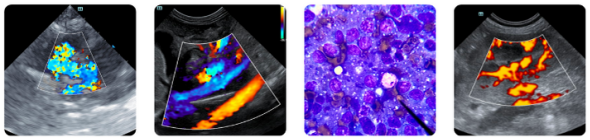

PATIENT

Izzy Burkhardt

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

6y 4m

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack E

HOSPITAL NAME

Northside VC

REFERRING VET

Mack E

INVOICE

13315

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- Not eating since Saturday
- Decreased water intake
- Urine appears very dark per O

Abnormal PE/Chem/CBC/UA Results: Painful on abdominal palpation Bloodwork: CPL: >2000, TP 8.3

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 changes 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 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 mild pyelectasia present. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was definitively visualized owing to increased peri adrenal omental artifact. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 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 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact thickened wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid.

The intestinal walls demonstrated intact mildly thickened duodenum wall with duodenum corrugation and non-obstructive ileus.

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

Pancreas

The pancreas was markedly enlarged to swollen in size with asymmetrical contour and non-homogeneous, hypoechoic parenchyma. 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

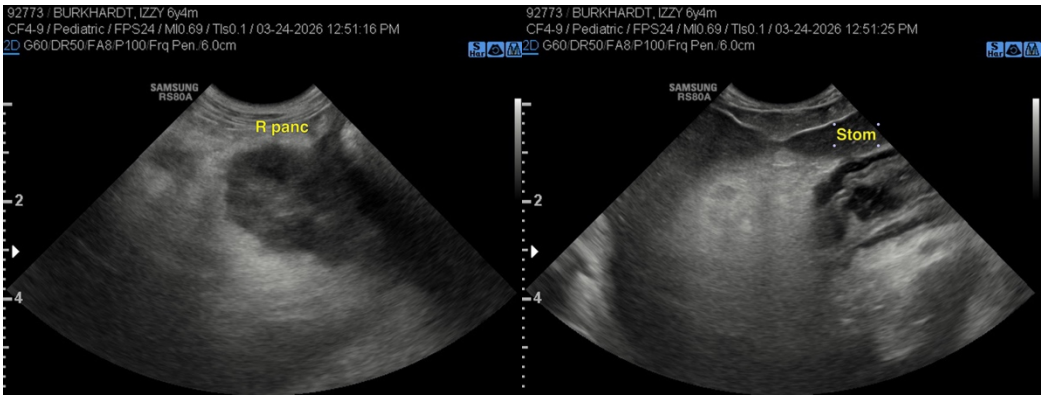
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Severe active to necrotizing pancreatitis with peritonitis
- Non-congested hepatomegaly
- Gastroenteritis exhibiting mild non-obstructive gastroduodenal hypomotility
- Mild bilateral pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for pancreatic or potential emerging multicentric neoplasia not definitively excluded yet thought less likely. Hospitalization with aggressive therapy for severe to necrotizing pancreatitis with concurrent gastrointestinal support and clinical/sonographic monitoring is recommended. Guarded prognosis.



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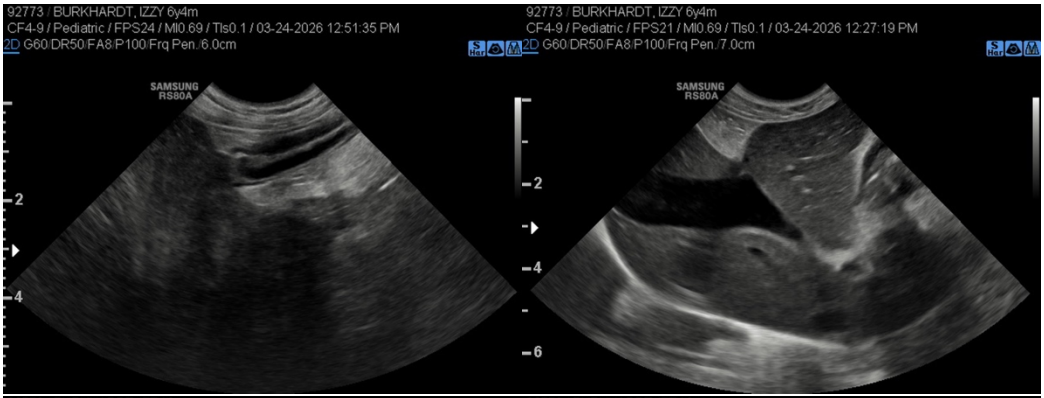

