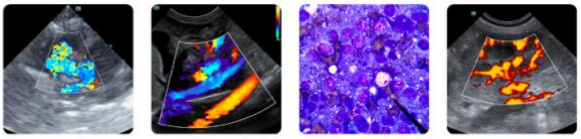


PATIENT

Houdini Hallin

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.1. kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Huntington DVM

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Huntington DVM

INVOICE

14571

DATE

03/25/26

PRESENTING CLINICAL SIGNS

- History: For the past 2-3 days pt has been lethargic, not interested in food and water. Pt started having V+ and D+ yesterday. BG at rDVM today at 4:10pm was 600.
- Previous Medical Conditions: Possible collapsed trachea, diabetes, dry eye, amp FL
- Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?): Vetsulin 5.5 units last given 11:30am 3/24 (normally given q12), lubricating eye drops in am
- General Appearance: Lethargic
- Hydration: Moderate dehydration
- Eyes: Cataract mature OU w neovascularization present
- Ears: No exudate observed, no redness present
- Oral Cavity: Tartar severe
- Nasal Cavity: No obvious abnormalities observed
- Cardiovascular: Regular rhythm; no murmur detected
- Respiratory: Lungs auscultate clear bilaterally; trachea clear
- Abdomen: Distended, non-painful. No palpable fluid wave
- Rectal: Did not perform rectal exam
- Musculoskeletal: Abnormal: Missing LF limb, previous amputation (healed)
- Integument: Fleas
- Lymph Nodes: Lymph nodes are all normal in size
- Urogenital: External genitalia appears normal; bladder palpates normally
- Neurologic: Abnormal: Generalized weakness, normal CP x 3

CBC: Hematocrit 36.7% (low) Hemoglobin 12.9 g/dL (low) MCV 60.2 fL (low) Reticulocyte hemoglobin 19.5 pg (low) Monocytes 2.28 K/uL (high) Eosinophils 0.03 K/uL (low) MPV 14.5 fL (high) Chemistry: Glucose 486 mg/dL (high) BUN 57 mg/dL (high) Sodium 135 mmol/L (low) Chloride 95 mmol/L (low) ALP 410 U/L (high) Cholesterol 359 mg/dL (high) Lipase 2016 U/L (high) Pancreatic lipase 528 U/L (high) Urinalysis (Cystocentesis): Specific gravity 1.048 pH 7 Urine protein 100 mg/dL Glucose 100 mg/dL Ketones negative White blood cells 6/hpf Red blood cells 6/hpf Presence of bacterial rods confirmed on bacterial confirmation test 1 non-hyaline casts/lpf Ketone meter: 0.4 (not consistent with ketosis)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

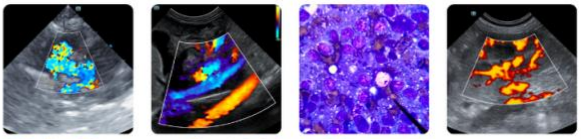
Urinary System

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate and proximal urethra were not definitively visualized.

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. A small left kidney cortical cyst was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.8 cm in length.



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Adrenal Glands

The left adrenal gland was not definitively visualized owing to increased periadrenal omental artifact.

The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.75 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.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact 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 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 soft fecal matter.

Pancreas

Diffuse enlargement of the 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. Regional peripancreatic to generalized mild peritoneal effusion.

Free Abdomen

No obvious visualized significant omental lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Significant active pancreatitis with regional peritonitis.
- Enlarged hyperechoic liver- metabolic, reactive, vacuolar, inflammatory, cholestatic hepatopathy combination, occult hepatic neoplasia considered unlikely.
- Nonorganized gallbladder debris.
- Gastroenterocolitis.

