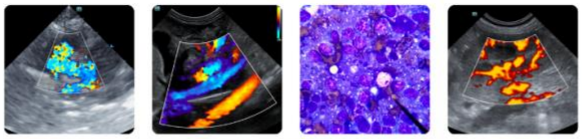


PATIENT

Katie Paybins

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

2014

WEIGHT

18.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Community Veterinary Practice

REFERRING VET

Dr. Kelli Carpenter

INVOICE

35904

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Pancreatic concerns on routine bloodwork, clinically normal

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 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. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The adrenal glands were asymmetrical in contour with nonhomogenous, indistinctly nodular, nonmineralized parenchyma. The cranial poles of the right and left adrenal glands were mildly enlarged. The left adrenal gland measured 0.59 cm at the cranial pole in width and 0.46 cm at the caudal pole in width. The right adrenal gland measured 0.88 cm at the cranial pole in width and 0.54 cm at the caudal pole in width.

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

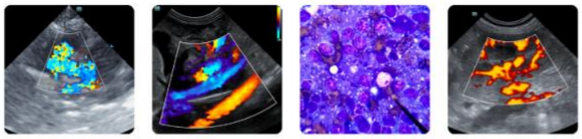
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized debris. 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.



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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal pancreas
- Normal gastrointestinal tract
- Mild chronic renal changes
- Bilateral mild asymmetrically enlarged non-hematogenous adrenal glands- age variant mild benign hyperplasia or adenomatous change. Probable minor potential for emerging unilateral bilateral adrenal tumors.
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of active pancreatitis in conjunction with no current clinical signs. Chronic pancreatitis may present sonographically normal and may be suspected if clinical signs arise or concurrent cranial abdomen/subxiphoid discomfort on palpation. Likewise, the bilateral adrenal glands are non-specific and of unclear clinical significance given no clinical signs consistent with adrenal disease.

Monitoring of systemic blood pressure for evidence of hypertension is suggested. Sonographic monitoring of the adrenal glands is recommended for evidence of progression if systemic hypertension or if clinical signs consistent with adrenal disease arise.

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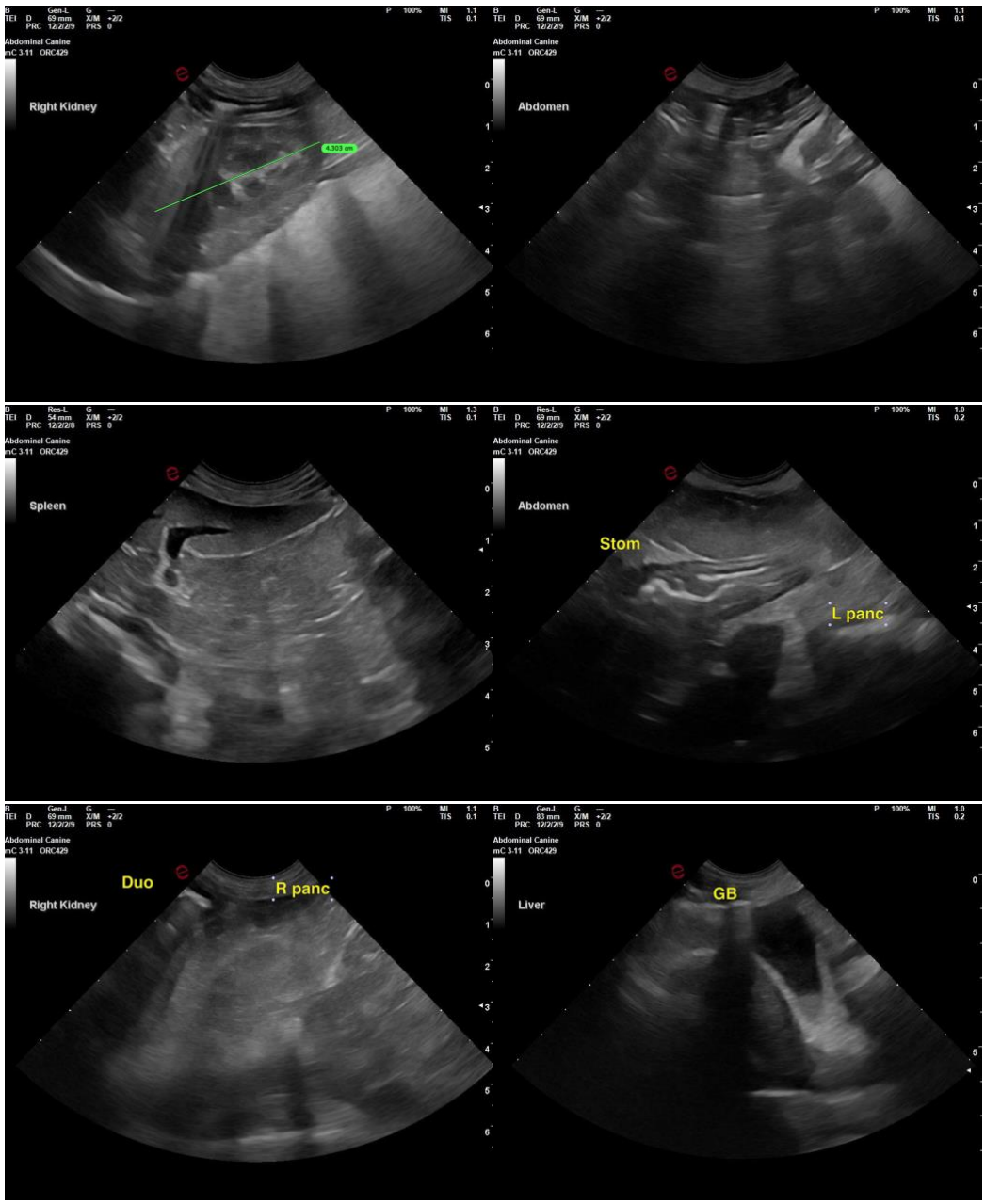

