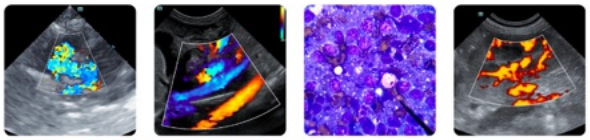


PATIENT

Winston Mackenzie

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Neutered male

AGE

6 years

WEIGHT

13.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Coach Hill AH

REFERRING VET

Dr. Barker

INVOICE

75164

DATE

5/4/26

PRESENTING CLINICAL SIGNS

History: Abdominal discomfort/pain, inappetence, mild diarrhea, Bradycardic/tachypneic.
Abnormal PE/Chem/CBC/UA Results: PSL approx. 9000. Mild ALT elevation Otherwise labwork is NSF. Chest rads unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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.

Normal renal size (left measured 5.5 cm, right measured 4.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

Adrenal Glands

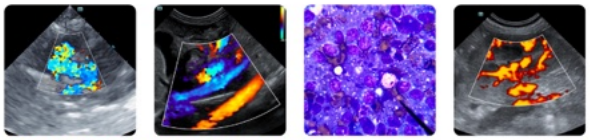
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.48 cm and 0.41 cm in width. The right adrenal gland measured 0.55 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A large, irregular, mottled echogenic, poorly vascularized mass was noted originating off the tail of the spleen measuring 3.4 x 4.4 cm in size. The spleen measures 1.2 cm in width.

Liver

Normal size with a diffuse, mottled, echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are diffuse, hypoechogenic, parenchymal and measure up to 0.3 x 1.5 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. 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. The duodenum measured 0.47 cm, small intestine measured 0.44 cm. Fecal material is present in the colon.

Pancreas

The pancreas revealed a large left lobe (1.7 cm in width), normal size of the right pancreas (1.0 cm in width). Both lobes had a hypoechogenic appearance and an irregular capsule. A hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites evident in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Nodular hepatopathy.
- Splenic mass.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the nodular hepatopathy would be nodular hyperplasia, granulomatous disease, chronic active hepatitis and possibly infiltrative neoplasia.

Etiologies for the splenic mass would be hematoma, granuloma and neoplasia.

The ascites can be ascribed as secondary to either the pancreatitis or splenic mass.

Further assessment (once the pancreatitis has resolved) would be echocardiography to evaluate the right atrium and right auricle and FNA cytology of the liver and possibly the splenic mass.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