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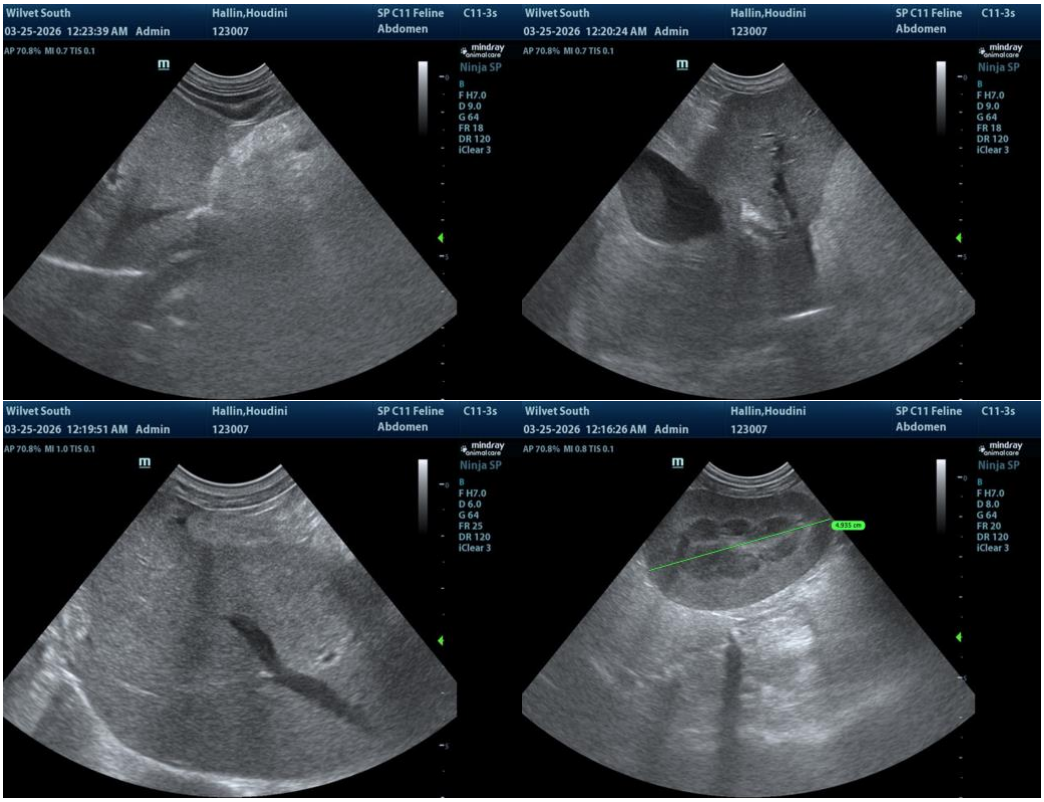
- Mildly enlarged right adrenal gland.
- Small left kidney cortical cyst.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with empirical therapy for significant active potentially necrotizing pancreatitis with close clinical monitoring is recommended. Minor potential for pancreatic neoplasia is not excluded yet thought less likely. Urine culture and sensitivity on sterile urine sample is recommended.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI
Dietary indiscretion/intolerance
Pancreatitis
Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)
Cushing's
Acromegaly
Owner compliance
Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease



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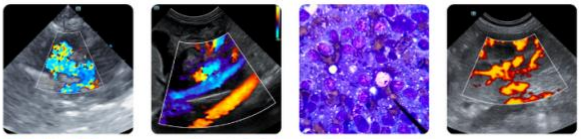

Clinical Sonography & Telecytology
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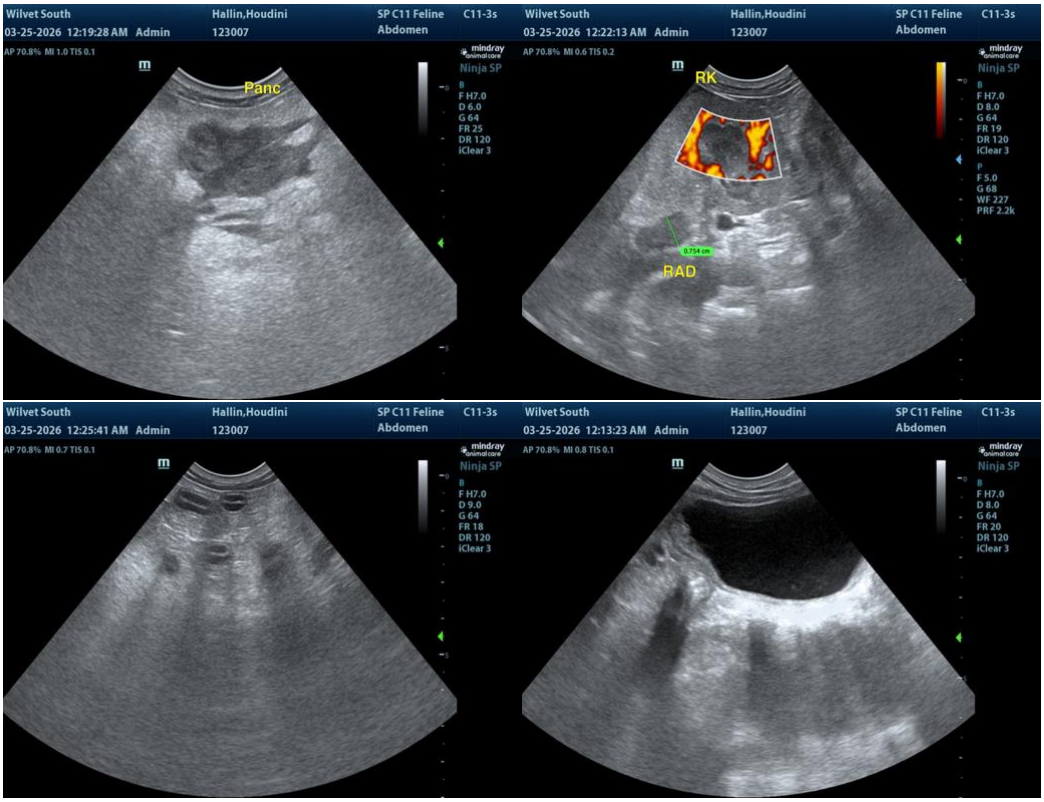

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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