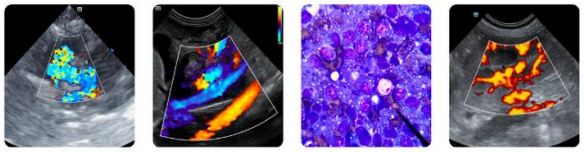


PATIENT

Banshee Greenan

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

11yr

WEIGHT

59lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Smithfield Animal Hospital

REFERRING VET

Dr Boe

INVOICE
24810

DATE
05/12/2026

PRESENTING CLINICAL SIGNS

Severe weight loss for three months, evaluate kidney values, pancreatitis. Gabapentin, trazodone, cerenia, clavamox.

Abnormal PE/Chem/CBC/UA Results: CPL confirmed pancreatitis. Crea 2.1, BUN 53

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

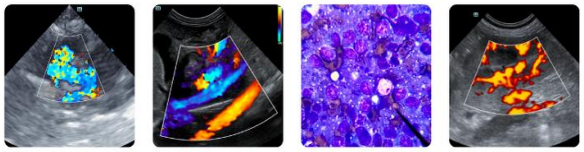
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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. Normal vascular volume. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing chyme with no signs of obstruction or foreign material.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The right pancreatic limb was prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent right limb pancreatic duct.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild chronic renal changes
- Mildly prominent non-homogenous remodeled pancreas with mildly prominent right limb pancreatic duct
- Sonographically normal gastrointestinal tract with mild gastric non-shadowing chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the pancreas was not consistent with significant or active pancreatitis, although chronic to mild chronic active pancreatitis suspected given CPL and if evidence of cranial abdomen/subxiphoid discomfort on palpation. No evidence of gastrointestinal pathology as an obvious contributing factor. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Urinary workup including UA +/- renal staging to include screening C/S or UPC level is recommended. No evidence of intra-abdominal neoplastic criteria. Early CKD therapy with monitoring of renal parameters recommended. Assessment of caloric plain or for competitive eating environment may be considered if clinically applicable.

New Jersey Mobile
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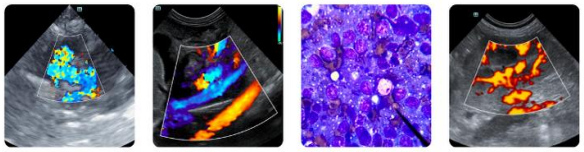

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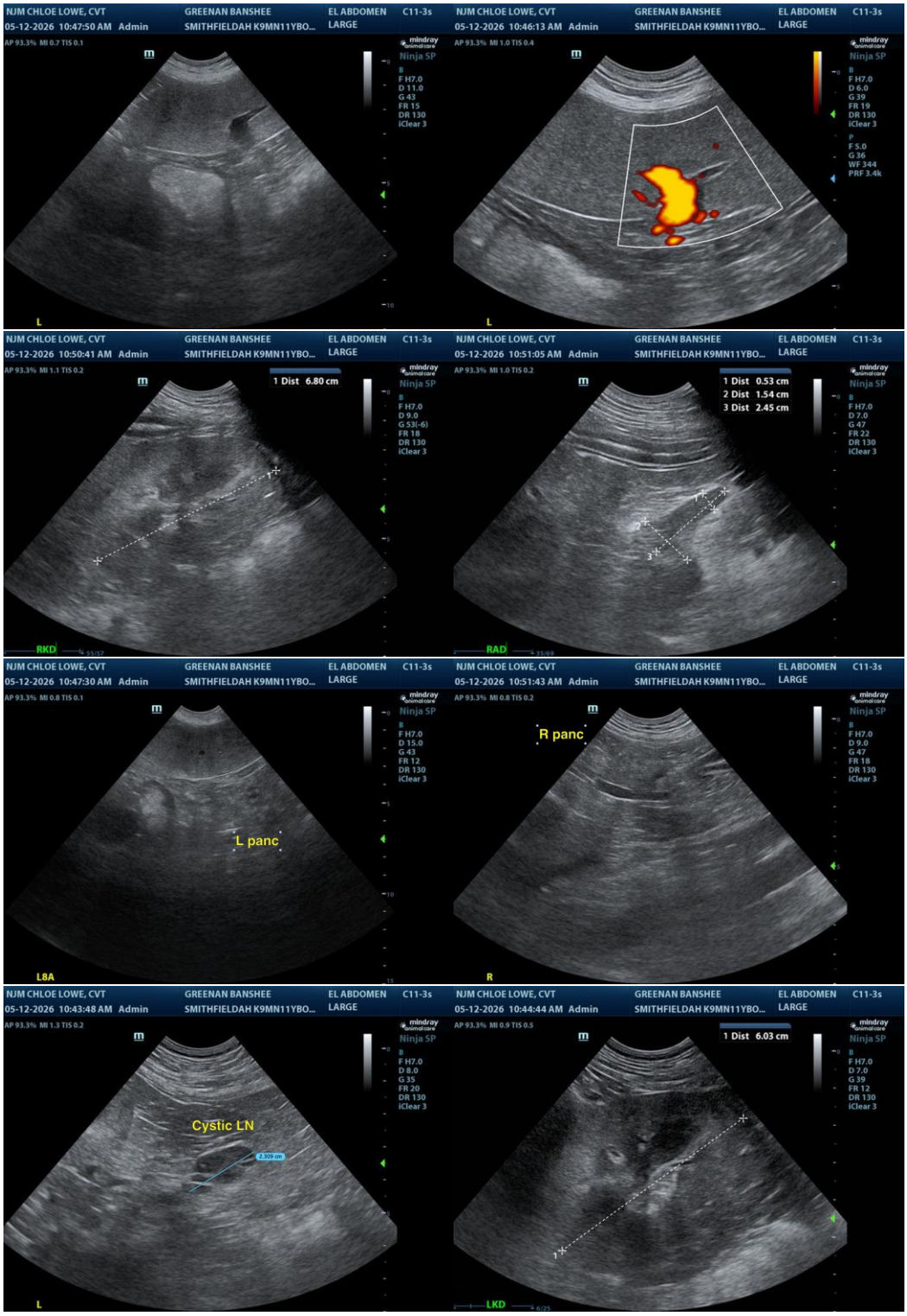

