



**PATIENT PRESENTING CLINICAL SIGNS**

Andy Mancini History: Patient has hy of seizures and in medication for it. The recent complaint is patient is very weak, lethargic, not eating, nauseous.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: cPI - Abnormal High WBCs, Elevated neutrophils. ALP - elevated

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Lab Mix Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

**SEX** Prostate is normal in size, echotexture and echogenicity for a neutered male.

Neutered Male Left kidney is normal is size (8.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**AGE** Right kidney is normal is size (8.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**WEIGHT** *Adrenal Glands*

106 Pounds Left adrenal gland is unable to be fully visualized in these images due to patient conformation and concurrent inflammation, however, there is no overt adrenal pathology noted.

**INTERPRETED BY** Right adrenal gland, the caudal pole is normal and measures 0.8 cm thick. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM  
DACVIM

*Spleen*

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

Anthony Smatt

*Liver*

**HOSPITAL NAME** Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

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**REFERRING VET** *Gastrointestinal*

Anthony Smatt The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty. No appreciable lymphadenopathy noted.

**INVOICE** The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines, except the duodenum periajacent to the pancreas which is thick, measuring 1.0 cm thick, hypoechoic/edematous and corrugated.

13623

**DATE**

1/11/21



**PATIENT**

Colon is normal in wall thickness (< 0.2 cm) and layering.

Andy Mancini

**Pancreas**

**SPECIES**

The pancreatic body and right limb of the pancreas are enlarged and hypoechoic with irregular scalloped margins. The surrounding mesentery is clumped and hyperechoic.

Canine

**Free Abdomen**

**BREED**

Lymph nodes are normal with no observed enlargement.

Lab Mix

**SEX**

- An enlarged hypoechoic pancreas
- Focal peritonitis
- Focal duodenitis

Neutered Male

**AGE**

\*These findings are most consistent with severe acute pancreatitis. Pancreatic neoplasia cannot be differentiated from pancreatitis based solely on ultrasound, however, the marked focal inflammation and the fact that pancreatic tumors are very rare, make pancreatitis a much more likely differential in this patient.

7 Years

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

106 Pounds

Recommendations include either a fine needle aspirate of the pancreas to definitively rule out infiltrative neoplasia versus medical management of pancreatitis and monitoring for improvement as acute pancreatitis will improve and pancreatic neoplasia will not.

**INTERPRETED BY**

Medical management should include IV fluids, pain management, antiemetics, appetite stimulants (if needed) +/- antibiotics with more aggressive therapies including hyperbaric oxygen therapy and fresh frozen plasma if needed.

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Anthony Smatt

**HOSPITAL NAME**

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**REFERRING VET**

Anthony Smatt

**INVOICE**

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**PATIENT**

Andy Mancini

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

106 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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Anthony Smatt

**HOSPITAL NAME**

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**REFERRING VET**

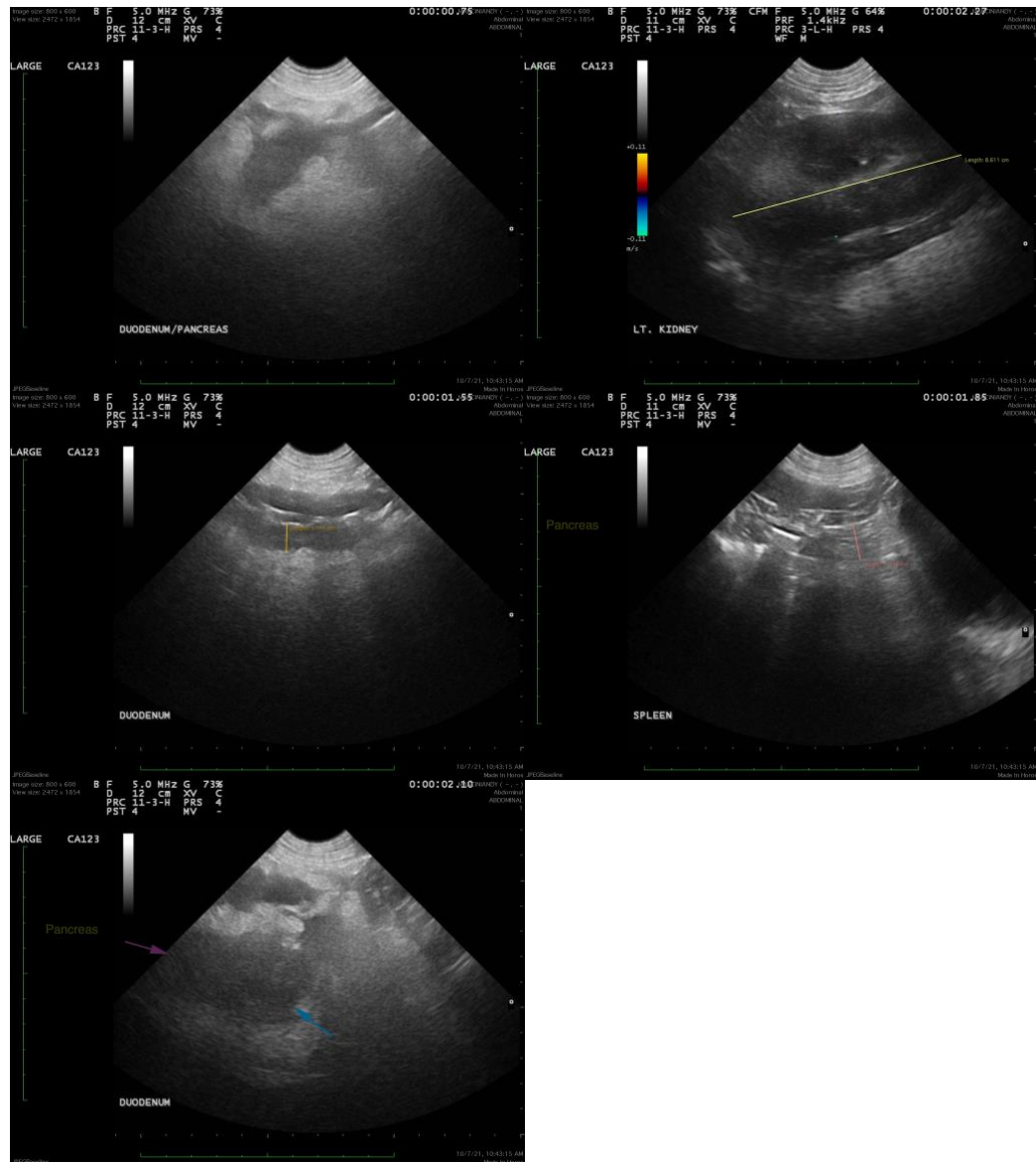
Anthony Smatt

**INVOICE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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