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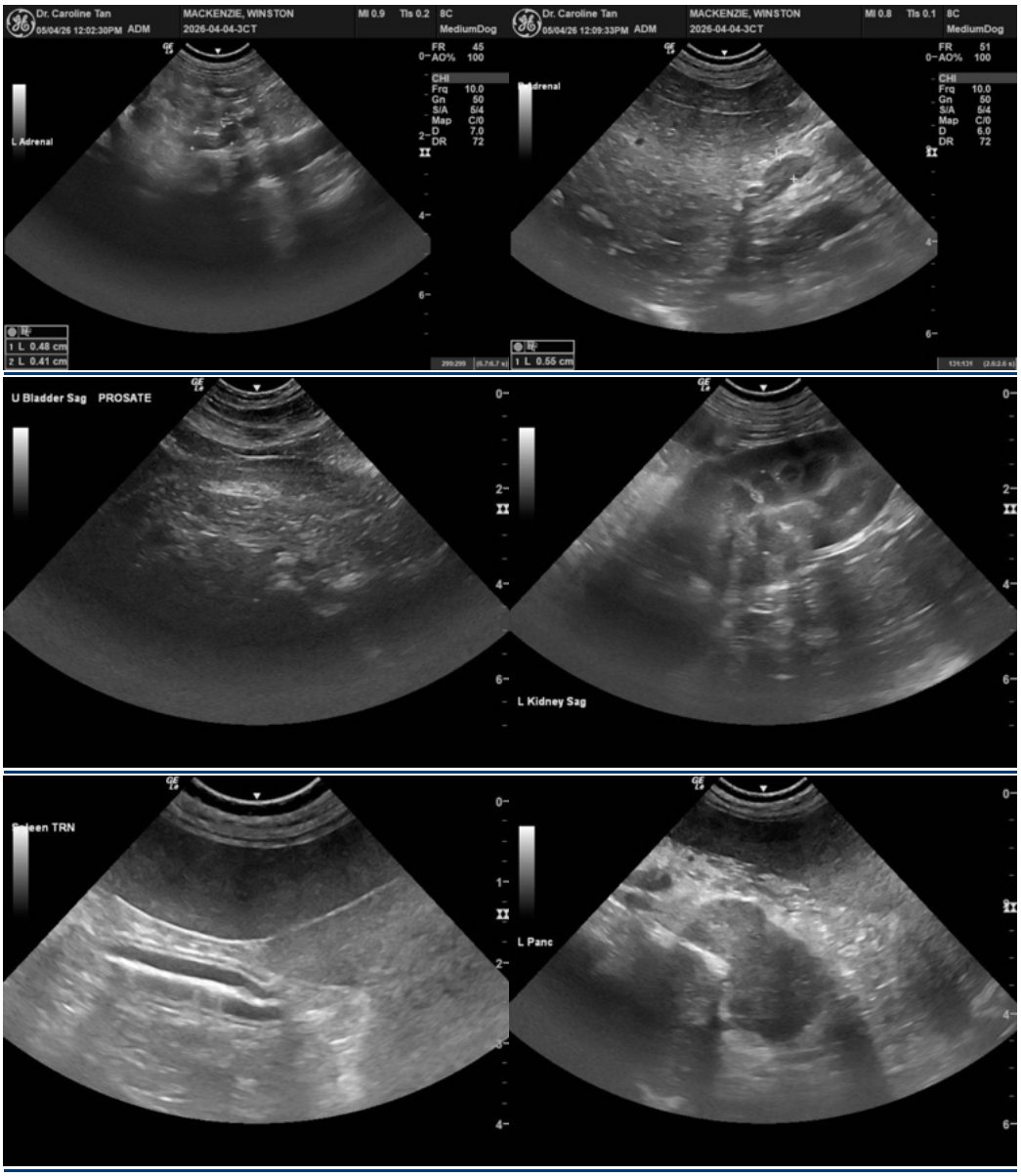
If metastatic disease has been excluded then splenectomy would be indicated.

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, opioid analgesics, antiemetics, and feeding small frequent meals of a low-fat intestinal diet. The use of fuzapladib (Panoquell) could also be considered.



