



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Merlin Connolly	Diabetic – unregulated
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>**This entire report is based off still images versus videos.</b>
<b>BREED</b>	<b>Urinary System</b>
Yorkshire Terrier	The urinary bladder is not visualized in these images.  The prostate is not visualized in these images.  Kidneys are bilaterally uniformly enlarged/swollen with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery.
<b>SEX</b>	<b>Adrenal Glands</b>
Neutered Male	The right adrenal gland is not visualized in these images.  The left adrenal gland appears visibly normal and measures 1.69 cm long. Width measurements are unable to be obtained due to software glitch.
<b>AGE</b>	<b>Spleen</b>
11 Years	The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
<b>WEIGHT</b>	<b>Liver</b>
9.2 Pounds	Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
Beth Johnson, DVM DACVIM	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
<b>IMAGING PERFORMED BY</b>	
Dr. Leal	
<b>HOSPITAL NAME</b>	
Blairstown AH	
<b>REFERRING VET</b>	
Dr. Clegg	The stomach wall appears mildly thick, measuring 1.0 cm thick, with normal layering intact. lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.
<b>INVOICE</b>	
42191	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
<b>DATE</b>	
10/19/22	



<b>PATIENT</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Merlin Connolly	
<b>Pancreas</b>	
<b>SPECIES</b>	The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.
Canine	
<b>Free Abdomen</b>	
<b>BREED</b>	There is enhanced mesenteric fat present throughout what appears to be most of the cranial abdomen.
Yorkshire Terrier	
	There is no evidence of free peritoneal effusion noted in these images.
<b>SEX</b>	There is no apparent lymphadenopathy noted in these images.
Neutered Male	
	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<ul style="list-style-type: none"> <li>• <b>Acute pancreatitis with a mildly thick gastric wall</b> – likely secondary to gastritis/edema, etc. related to the pancreatitis versus an infiltrative disease.</li> <li>• <b>Hyperechoic hepatomegaly</b> - This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.</li> <li>• <b>Gallbladder debris</b> - Cholecytic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecytic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.</li> <li>• <b>Pyelonephritis</b> – These changes are most consistent with chronic pyelonephritis. Chronic scarring and fibrosis and/or chronic nephrolith passage can also result in these pelvic dilation changes. Early infiltrative disease cannot be ruled out but is considered less likely.</li> </ul>
11 Years	
<b>WEIGHT</b>	
9.2 Pounds	
<b>INTERPRETED BY</b>	
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	
Dr. Leal	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Blairstown AH	A quantitative PLI is recommended.
<b>REFERRING VET</b>	Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
Dr. Clegg	Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.
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<b>DATE</b>	
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**PATIENT**

