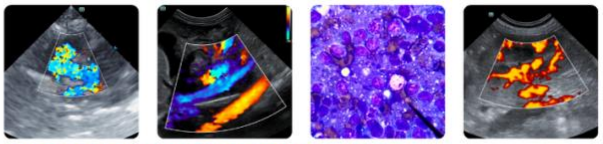


PATIENT

Cookie Pagan

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

16.2 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. Aida Balestra

INVOICE

16519

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to being Dx with Pancreatitis. Px visited emergency vet due to vomiting and diarrhea and was hospitalized for 3 days. Px was stabilized and then discharged, but then the diarrhea persisted so Px then visited rDVM. Owner reports that Px is not inappetent, the consistency of the feces is now normal, and that Px has been urinating more frequently. Px is currently on a homemade diet consisting of pumpkin, rice, and boiled chicken.

Abnormal PE/Chem/CBC/UA Results: rDVM record attached below for your reference.

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 change were noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate bilateral pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 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 0.55 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.

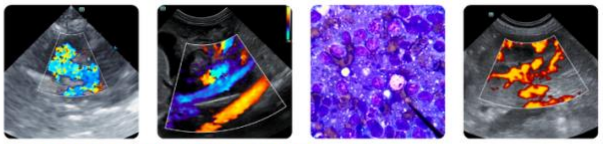
Liver & Gallbladder

The liver 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 congealed gravity dependent primarily caudal lumen debris. The common bile duct was not visualized.

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.



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The small intestine presented nonthickened wall exhibiting possible propensity for mildly prominent duodenojejunal mucosa layer. The duodenum wall measured 0.57 cm wall width. The jejunum wall measured 0.37 cm wall width. Intact subjective mildly prominent ileum wall measuring 0.30 cm wall width.

The colon presented with mildly prominent intact wall layering containing semi formed fecal matter. The descending colon wall measured 0.32 cm wall width.

Pancreas

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

Free Abdomen

Minor mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Non-thickened intact, small intestine exhibiting subjective prominent mucosa layer.
- Probable resolving to possible persistent low-grade ileocolitis.
- Probable chronic pancreatitis with remodeling.
- Chronic renal changes with mild bilateral pyelectasia.
- Non-organized gallbladder debris (non-mucocele).
- Normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered less likely given normal adrenal presentation, yet in conjunction with reported possible PU/PD, screening cortisol level to rule out occult Addison's disease is suggested. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

The mild bilateral pyelectasia is suspected to be secondary to chronic renal changes or pelvic scarring. Correlation with urinalysis and suggested screening culture/sensitivity +/- UPC level if evidence of non-inflammatory proteinuria for renal staging is suggested. Sonographic monitoring is indicated if recurrent gastrointestinal signs.

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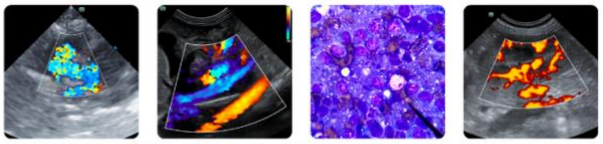