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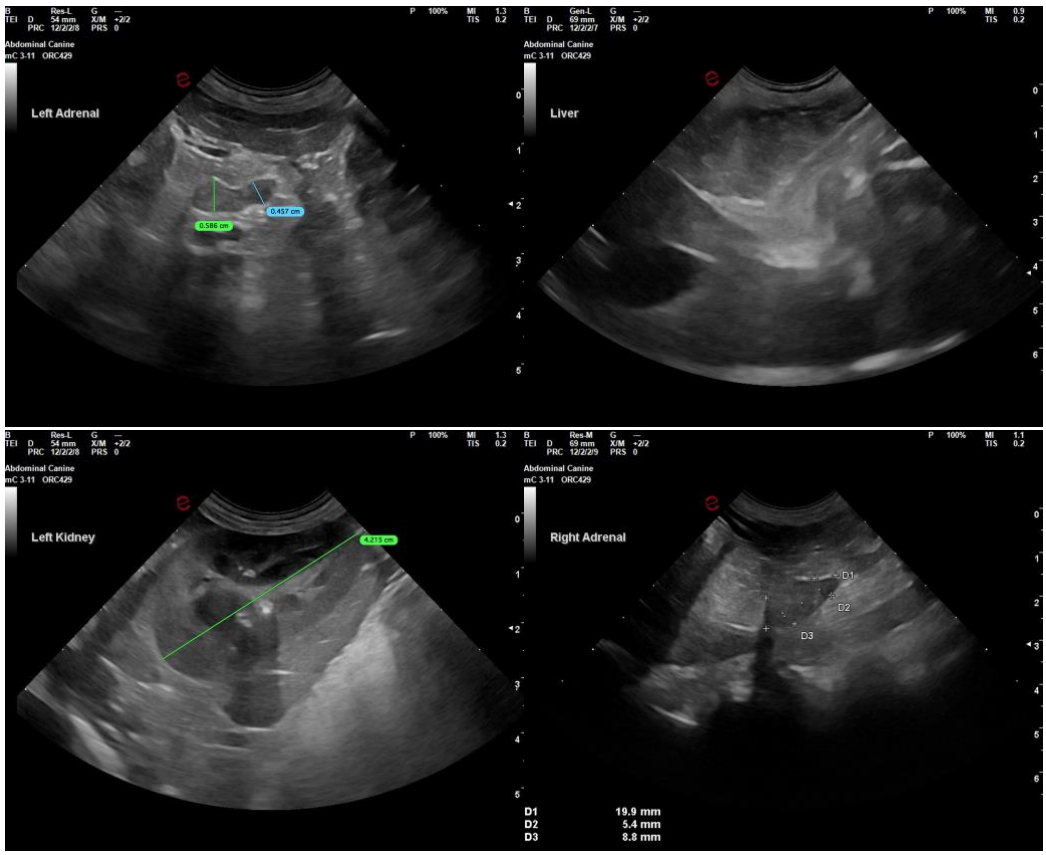

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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