



PATIENT

Stella Gordon

SPECIES

Canine

BREED

Border Collie Cross

SEX

Spayed female

AGE

9 years

WEIGHT

16.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Shields Boundray
Bay VSH

INVOICE

39949

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Transfer to ER yesterday from primary care vet, for elevated liver enzymes, icterus, sick about 2 weeks.

Abnormal PE/Chem/CBC/UA Results: ALT too high to read ALKP >2000 GGT 83 (ref (0-11) Lipase 4911 TBil 14.9 (CBC norma)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. There is a foley catheter in place.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 6.91 cm and the right kidney measured 7.28 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.5 cm at the cranial pole and 0.54 cm at the caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The cranial pole of the right adrenal gland is difficult to fully visualize due to all of the peri-pancreatic inflammation, but the caudal pole is normal and measures 0.78 cm.

Spleen

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.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately, subjectively overdistended 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.



PATIENT *Gastrointestinal*

Stella Gordon The visible stomach wall is normal in thickness and layering. However, the stomach is markedly distended with echogenic fluid.

SPECIES The visible small intestines are normal in wall thickness and layering. 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.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

Spayed female

The pancreas is diffusely markedly enlarged in size, hypoechoic to the surrounding tissue, irregular in shape and heterogeneous/ill defined in appearance. Enhanced, hyperechoic, ill-defined, surrounding fat is noted. Anechoic free fluid is present. Blood flow to the pancreas appears reduced.

AGE

9 years

Free Abdomen

Free fluid is present as noted above under pancreas.

WEIGHT

16.7 kg

There is no apparent lymphadenopathy noted in these images.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Beth Johnson, DVM
DACVIM

Primary Findings

- Severe, acute pancreatitis and some concern for pancreatic necrosis given the visibly reduced blood flow. Given the “mass-like” appearance, infiltrative neoplasia cannot be ruled out, but is considered less likely.

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Secondary Findings

- Gastric stasis/ileus and gallbladder distension are noted.
- Age related renal change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Medical management of pancreatitis is recommended in the form of anti-emetics, gastroprotectants, appetite stimulants or potentially the placement of a feeding tube to allow gastric suction as well as trickle feeding nutrition, pain management, broad spectrum antibiotics and fluid therapy. Given the questionable blood flow, if available hyperbaric oxygen therapy may be beneficial. A fresh frozen plasma transfusion may also be of benefit. Close monitoring of the pancreas with Power Doppler is recommended to identify progression/sequelae such as abscesses, etc. After treating/managing the severe inflammation, if the pancreas still appears “mass-like”, a fine needle aspirate could be considered to more definitively rule out infiltrative neoplasia

