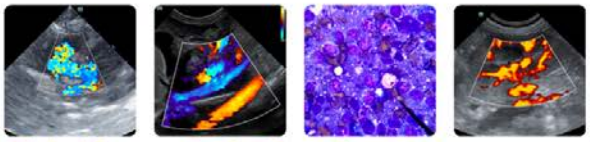

PATIENT

Gracie Catlin

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 Years

WEIGHT

2.97 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

75223

DATE

5/18/26

PRESENTING CLINICAL SIGNS

RAETC yesterday for not eating- diagnosed with pancreatitis, dh/v, continued inappetence brought o in today. O reports less belly noise and hasn't vomited. no bms currently

Abnormal PE/Chem/CBC/UA Results: Eyes: Nuclear sclerosis OU; Corneas clear and bright, no discharge or erythema, PLR and palpebral/menace intact OU Oral Cavity: Mucous membranes pink/moist, CRT <2s, heavy calculus/gingival erythema, sublingual clear Cardiovascular: Intermittent grade 1/6 left systolic murmur; No arrhythmias, pulses strong/synchronous Abd: mild cranial organomegaly and slight discomfort on deep palpation Integument: Normal skin/haircoat, no evidence of ectoparasites; matted hair coat M/S: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL; bilateral stifle swelling and crepitus Chem: Creat 2.6 (H) BUN 75 (H) Phos 14.5 (H) ALT 146 (H) cPL: >2,000 (H) EPOC: pO2 127.8 (H) cSO2 98.0 (H) Bicarb 11.4 (L) TCO2 11.1 (L) pH 7.185 (L) BE,ECF -16.9 (L) K 3.2 (L) BUN 67 (H) Creat 2.98 (H)

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 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. Left kidney measured 2.8 cm. Right kidney measured 3.4 cm.

Adrenal Glands

The bilateral adrenal glands were borderline enlarged. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Left adrenal gland measured 0.65 cm at the caudal pole. Right adrenal glandmeasured 0.58 cm 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

Subjective mild hepatomegaly noted. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild, non-organized, non-dependent debris. 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. Pylorus wall measured 0.44 cm. The lumen of the stomach was empty with mild luminal gas.

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 to the level of the colon. Jejunum wall measured 0.34 cm. Duodenum wall measured 0.34 cm.

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

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

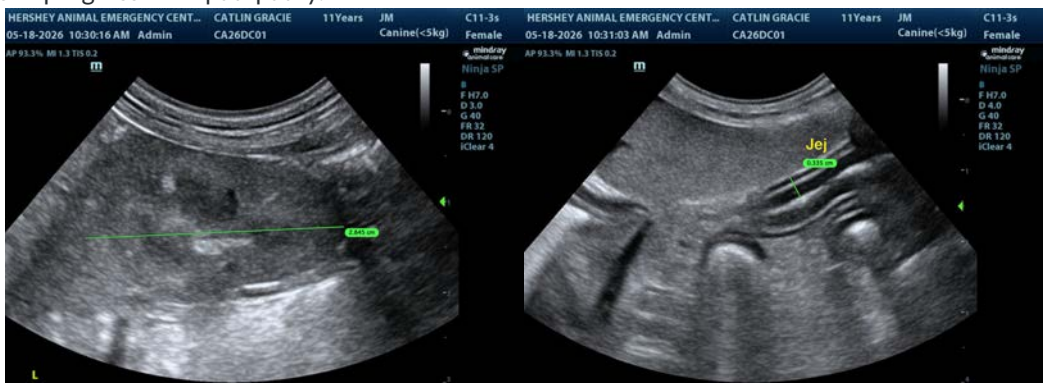
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis with fibrosis.
- Mild benign hepatopathy. Non-organized gallbladder debris (non-mucocele).
- Mild chronic renal changes.
- Borderline bilateral adrenomegaly.
- Sonographically unremarkable gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full GI panel to include PLI, TLI, cobalamin and folate is suggested to correlate with the pancreas and assess for non-structural intestinal disease which may present sonographically normal as a contributing factor. The liver suggests mild benign hepatopathy criteria with considerations including reactive or mild to low-grade inflammatory hepatopathy with non-clinical cholestasis given ALT elevation and presence of gallbladder debris. Adrenal screening could be considered if clinical signs consistent with Cushing's syndrome arise. Empirical therapy for chronic pancreatitis with hepatogastrointestinal support and monitoring recommended. Recheck sonogram if progressive or non-responsive clinical signs or progressive hepatopathy.



