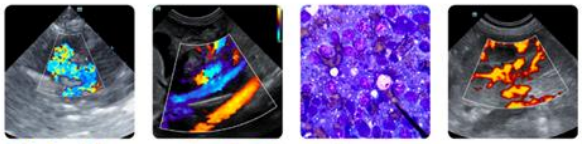


PATIENT

Zeke Heron-Olds

SPECIES

Canine

BREED

Chihuahua

SEX

MN

AGE

10yr

WEIGHT

4.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

MIchael Schacher

HOSPITAL NAME

Emergency Veterinarians of Idaho

REFERRING VET

Juli Sorenson

INVOICE
24975

DATE
05/28/2026

PRESENTING CLINICAL SIGNS

previously diagnosed with pancreatitis, patient was going downhill at home and owner returned for further care

Abnormal PE/Chem/CBC/UA Results: hypokalemia (mild), mid hypoalbuminemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland subjectively measured 0.32 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 0.46 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.

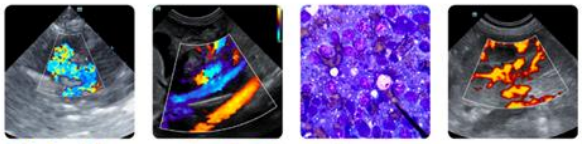
Liver/Gallbladder

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 mild thickened wall. Intact wall layering was maintained and distinct. The gastric lumen was empty with mild gas.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Subjective decreased mural echogenicity with mildly enhanced to hyperechoic submucosal layer.



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Minor segmental duodenojejunal ileus without mechanical obstructive pattern to the level of the colon.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to subtly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Indistinct pancreatic capsule compared to adjacent non-reactive or inflamed omentum

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific gastroenteropathy
- Mildly hyperechoic remodeled pancreas-chronic pancreatitis with possible mild fibrosis and parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant / active pancreatitis with low-grade to chronic pancreatitis possible. If gastrointestinal signs are present, a primary gastroenteropathy in conjunction with mid hypoalbuminemia and emerging intestinal protein loss may be a primary concern. Non-specific inflammatory bowel disease, potentially acute or acute on chronic, in conjunction with low-grade to chronic pancreatitis, emerging to occult intestinal neoplasia, infectious disease, dietary intolerance /indiscretion all potentials.

A GI panel to include PLI/TLI/Cobalamin/Folate and screening cortisol level are recommended. Supportive care, including gastrointestinal support with clinical and sonographic monitoring, as well as monitoring of electrolytes and serum ALB level is recommended at this stage.

Recheck sonogram if persistent or non-responsive gastrointestinal signs or progressive lab work abnormalities is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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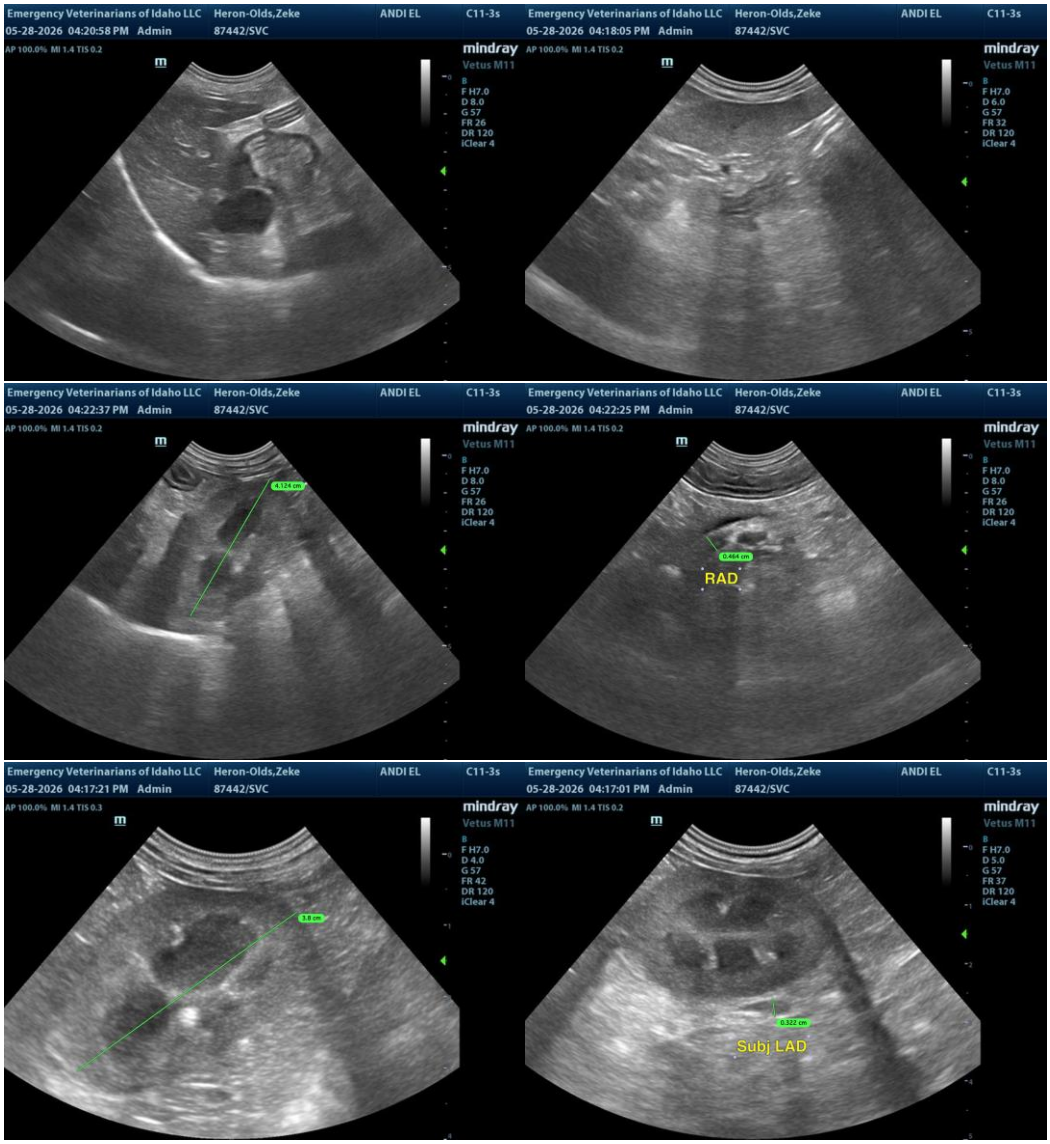

