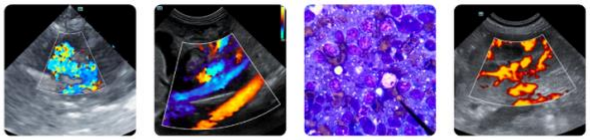


PATIENT

Jax Arnold

SPECIES

Canine

BREED

Miniature Pinscher/Chihuahua Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

27.6 Pounds

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. E. Stevens

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. E. Stevens

INVOICE

35706

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Presented to clinic on 4/20 for 1 week of anorexia, vomiting, PU/PD. Overdue for Rabies vaccine, no history of DHLPP or Bordetella vaccines. Not current on monthly parasite prevention. Fed Purina Beef dry food and a plethora of people food including hamburgers and hot dogs. Managed in clinic since 4/20 with supportive care (IVF, Vetsulin, Cerenia, Famotidine, B12, Penicillin, Buprenex, Reglan). Client unable to pursue referral due to financial constraints. Pet still anorexic in clinic and has regurgitated after drinking water in clinic. No improvement in appetite noted. QAR in cage.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and SOAP results uploaded to file - please see attached. CBC- Leukocytosis with left shift and neutrophilia with monocytosis on 4/20. CHEM- GLU 369, Na 141, K 3.2, Cl 91, ALB 4.4, ALP 469, CHOL 370, QPL 531 (0-200). UA performed on 4/23 (free catch)- SG 1.024, PRO 500, GLU 1000, KET 150, BLD 250, WBC 3/hpf, rods present, non-hyaline cast >1/LPF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing small amount of floating hyper echogenic sediment, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Small hyperechogenic prostate was noted.

Normal renal size, with increased echogenic appearance of the cortex, normal corticomedullary differentiation, pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys. The left kidney measured 4.6 cm. The right kidney measured 5.4 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.45 cm in width. The right adrenal gland measured 0.46 cm in width.

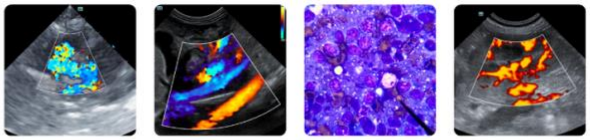
Spleen

Normal size (1.0 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

The liver was enlarged with rounded edges, with a diffuse increased echogenic appearance, normal portal markings and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder



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Full gallbladder, containing moderate amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The pancreas was normal in size with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Hepatopathy
- Urinary bladder sediment
- Gallbladder sediment
- Renal pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with acute pancreatitis. The most likely etiology for the hepatopathy would be metabolic secondary to the diabetes, with reactive hyperplasia a possible differential diagnosis secondary to the pancreatitis. The most etiology for the urinary bladder sediment would be bacterial cystitis as per the patient's history. Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended. Etiologies for the renal pathology would be lipid deposition and diabetic nephropathy. Management would be to continue with the current therapy but consider nutritional support via nasogastric tube feeding.

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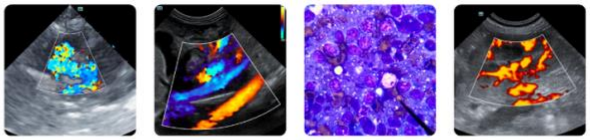

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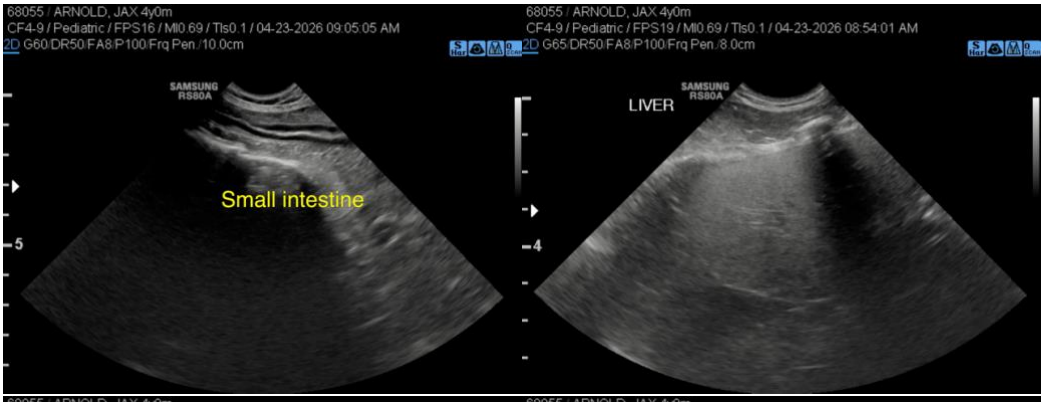

