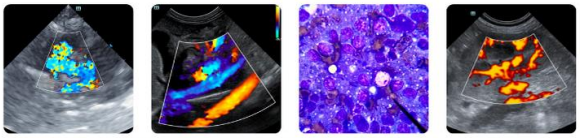

PATIENT

Charlie Harris

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

8.5 yrs

WEIGHT

8.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Webster

INVOICE

10932

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Diabetic, diagnosed in 204. Was getting 8units BID. Friday May 22 presented for hypoglycemia and had 2-3 seizures.

Extracap surgery May 7, 26 and had been on Metacam post op. Was doing well at home and healing well. While in clinic had ferocious appetite. Over the weekend after discharge there was a decline in energy and appetite. No improvement noted with Cerenia added May 27. BG values remain high/ within normal on Friday. Stopped Insulin then restarted Wednesday. Has been on Caninsulin 2IU BID.

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. Mild, nondependent, particulate 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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. No evidence of pyelectasia was noted in either kidney. The left kidney measured 5.0 cm in length. The right kidney measured 5.4 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 0.47 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 0.47 cm width at the caudal pole.

Spleen

The spleen was subnormal in size, consistent with volume contraction, exhibiting 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 enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The

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hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-organized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing chyme / fluid was present.

The duodenum exhibited subjective, mildly thickened wall layering, given the patient's body weight. Maintained duodenum wall layer detail was noted with mildly increased duodenal mucosa echogenicity and subtle duodenal corrugation. Mild nonobstructive duodenal ileus was present. The duodenum wall measured 0.53 cm width. Visualized segments of jejunum exhibited an intact, non-thickened wall and maintained wall layer ratio. Mild segmental nonshadowing chyme and lumen gas were present. The jejunum wall measured 0.35 cm width.

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

Pancreas

The pancreas base and right pancreas were normal in size with mild asymmetrical contour and mild nonhomogeneous remodeled parenchyma. Mildly prominent pancreatic duct was noted. Mild peripancreatic hyperechoic omentum was present.

Free Abdomen

No evidence of peritoneal effusion was noted. No significant omental lymphadenopathy was visualized.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained nonshadowing fluid / chyme
- Mildly thickened corrugated duodenum exhibiting intact wall layering and mild nonobstructive duodenal ileus
- Mildly prominent nonhomogeneous pancreas base / right pancreas with mild peripancreatic hyperechoic omentum
- Volume contracted spleen
- Hepatomegaly
- Mild gallbladder debris (non mucocele)
- Mild urine sediment

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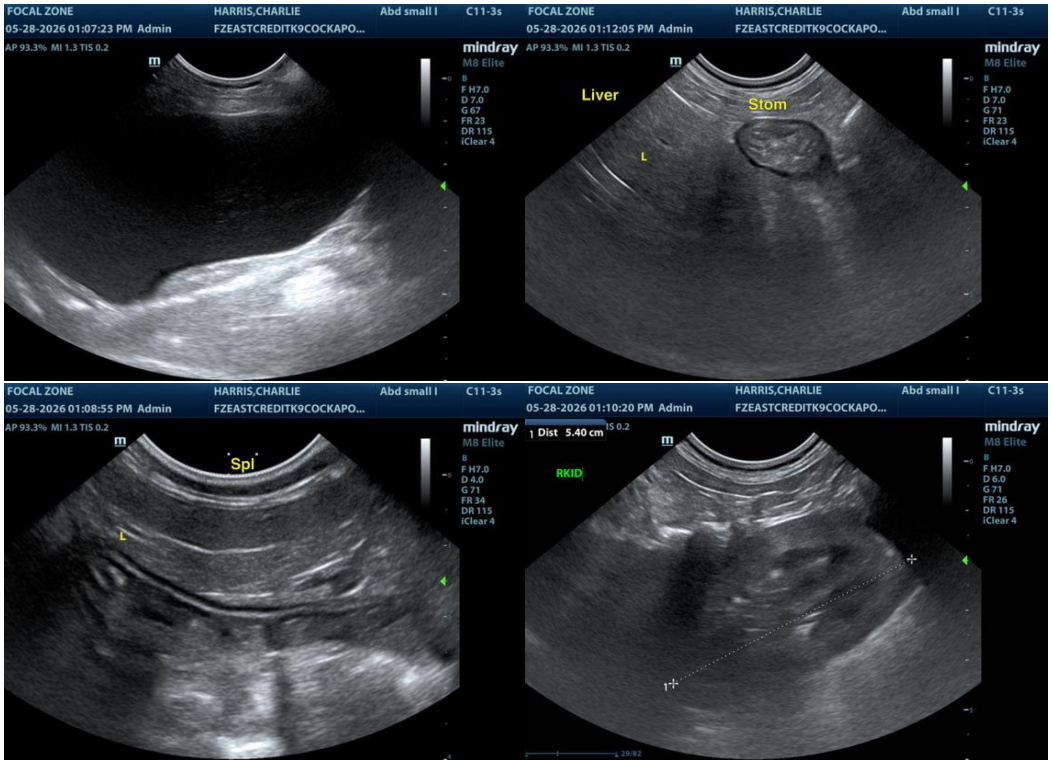
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to chronic active pancreatitis and associated to secondary duodenitis is suspected. There is no evidence of mechanical gastrointestinal obstruction.