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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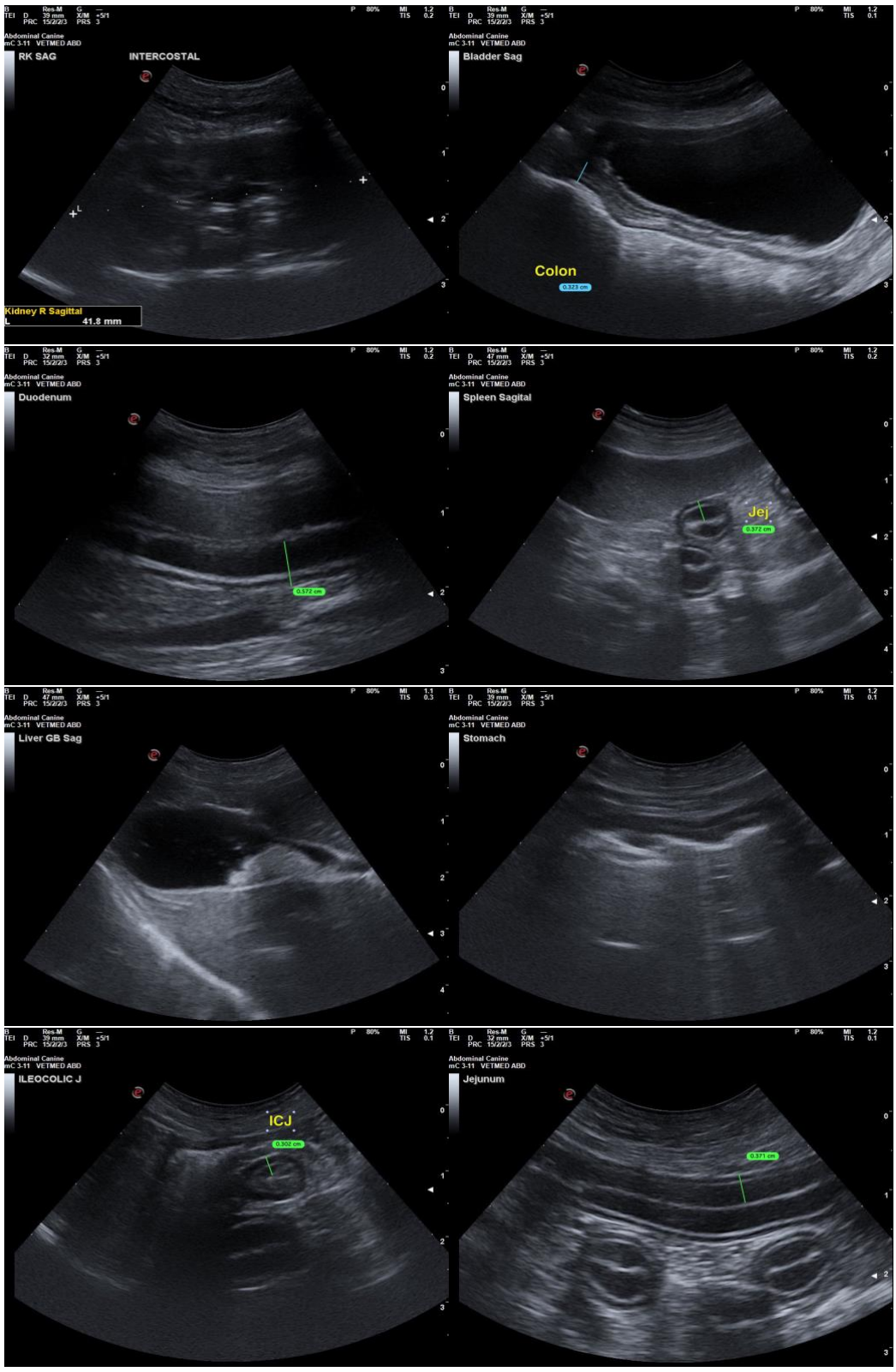

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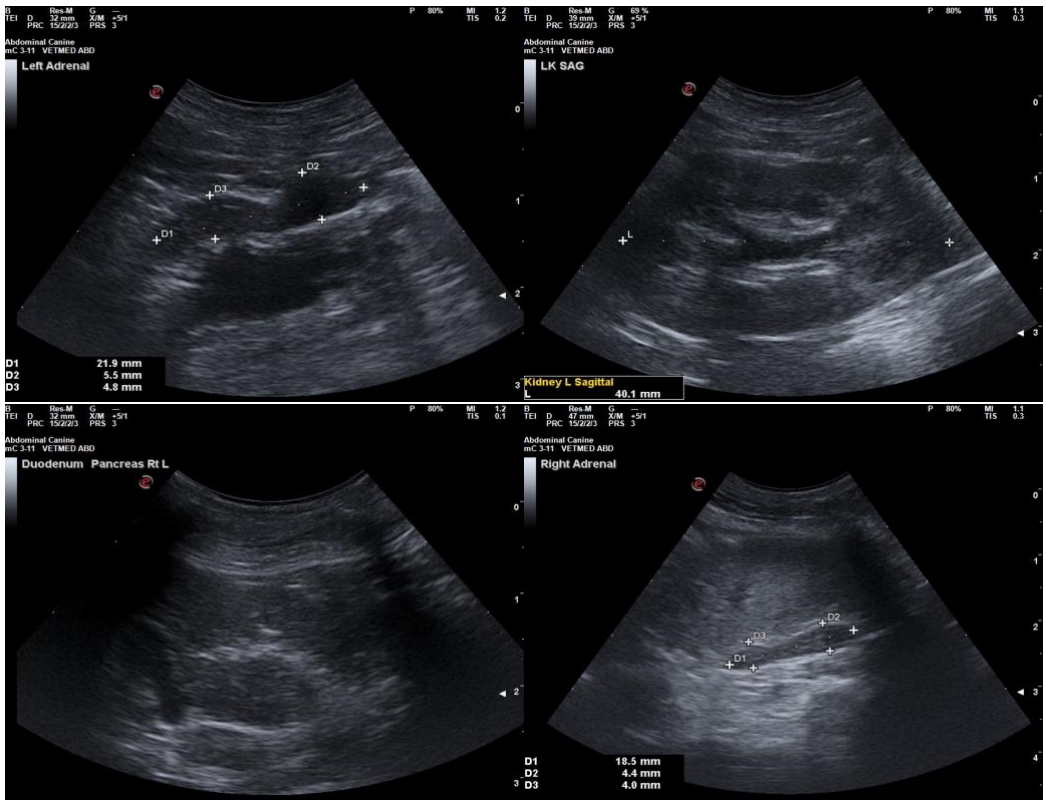

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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