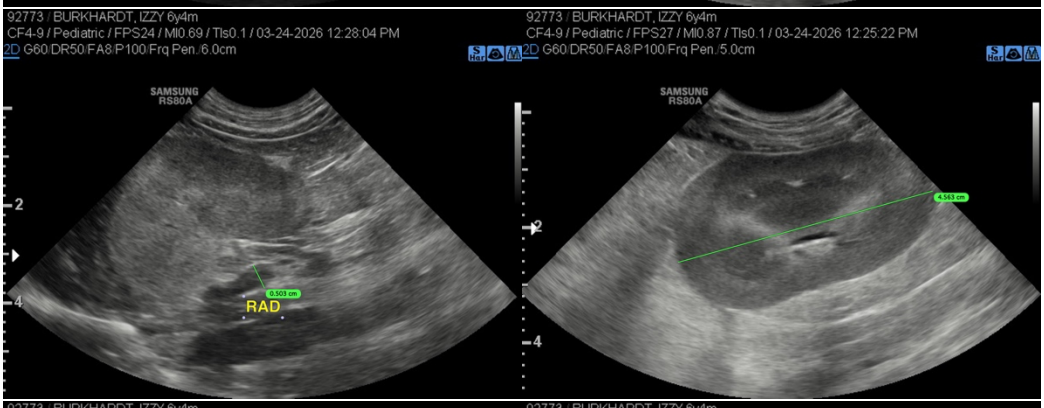

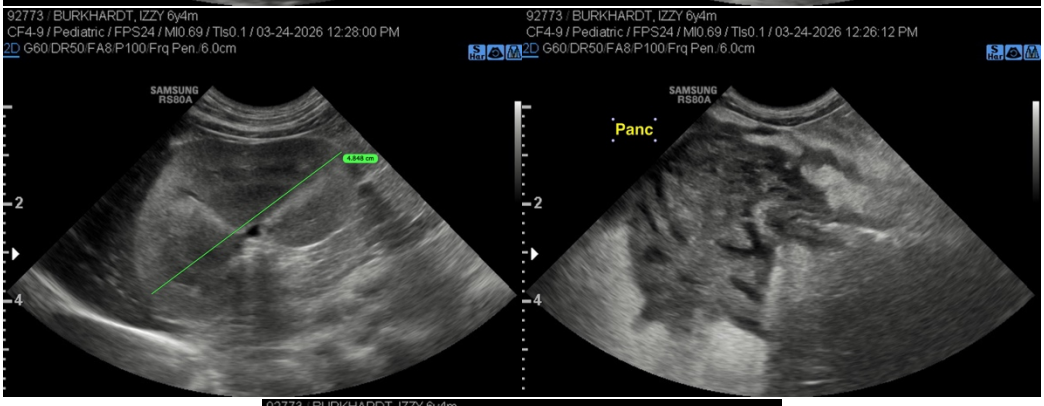

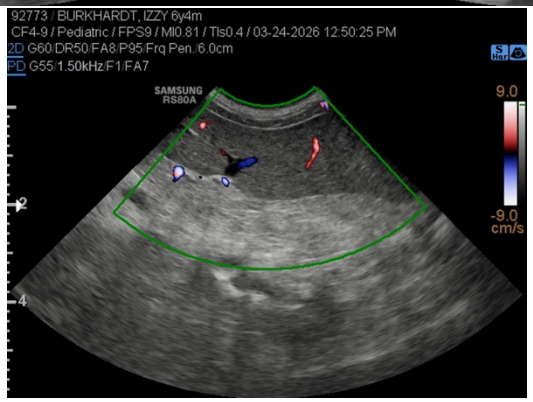

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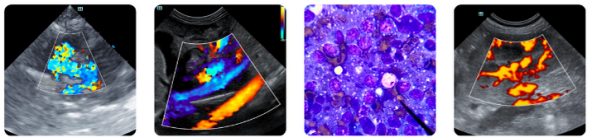

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com