The liver is most consistent with benign hepatomegaly criteria and suggestive of metabolic, diabetic, or vacuolar hepatopathy presentation. Minor potential for occult to emerging duodenal or hepatic neoplasia is thought less likely. Urinalysis to assess for evidence of ketonuria / glucosuria or inflammatory sediment, as well as spec cPL, is recommended.

Supportive care for chronic / chronic active pancreatitis and suspect upper intestinal inflammation with clinical and sonographic monitoring is recommended.



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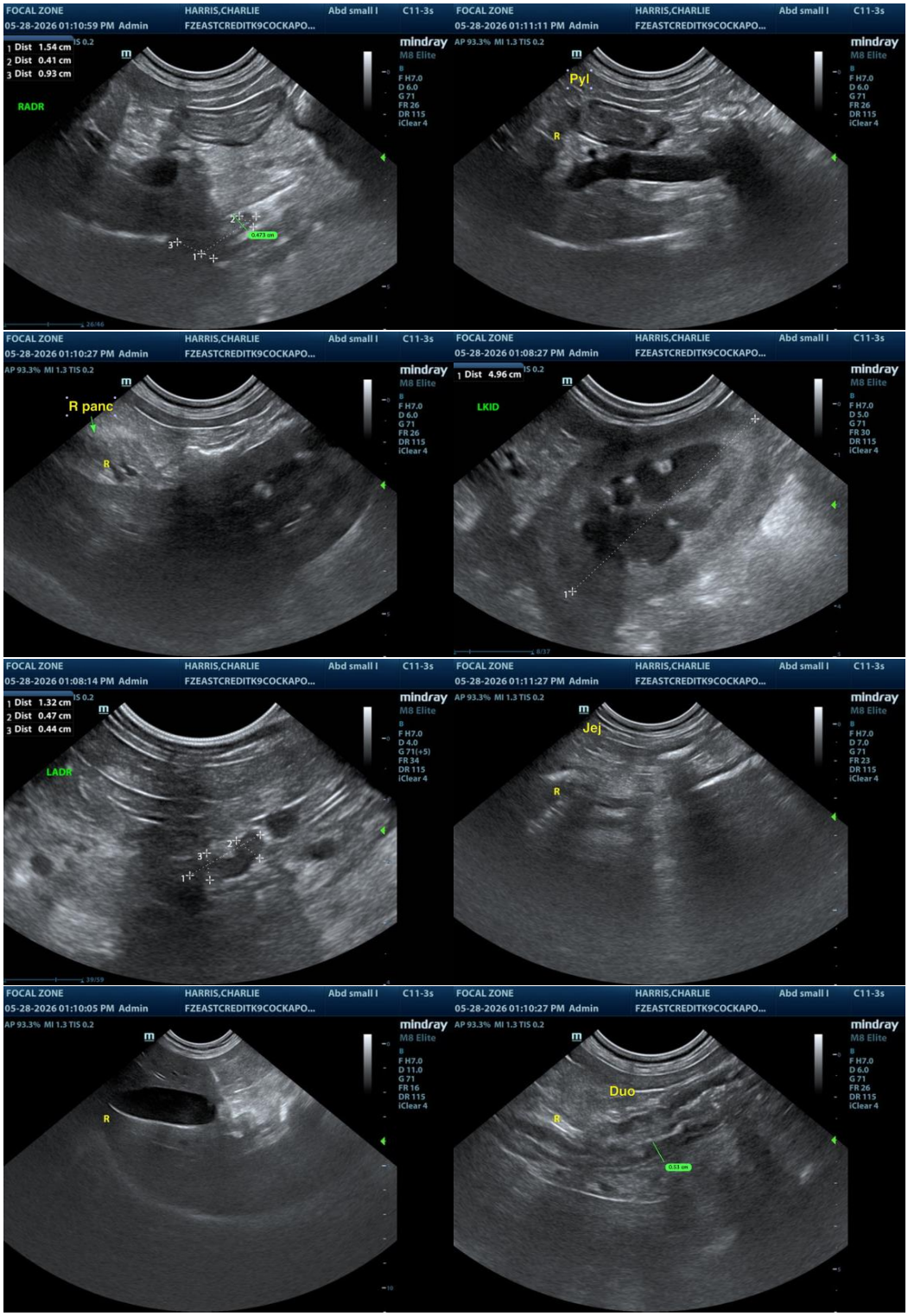

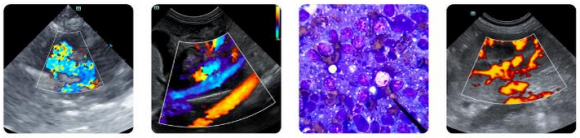

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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