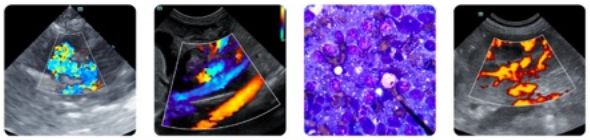


PATIENT

Cory Schinck

SPECIES

Canine

BREED

Miniature Golden Doodle

SEX

Spayed female

AGE

8 years

WEIGHT

26 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc. MV Esp Ultrasound in Domestic and Wild Animals

IMAGING PERFORMED BY

Dr. Gillian Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Gillian Striano Kaplan

INVOICE

69790

DATE

PRESENTING CLINICAL SIGNS

History of elevated pancreatic enzymes, no improvement on LF diet
CHLORIDE 107 108 - 119 mmol/L LOW TOTAL PROTEIN 7.7 5.5 - 7.5 g/dL HIGH AMYLASE 2234 337 - 1469 U/L HIGH LIPASE >1800 0 - 250 U/L HIGH RESULT VERIFIED BY REPEAT ANALYSIS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is slightly underdistended. The bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.72×2.65 cm, with a cortical thickness of 0.54 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.86×2.42 cm, with a cortical thickness of 0.53 cm in the sagittal plane. Both: The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. A prominent medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.48 cm at the cranial pole and 0.44 cm at the caudal pole and appears normal. The right adrenal gland could not be visualized.

Spleen

Splenic thickness measures 1.58 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture, with a small focal hyperechoic area measuring approximately 2 × 4.3 mm near the splenic hilus. The splenic capsule is smooth and regular.

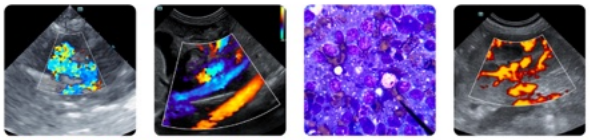
Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.34 mm and preserved wall layering. The pylorus is not clearly visualized. The duodenum measures 3.60 mm. The jejunum measures 3.35–3.67



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mm, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colonic wall measures approximately 0.76 mm, with a small amount of formed feces in the descending colon.

Pancreas

The visualized portions of the pancreas appear within normal limits. No increased echogenicity of the peripancreatic fat or focal peripancreatic fluid is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Visualized pancreas within normal limits. Acknowledging limited sensitivity of ultrasound, there is no definitive sonographic evidence of active pancreatitis.
- Prominent medullary rim sign.

SECONDARY FINDINGS

- Small focal hyperechoic splenic focus near the hilus (incidental).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The visualized portions of the pancreas appear normal, with no peripancreatic fat reactivity, focal fluid accumulation, or pancreatic enlargement. (However, ultrasound has limited sensitivity for pancreatitis, particularly in mild, chronic, or resolving cases, and a normal pancreatic ultrasound does not exclude clinically significant pancreatic disease).

The prominent bilateral medullary rim sign suggests renal tubular stress or altered renal perfusion, which may contribute to decreased clearance of serum amylase and lipase. In this context, the enzyme elevations may reflect a systemic or metabolic process with possible renal involvement, rather than primary pancreatic disease.

No alternative abdominal pathology is identified to explain the persistent biochemical abnormalities. The small focal hyperechoic splenic focus is most consistent with an incidental benign change (fibrosis or myelolipoma) and is unrelated to the pancreatic enzyme elevation.

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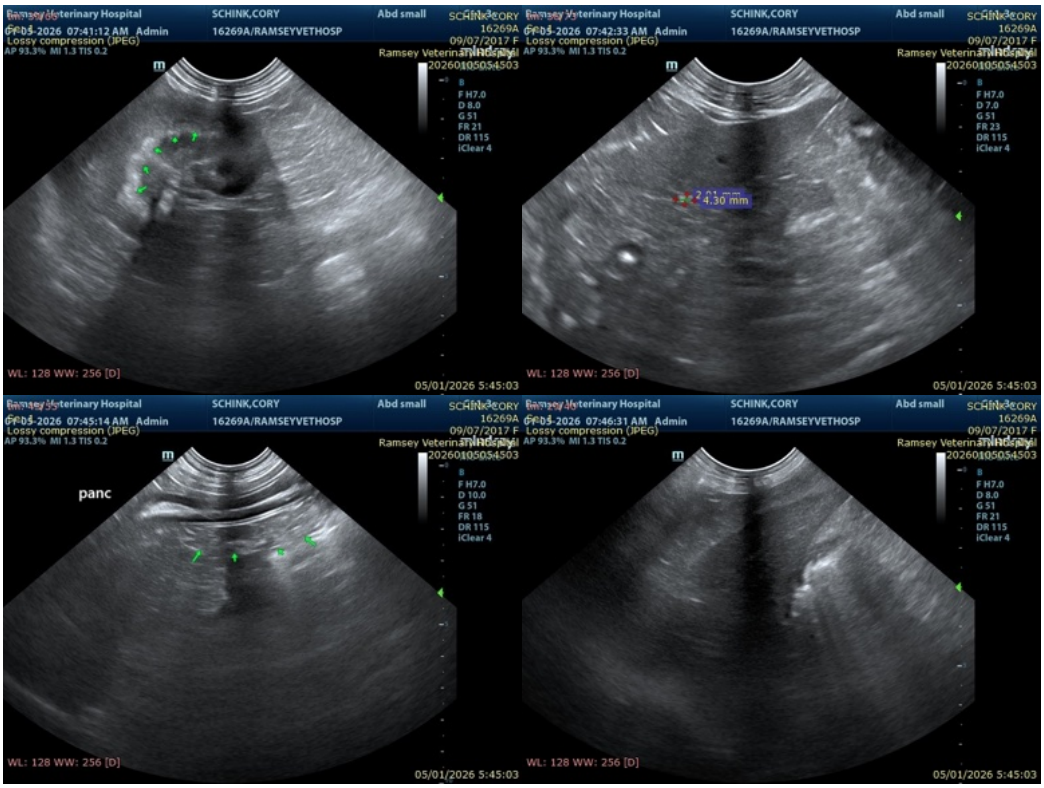
Recommendations

