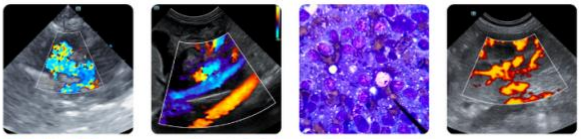

PATIENT

Winston Simmons

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

29 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Payton Hunt

INVOICE

14111

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- ADR patient, not eating for a couple of days, vomited 6 times last night, PU/PD. Hx of dietary indiscretion (owner says patient chewed on blanket 3 days ago). Radiographs performed, no obvious obstructive pattern, poss concern for pyloric obstruction. BW performed and spec cPL severely elevated at 1590. Patient sent home with GI support and pain meds, still ADR and inappetant. Hx of pancreatitis a few years ago
- Current medications: Pepto Bismol, Buprenorphine, Cerenia, Hills I/D wet food

Abnormal PE/Chem/CBC/UA Results: Labs performed at rDVM: spec cPL 1590

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.

The area of the residual prostate appeared normal and 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 4.6 cm in length. The right kidney measured 4.9 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 0.44 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to periadrenal omental artifacts.

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 revealed subjective mild hepatomegaly. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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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. Mild duodenal ileus was present.

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

Pancreas

Diffuse enlargement of the right pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. Regional peripancreatic hyperechoic omentum indicative of reactive change, adhesions, focal peritonitis, or saponification. Minor localized free fluid was present around the abnormal pancreas. The left pancreas was sonographically normal.

Free Abdomen

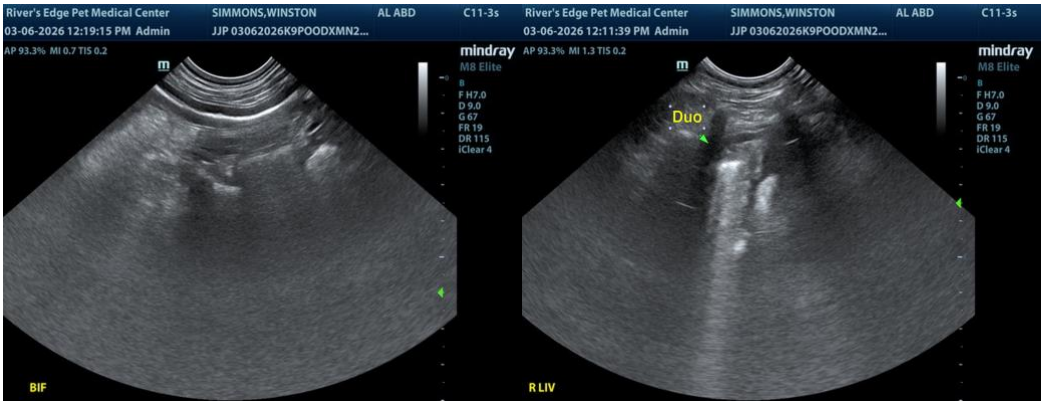
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with regional peritonitis.
- Mild hepatomegaly- subjective benign.
- Mild nonorganized gallbladder debris (non-mucocele).
- Mild duodenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with empirical therapy for pancreatitis with concurrent gastrointestinal support and clinical monitoring is recommended. No obvious visualized evidence of adrenal pathology as a contributing factor to the PU/PD. Correlation with a urinary workup, if not done, is suggested. Recheck sonogram if non-responsive or progressive clinical signs. Mild potential for pancreatic neoplasia is not definitively excluded, yet thought less likely.



