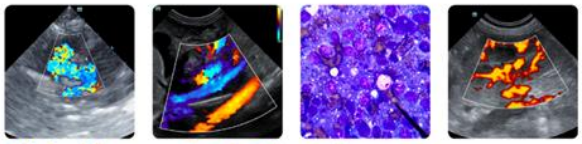


PATIENT
Roxas Breisch

SPECIES
Canine

BREED
Aust Shepherd Mix

SEX
MN

AGE
9yr

WEIGHT
16.3kg

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

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
Blue Pearl Wyomissing

INVOICE
24668

DATE
04/29/2026

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate persistent GI signs since Monday. Currently in the ER. Vomiting, not wanting to eat and soft stool/D+. Was seen at pDVM Monday and BW relatively unremarkable, however, ER BW shows leukocytosis characterized by a neutrophilia and monocytosis, elevated pancreatic Lipase, elevated ALP w/ normal ALT. Seen in ER last night for continued signs, owner declined diagnostics and elected outpatient treatment. Pt failed outpatient management, vomiting through cereina, returned to the ER. Patient is also on seizure and cardiac medications. Stage B2 degenerative valve disease.

Due to GI upset, has not been able to take his chronic meds: Spirolactone 27.5mg/ Benazepril 5mg/Pimobendan 7.5 mg 1 capsule BID Furosemide 20mg 1 tab BID Theophylline 50 mg 1 tab BID Phenobarb 15mg 1 tab bid Gabapentin 100mg 1 BID Galliprant 60mg 1/2 SID

Abnormal PE/Chem/CBC/UA Results: - CBC: Hct 54%, WBC 29.14 H, Neut 25.95 H, Mono 2.03 H, Plts 249-n - Pancreatic Lipase - 913 H - Chem: ALP 329 H, ALT 23-n, remainder NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 5.0 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

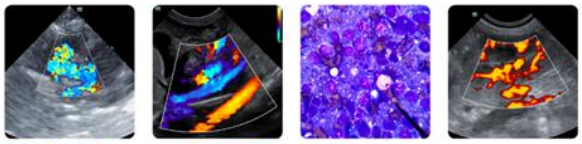
The left adrenal gland was mildly enlarged at the caudal pole with symmetrical contour and mild to non-homogenous parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole.

The right adrenal gland was borderline enlarged at the caudal pole with symmetrical contour, mild to non-homogenous parenchyma. The right adrenal gland measured 0.66 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/Gallbladder



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The liver presented mild to moderately enlarged in size. Primarily homogenous to lobar ventrocaudal mild non-homogenous hypoechoic parenchyma. Normal vascular volume. No visualized masses or nodules were present. 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 moderate, gravity dependent to non-dependent mildly congealed yet non-organized hypoechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact borderline thickened wall with a normal wall layer ratio. The lumen of the stomach contained mild gas and minor retained fluid. The stomach wall measured 0.58 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Propensity for subjective mildly prominent hyperechoic submucosal layer. The lumen of the small intestine was empty with mild segmental gas and no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.30 cm width.