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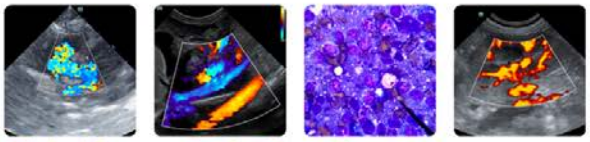

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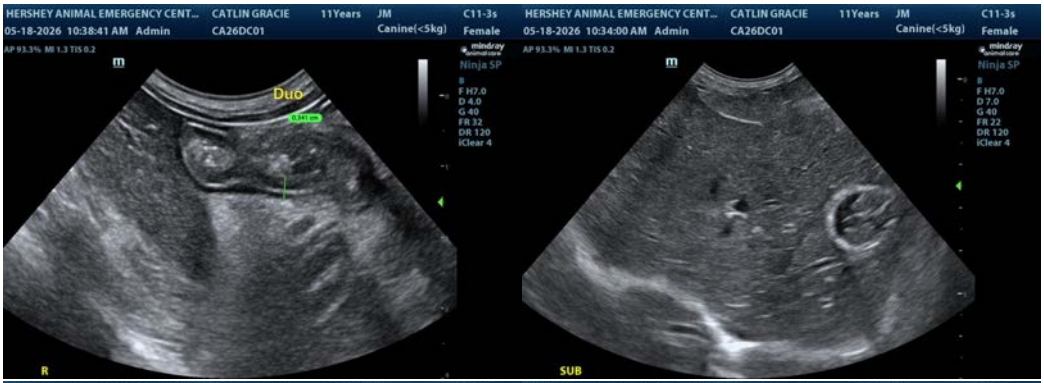

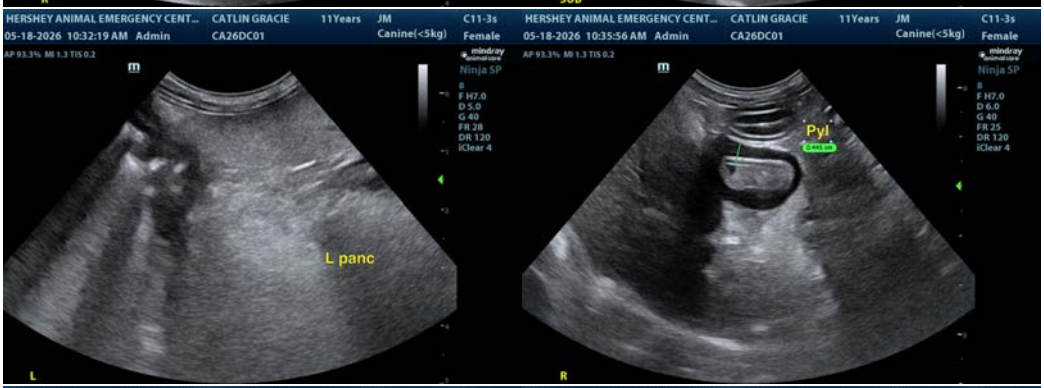

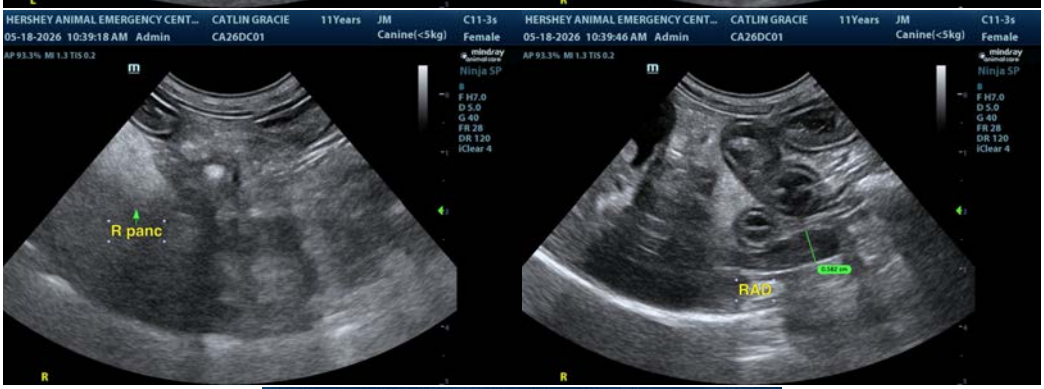

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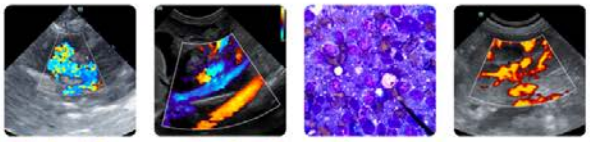

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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