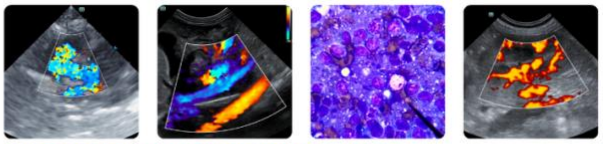


PATIENT

Athenas Vega

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

5 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Maricarmen Vega

INVOICE

16232

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of vomiting and diarrhea. Px originally visited rDVM due to lethargy, brown bloody vomits, bloody diarrhea, and Px being non-responsive for a short period of time after all the mentioned symptoms. Px is also presented with brown urine. rDVM reports that Px was Dx with Pancreatitis and bloodwork showed elevated hepatic enzymes. Urine sample via Cystocentesis was collected for urinalysis and culture and sensitivity test.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached below for your reference. CBC: High - RBC (9.13M/uL) High - HCT (69.4%) High - HGB (20.9g/dL) High - MCV (76.0fL) CHEM: High - GLU (215mg/dL) High - ALT (1.215U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate dependent lumen accumulated 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.

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 0.49 cm width at the caudal pole.

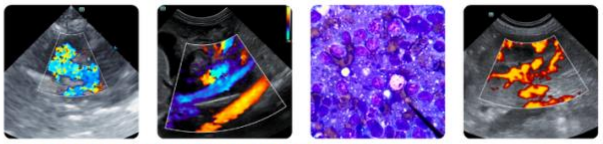
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

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 presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis.

Gastrointestinal

Significant gastric distension with retained fluid and normal intact stomach wall without obstruction to pyloric outflow 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. The colon was nondistended with semi formed fecal matter.

Pancreas

The pancreas was mildly prominent in size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Acute hepatopathy.
- Mild edematous gallbladder.
- Significant non-obstructive hypomotile stomach, sonographically normal empty small intestine.
- Prominent non-homogenous pancreas.
- Normal bilateral adrenal glands.
- Dependent urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the hepatopathy and gallbladder may include acute hepatitis (viral, bacterial, leptospirosis, toxin). Differentials may include acute anaphylaxis or less likely occult infiltrative neoplasia. Sonographically, the appearance of the pancreas is not consistent with severe active or necrotizing pancreatitis, although mild or chronic pancreatitis may present in a similar sonographic manner. Assessment for cranial abdomen/subxiphoid discomfort on palpation, which may suggest mild pancreatitis is recommended.

Further assessment of the liver may include (assuming normal clotting status) hepatic FNA cytology and leptospirosis titers/PCR. Significant, non-obstructive/metabolic gastric stasis, potentially associated with acute hepatopathy, pancreatitis or combination is probable without evidence of obstructive pyloric or upper intestinal criteria.

Supportive care, including gastrointestinal support, empirical therapy for nonspecific hepatitis and potential coverage for possible anaphylaxis with clinical and as needed sonographic monitoring is recommended. Gastric evacuation via esophageal or nasogastric tube may be considered.

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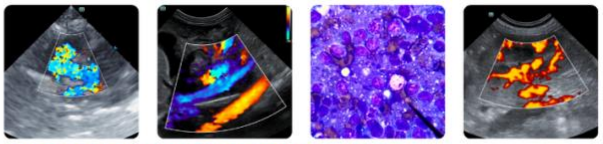

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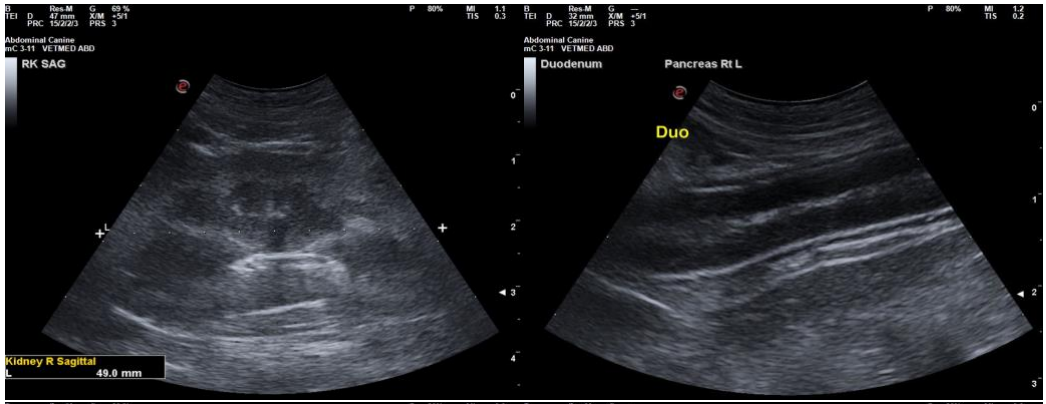