Normal visible colon wall layers were present with soft to non-formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with hypoechoic to heterogeneous parenchyma compared to adjacent non-reactive peripancreatic omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific gastroenteropathy with soft to non-formed fecal matter in colon
- Mild heterogeneous hypoechoic pancreas
- Hepatopathy exhibiting lobar mild non-homogenous hypoechoic parenchyma-subjective benign
- Non-organized gallbladder debris (non-mucocele)
- Borderline sized mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the pancreas was not consistent with significant or active pancreatitis, although mild to chronic pancreatitis may present in this manner and may be suspected if cranial abdomen or sub-xiphoid discomfort on palpation in conjunction with elevated lipase. Primary or secondary reactive vacuolar, cholestatic or potential inflammatory hepatopathy probable. Dietary intolerance, infectious disease, enterotoxin, inflammatory bowel, previously mentioned mild pancreatitis, occult parasitism, less likely occult gastrointestinal neoplasia possible. No evidence of mechanical gastrointestinal obstruction or foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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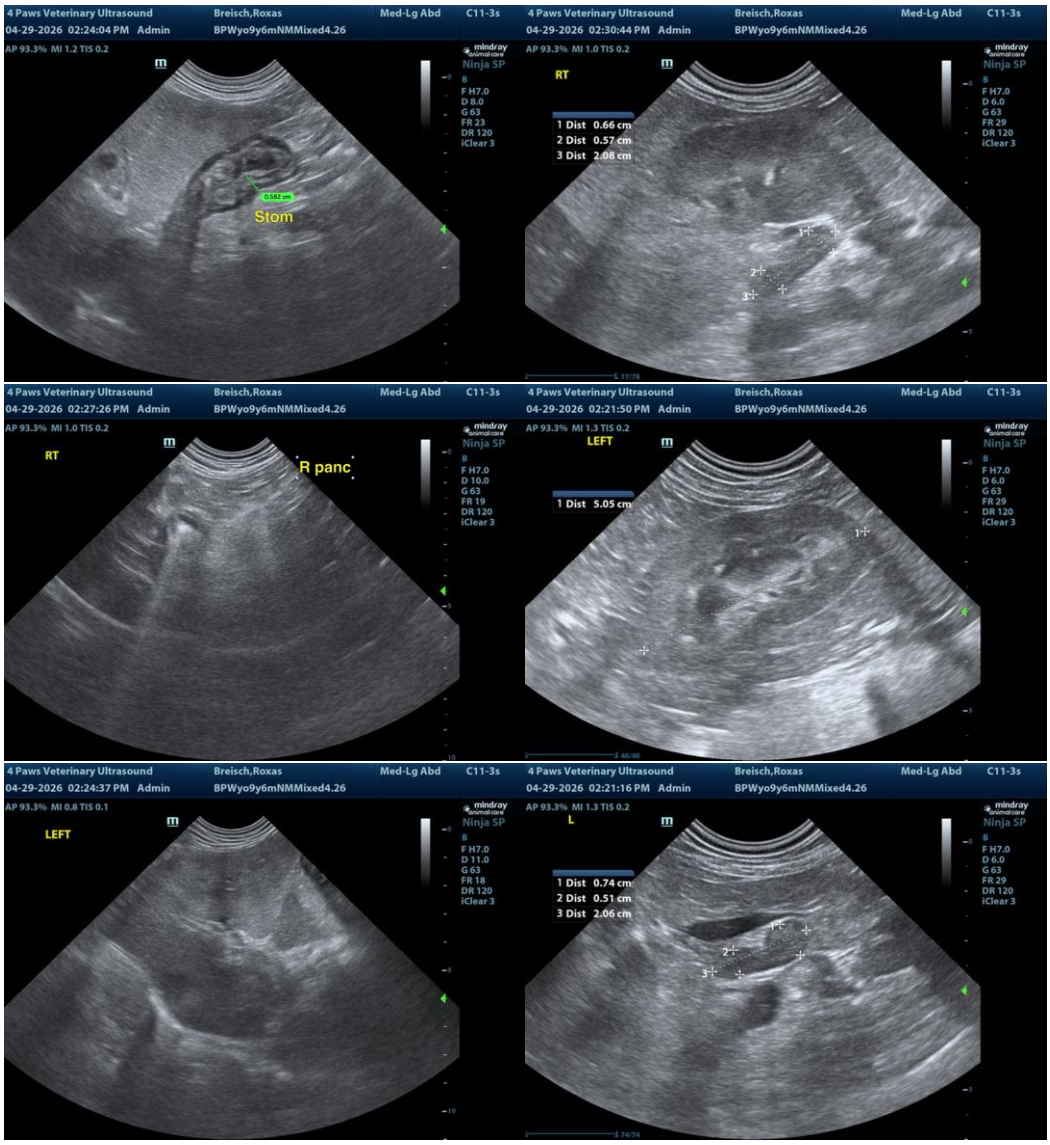
Continued gastrointestinal support and empirical therapy for mild pancreatitis would be reasonable. Once gastrointestinal signs are stabilized and if clinically indicated, adrenal screening or workup could be considered if clinical signs consistent with Cushing syndrome are non-reported or arise.



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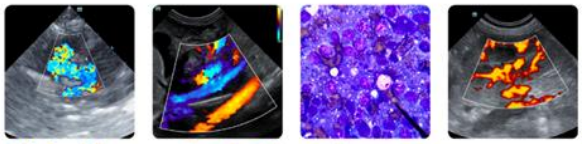

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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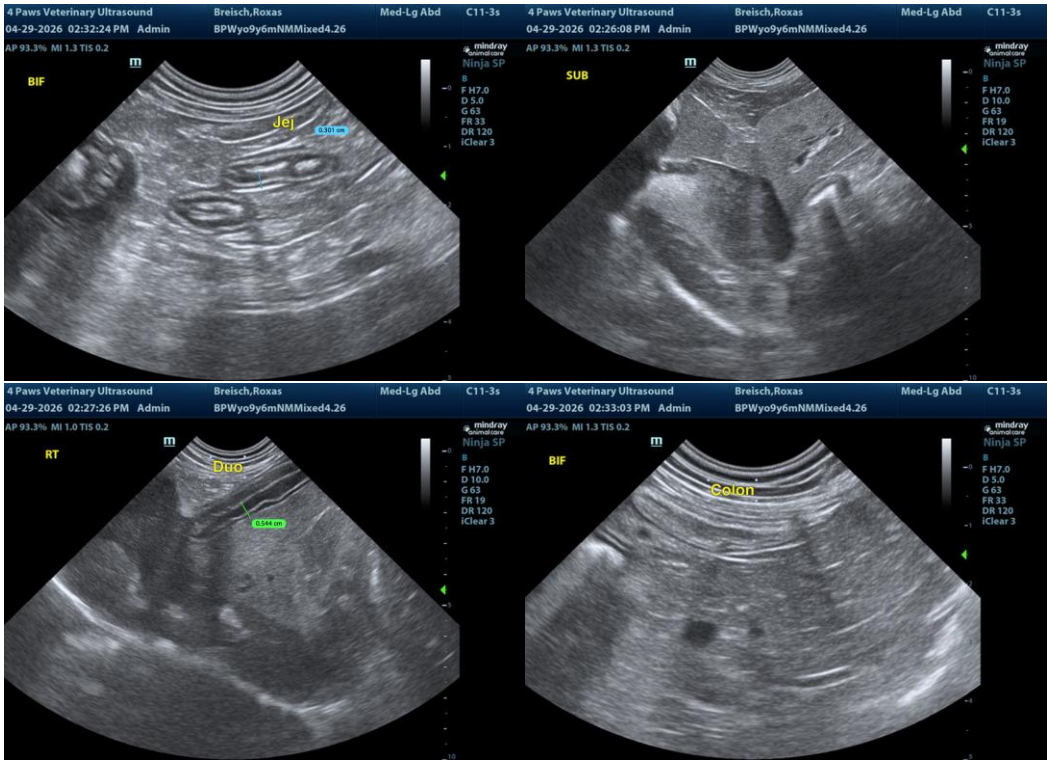

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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