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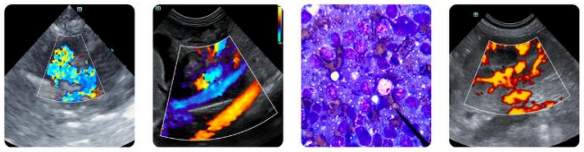

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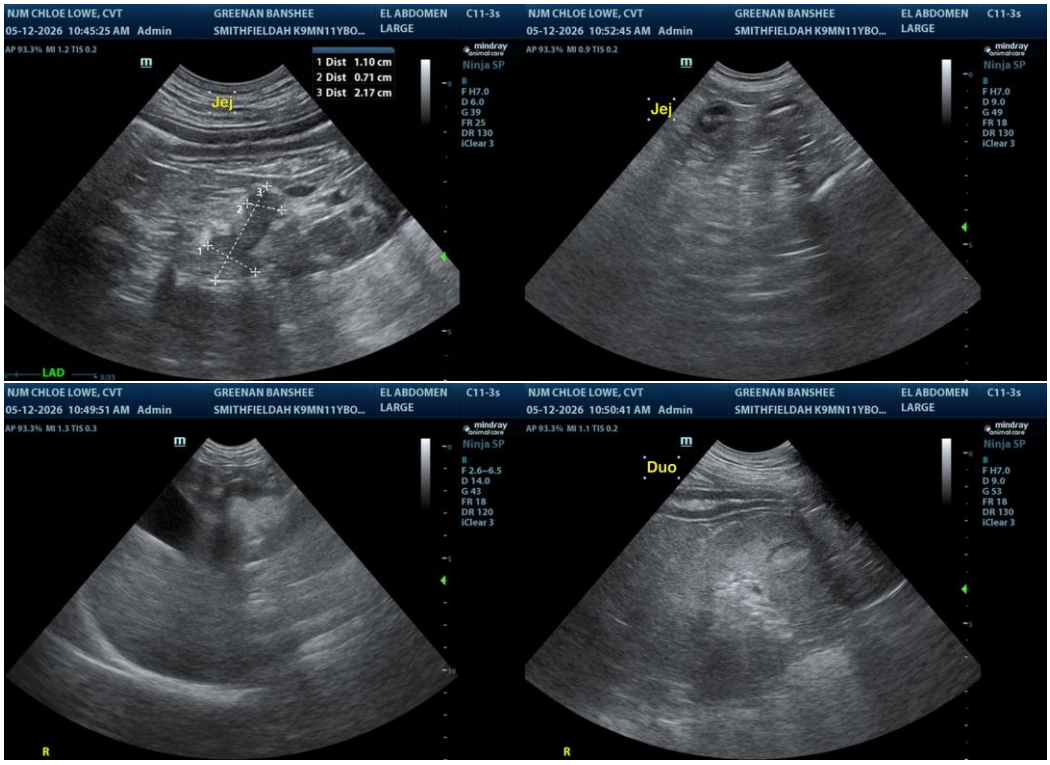

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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