- Confirm pancreatic involvement with pancreas-specific testing: Perform canine pancreatic lipase (Spec cPL or equivalent) if not already obtained, recognizing that serum amylase and non-specific lipase elevations alone are not diagnostic of pancreatic disease.
- Investigate potential systemic or metabolic contributors (early diabetes mellitus, hypercortisolism, or other systemic inflammatory conditions), as these may contribute to altered renal tubular function and reduced enzyme clearance.
- Correlate renal findings with laboratory data (creatinine, BUN, SDMA if available), urinalysis, and hydration status to assess for functional or subclinical renal involvement, even in the absence of overt azotemia.
- Clinical monitoring and medical management: Interpretation and management should be guided by the patient's clinical status, which was not fully available at the time of image review. Correlation with the presence or absence of clinical signs consistent with pancreatitis is essential to determine the clinical relevance of the biochemical abnormalities.



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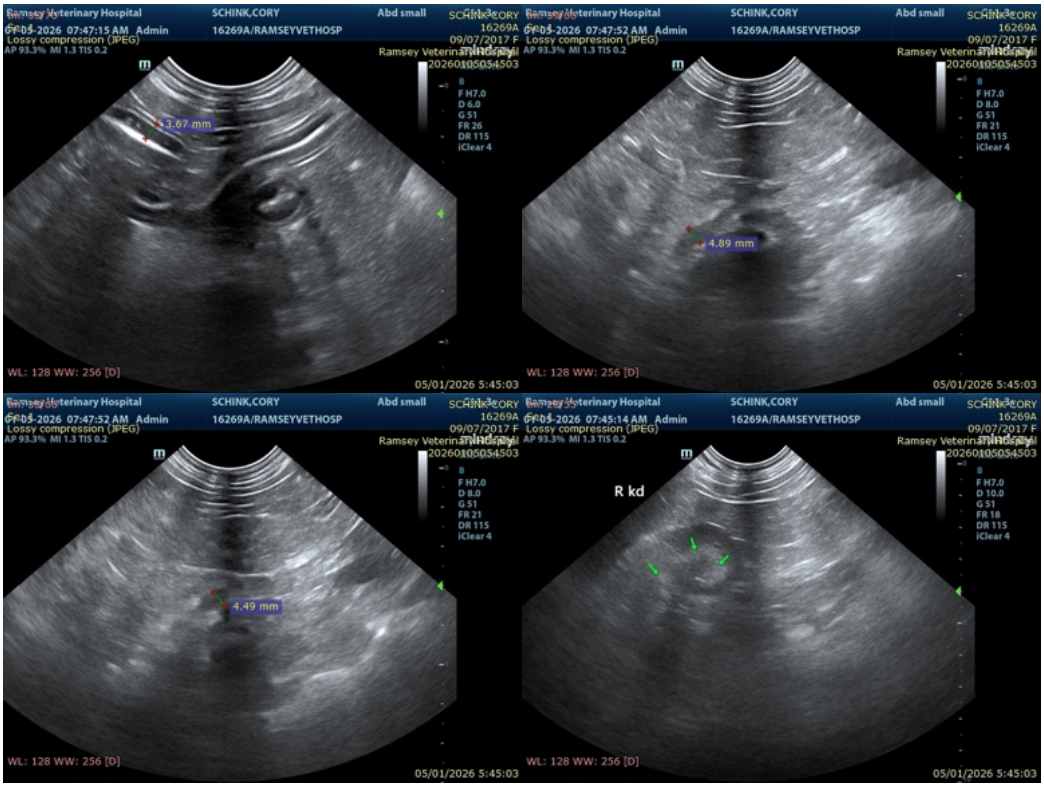

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com