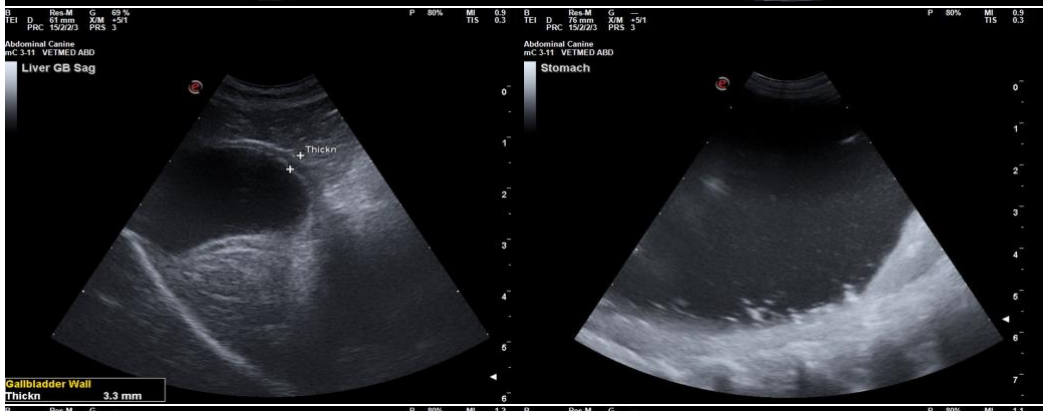

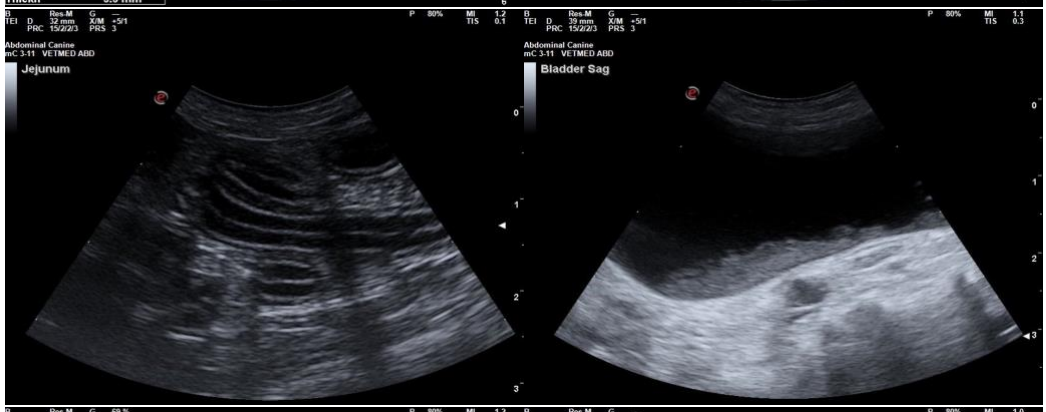

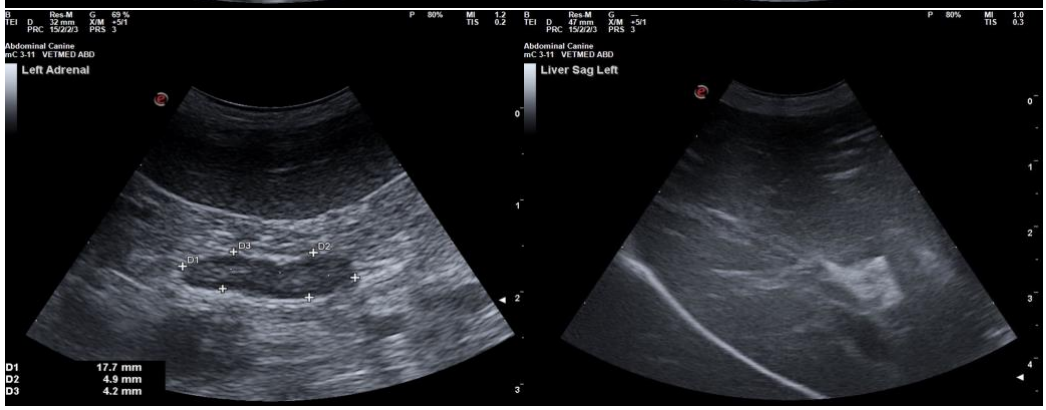

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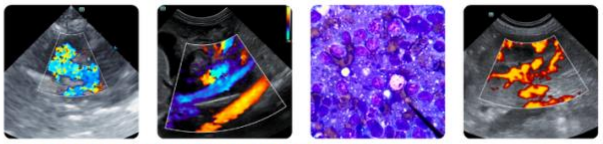