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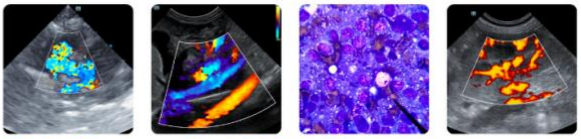

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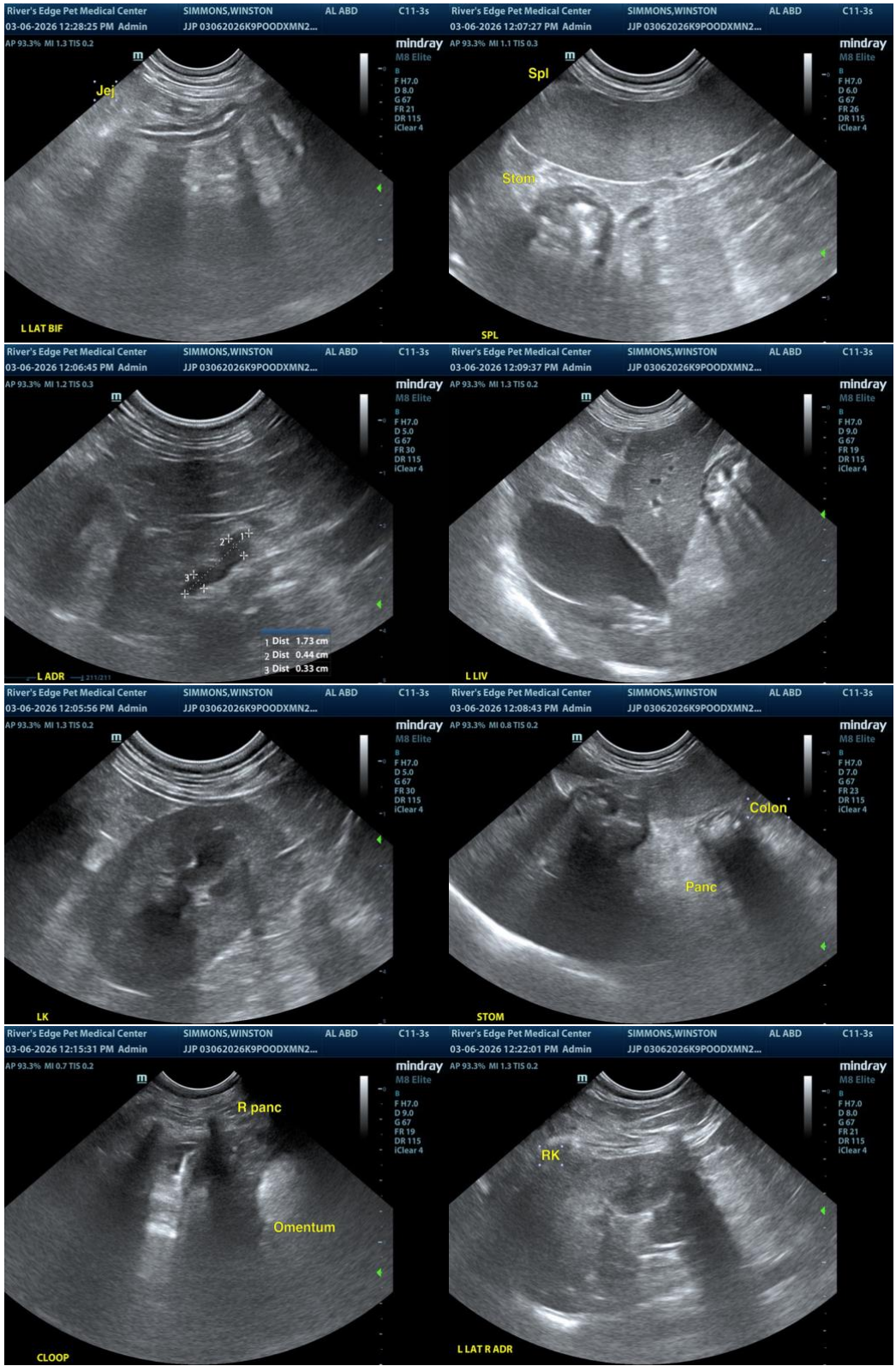

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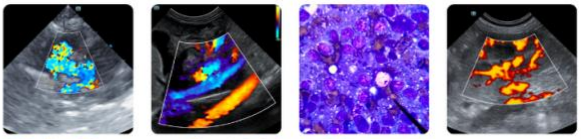

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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