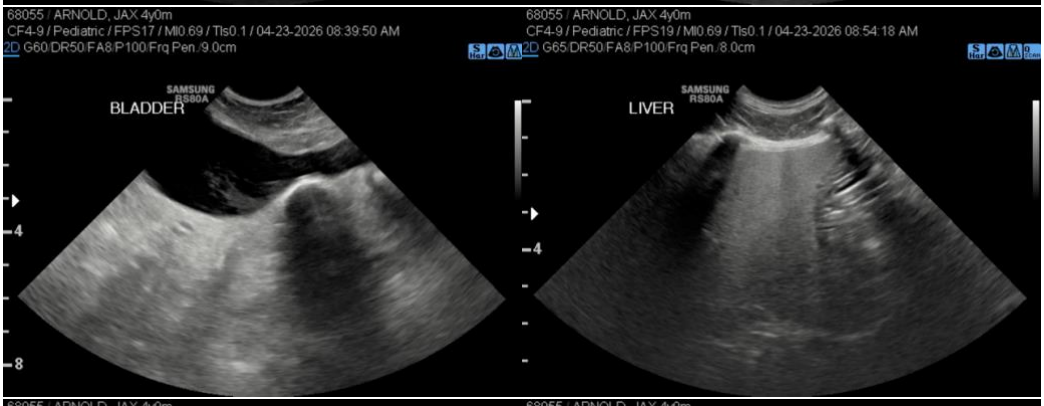

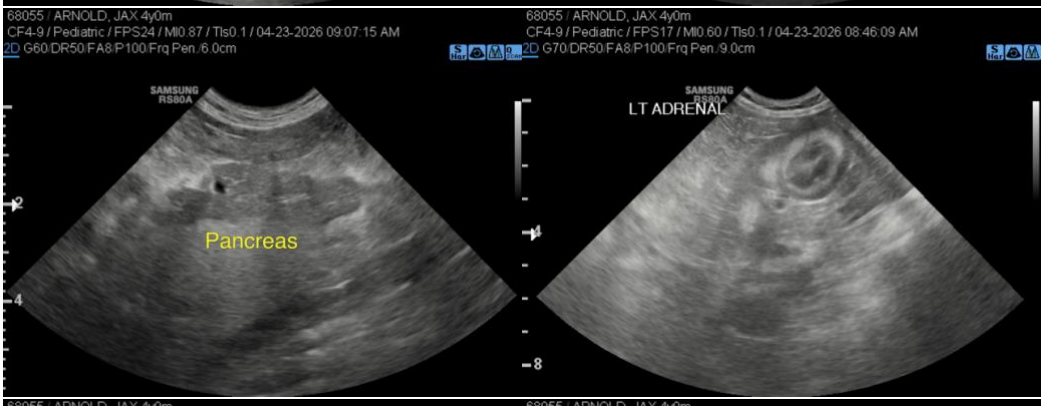

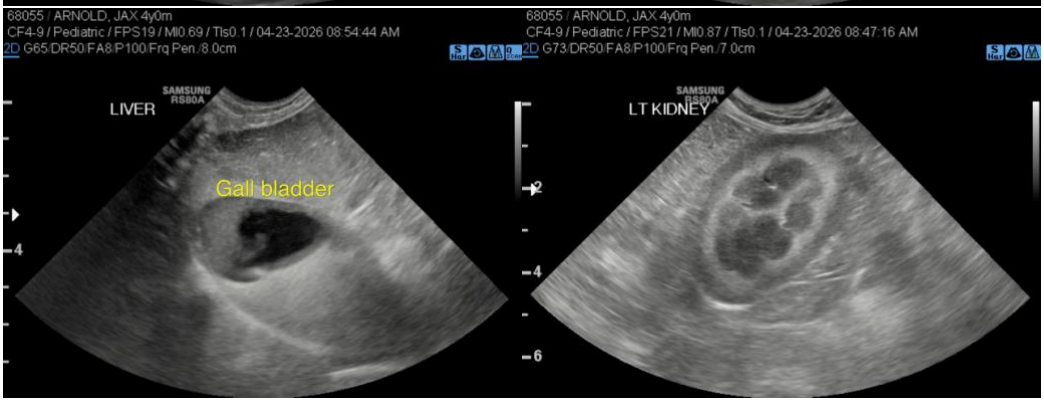

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