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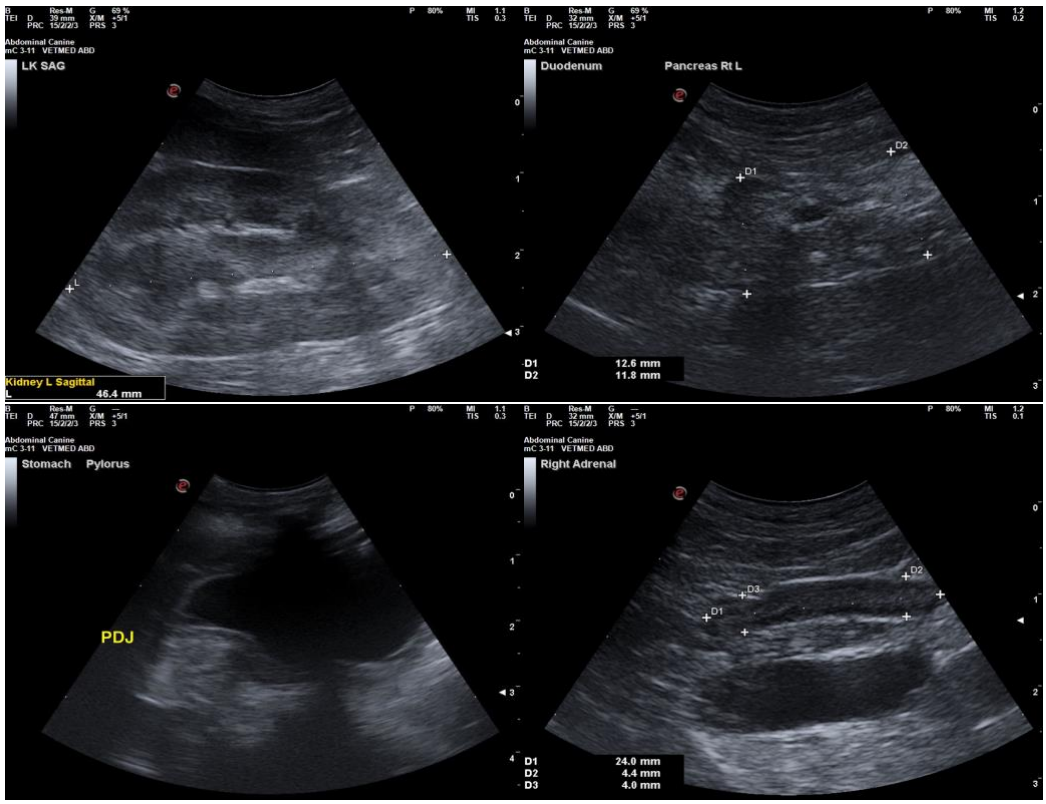

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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