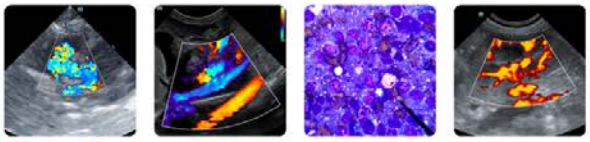


PATIENT

Lady Gray

SPECIES

Canine

BREED

GSP

SEX

Spayed Female

AGE

14

WEIGHT

48.2 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Ricky

HOSPITAL NAME

Emergency AH of Crystal Falls

REFERRING VET

Anna Ledoux, DVM

INVOICE

74201

DATE

4/5/26

PRESENTING CLINICAL SIGNS

Signs started yesterday morning- vomited. Drooling. Last vomit was around 3pm yesterday when at the vet. Went to Buttercup. Labwork attached- increased pancreatic enzymes, CPL >2000. BUN 43 Crea 2.5. Mild liver enzyme elevations. Treated as an outpatient- SC fluids and cerenia. Ate a little yesterday evening and drank some. This morning is weaker, not wanting to walk, not eating or drinking. History of kidney disease. Feed NF. In general is a healthy 14 yo dog.

Abnormal PE/Chem/CBC/UA Results: Abdominal pain Elevated PSL amylase and lipase Historical mild azotemia Dehydration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is moderate pyelectasia present in the left kidney, with anechoic contents, measuring 5.0 mm in the transverse plane. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 5.3 cm. Right kidney measures 5.1 cm.

Adrenal Glands

The right adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland measures 4.9 mm at the caudal pole. The left adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

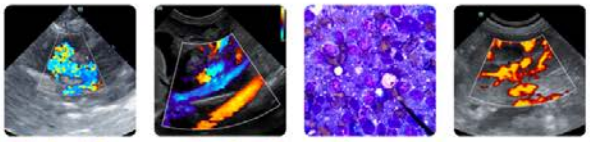
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a moderate amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 3.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The pancreas is not distinctly visualized, but there is hyperechoic omental fat observed in the region of the pancreas.

Free Abdomen

There is focal free fluid present within the cranial abdomen. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Steatitis and free fluid in the region of the left and right pancreas, supporting a diagnosis of acute pancreatitis
- Bilateral chronic renal changes, with left renal pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are consistent with acute, severe pancreatitis. Additional recommendations would include:

- Continued supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) are warranted. Panoquel-CA1 is recommended if available.
- A highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- Complications such as hypoalbuminemia, hyperglycemia and hypokalemia should be managed as they arise.
- If the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

The renal changes are typical of age-related degenerative change. Pyelectasia can be seen as part of degenerative renal changes, but can also be associated with pyelonephritis- thus, a urinalysis is recommended if not already performed, and if there is an active sediment, then urine culture and empiric antibiotic therapy would be recommended.

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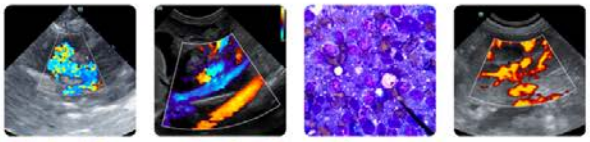

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com