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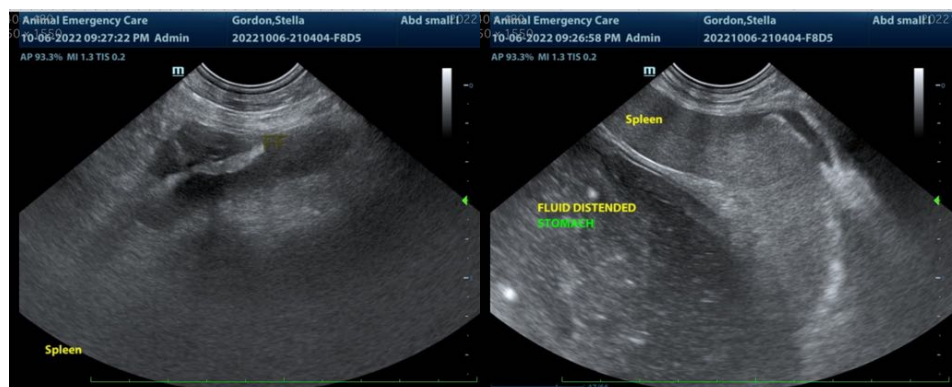
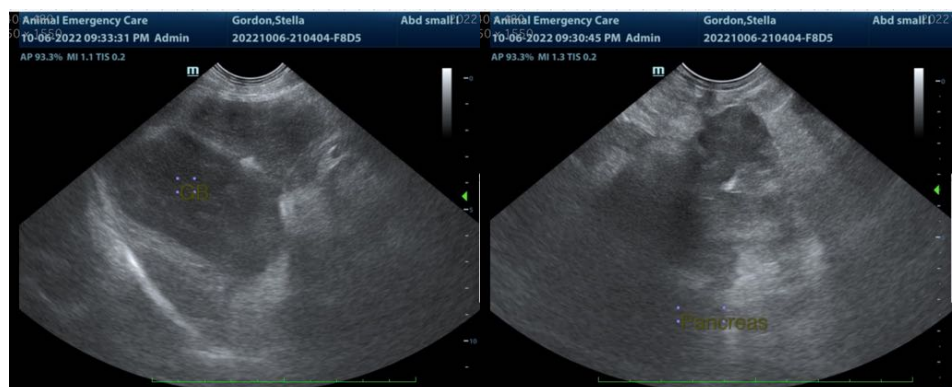
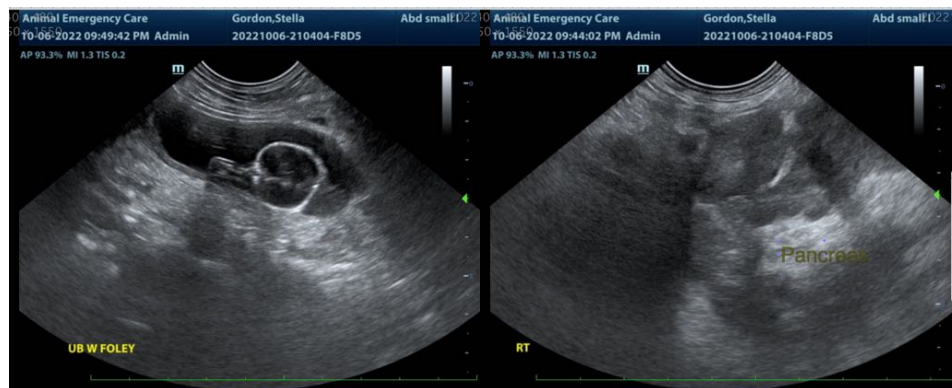
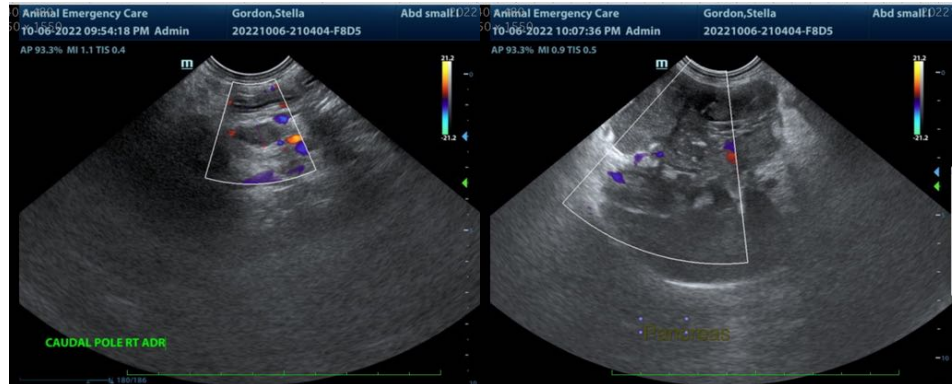
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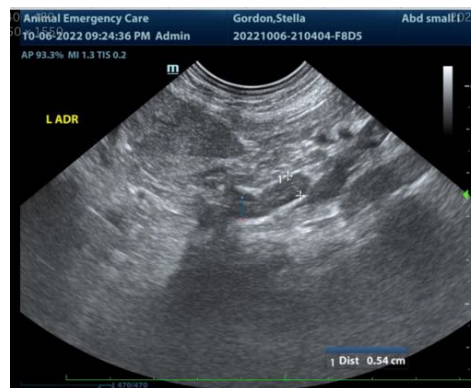
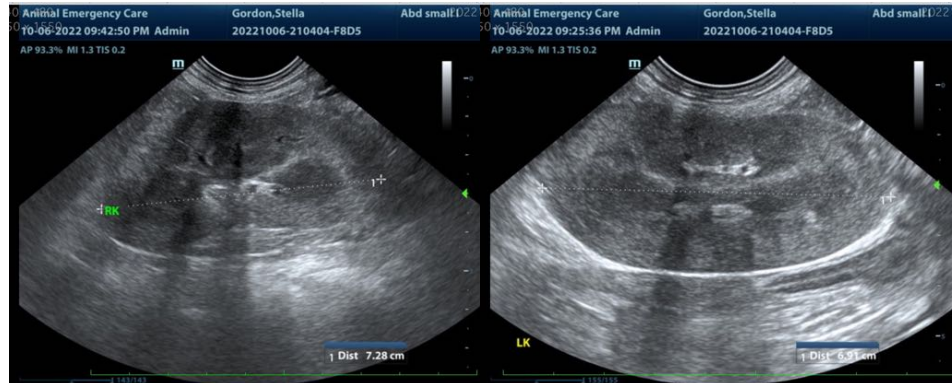
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Callihan

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.

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