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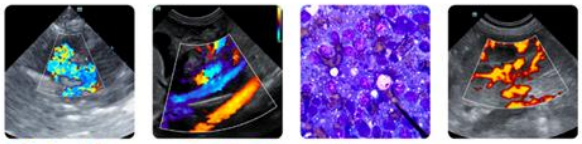

Clinical Sonography & Telecytology
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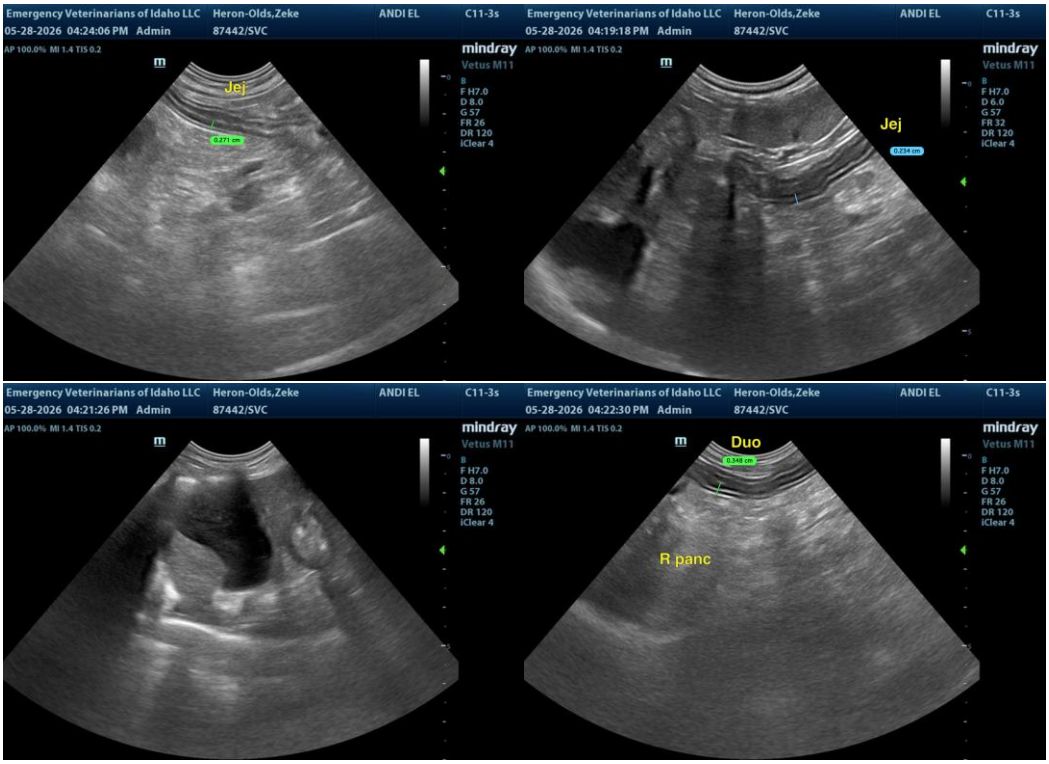

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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