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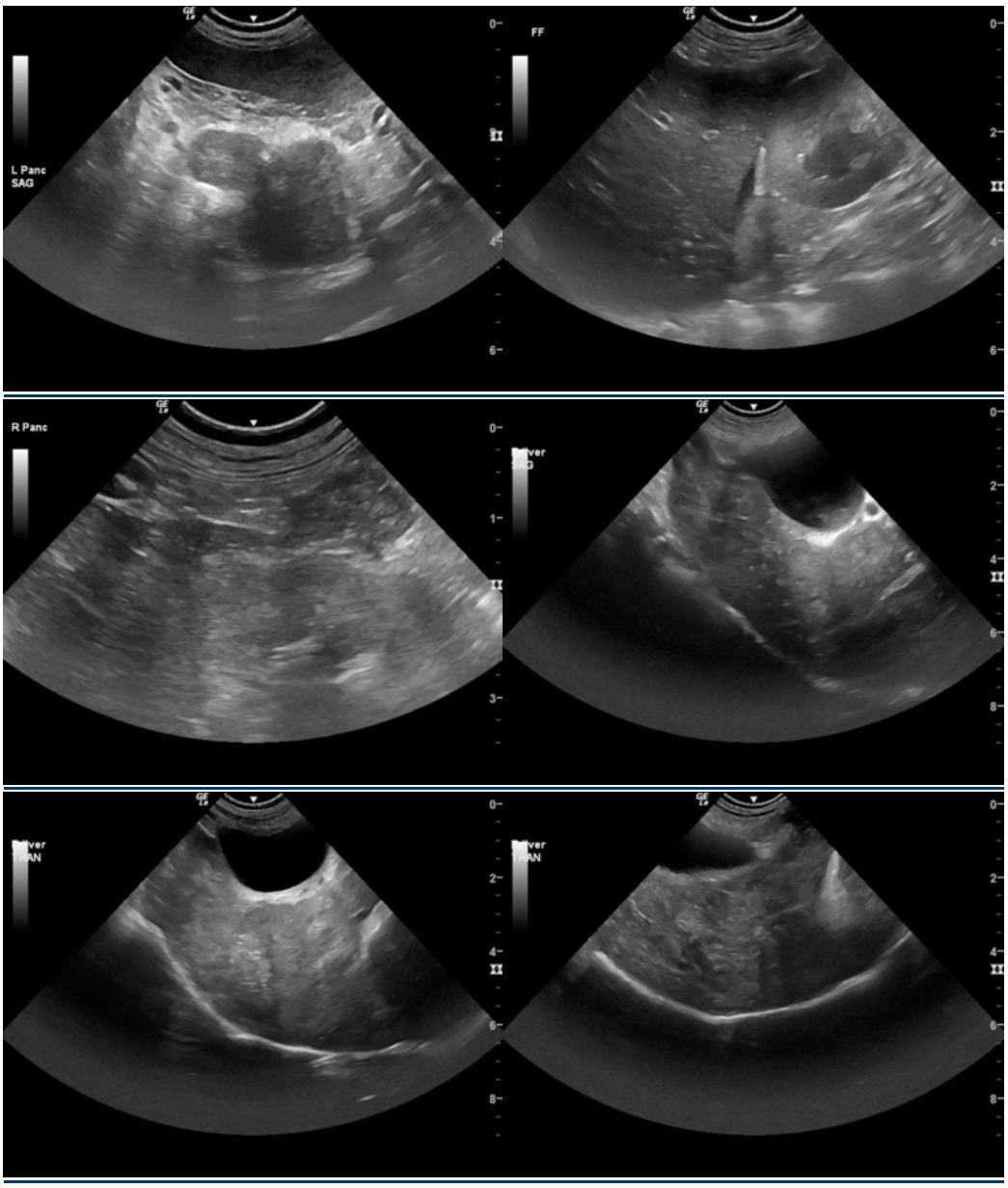

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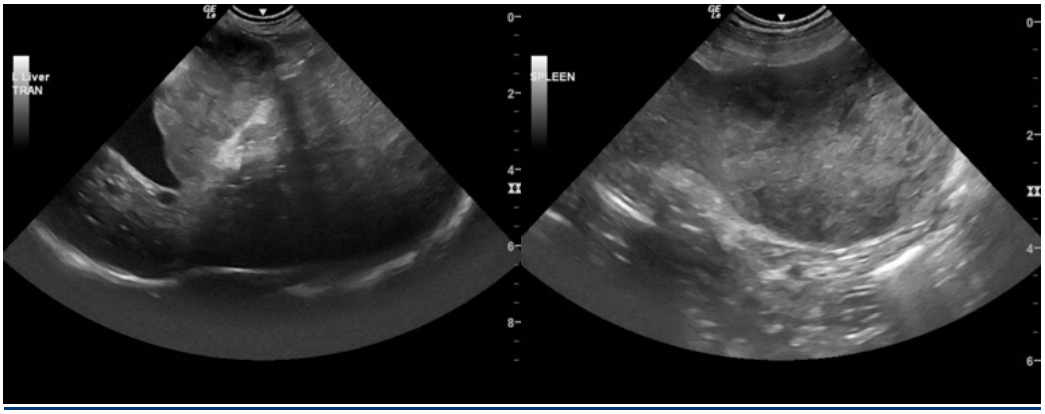

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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