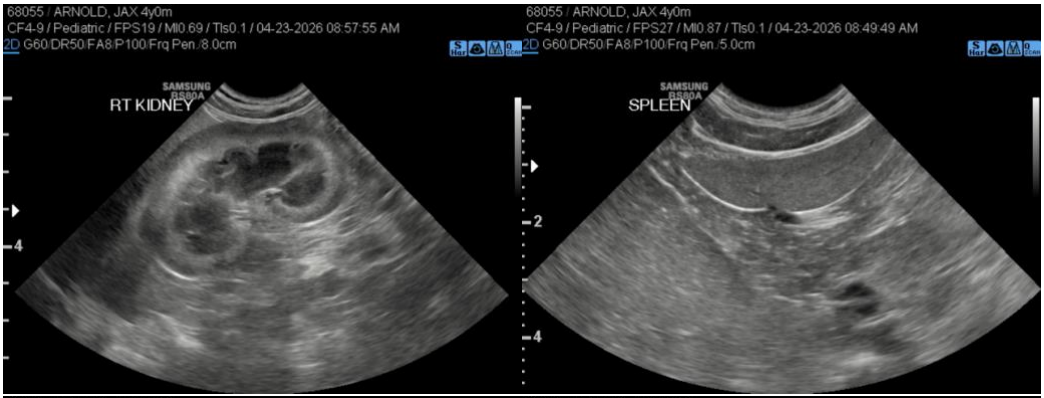

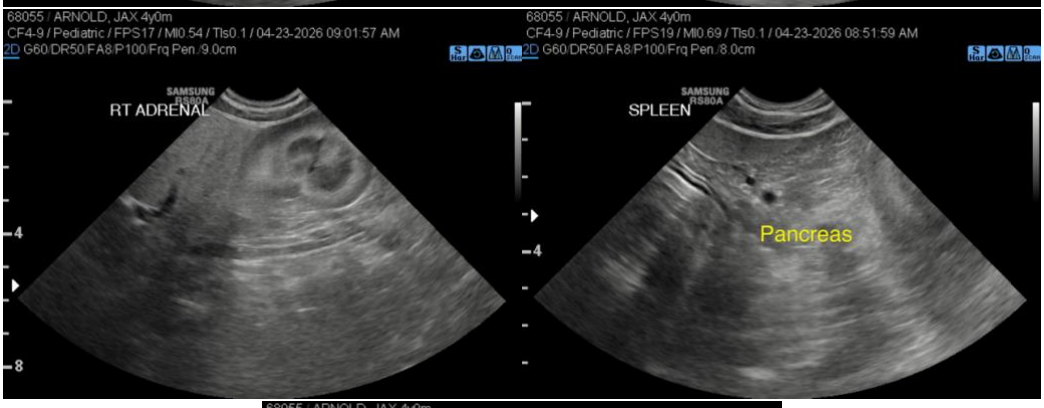

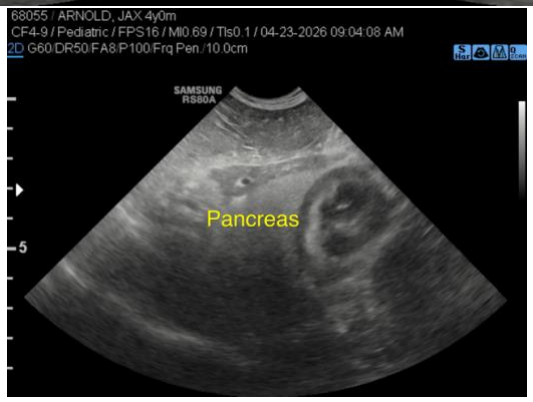

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com