Merlin Connolly

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

9.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

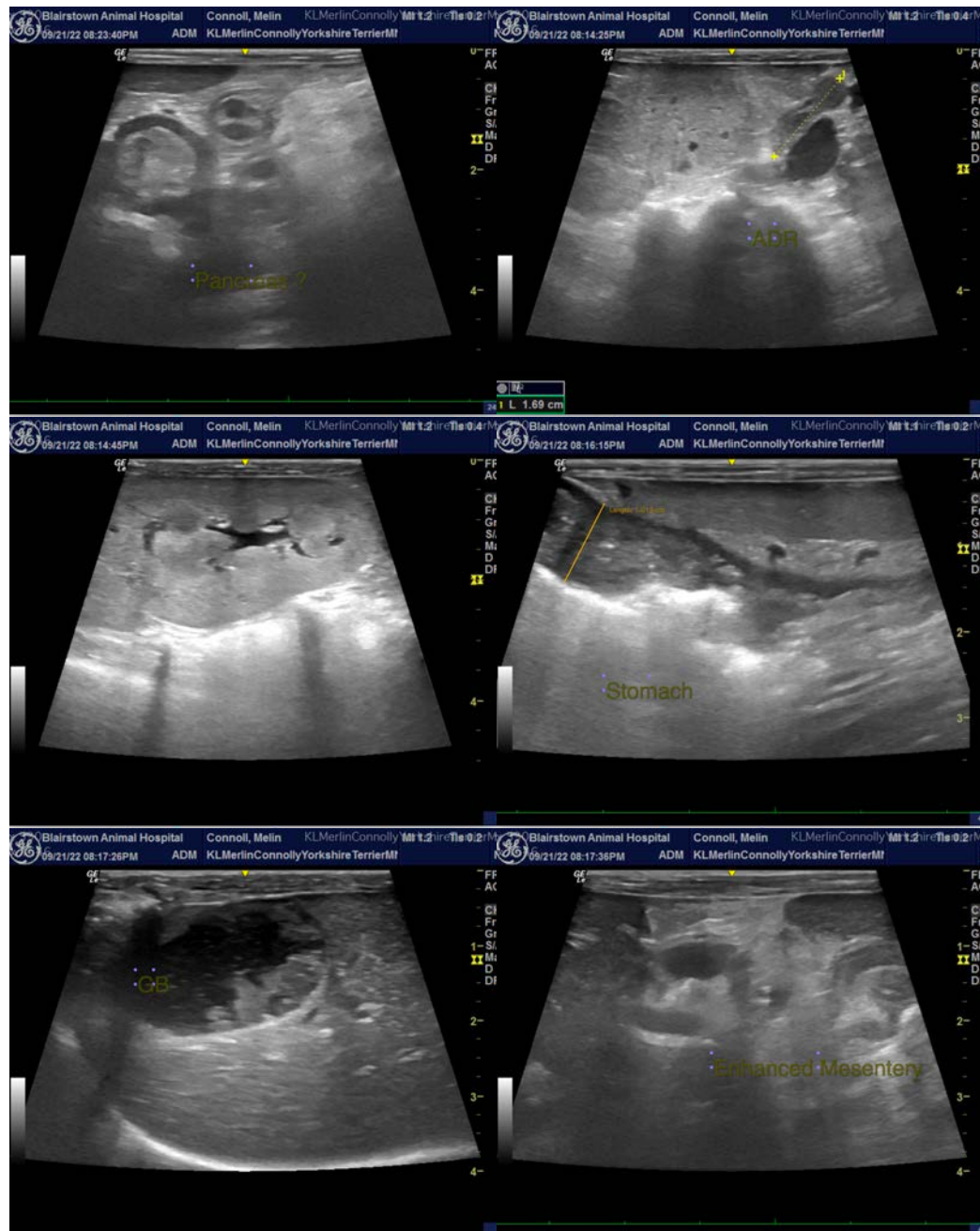
Dr. Clegg

**INVOICE**

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**PATIENT**

Merlin Connolly

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

9.2 Pounds

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DACVIM

**IMAGING PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

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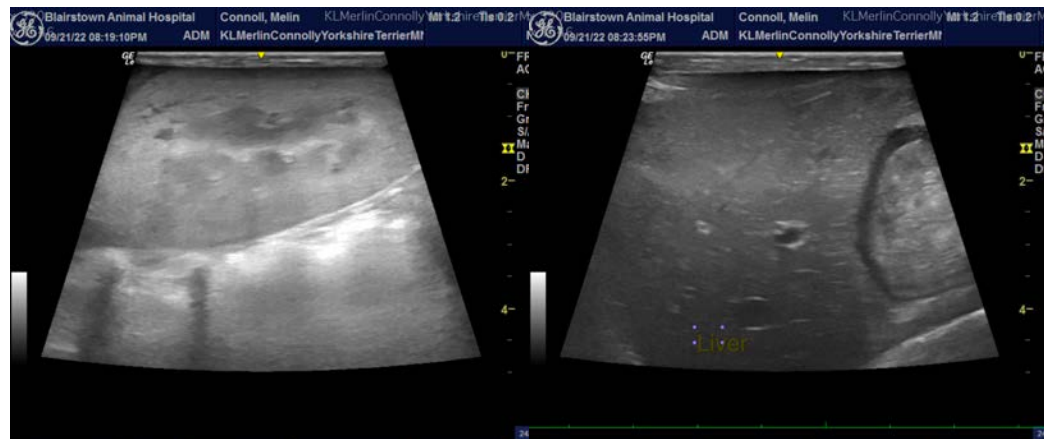
Dr. Clegg

**INVOICE**

42191

**DATE**

10/19/22



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.

**Beth Johnson, DVM, DACVIM**  
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