



PATIENT

Chance Green

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

25 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Taylor Parker

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE

13632

DATE

10

PRESENTING CLINICAL SIGNS

History: Was seen at emergency yesterday evening for vomiting/diarrhea. Severe pancreatitis. P has been on fluids for over 24hours with famotidine, bup, cerenia, sucralfate and ampicillin. P was very painful this morning with distended abdomen.

Abnormal PE/Chem/CBC/UA Results: 10/7/21- ATL 142 AMYL 2217 AST 91 CA 7.7 Potassium 3.6NEU 14.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The prostate is not well visualized in these images.

Left kidney is normal is size (4.2 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal is size (5.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

The left and right adrenal glands cannot be well visualized due to marked focal cranial abdominal peritonitis and inflammation. However, no adrenal pathology is noted in the area of the adrenal glands in these images.

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.

Liver

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. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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

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.

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



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Pancreas

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The pancreas is diffusely enlarged, hypoechoic and heterogeneous with irregular scalloped margins. There is poor surrounding tissue detail with hyperechoic reactive mesentery and marked pancreatic edema. Free abdominal fluid is also noted surrounding the pancreas and within the cranial abdomen. Pancreatic blood flow cannot be assessed without color flow doppler in these images. Nearby gastric wall and duodenal thickening and duodenal corrugation is noted surrounding the pancreas.

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Free Abdomen

Lymph nodes are normal with no observed enlargement.

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ULTRASONOGRAPHIC FINDINGS

- Severe acute edematous pancreatitis with concurrent focal gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include supportive medical management of pancreatitis with IV fluids, antiemetics, pain management, antibiotics +/- appetite stimulants (as needed). More aggressive therapy with fresh frozen plasma and hyperbaric oxygen therapy may also be warranted given the severity of the pancreatitis. Serial ultrasound monitoring with color flow doppler is recommended to recognize any developing sequelae of necrotizing pancreatitis and/or pancreatic abscessation.

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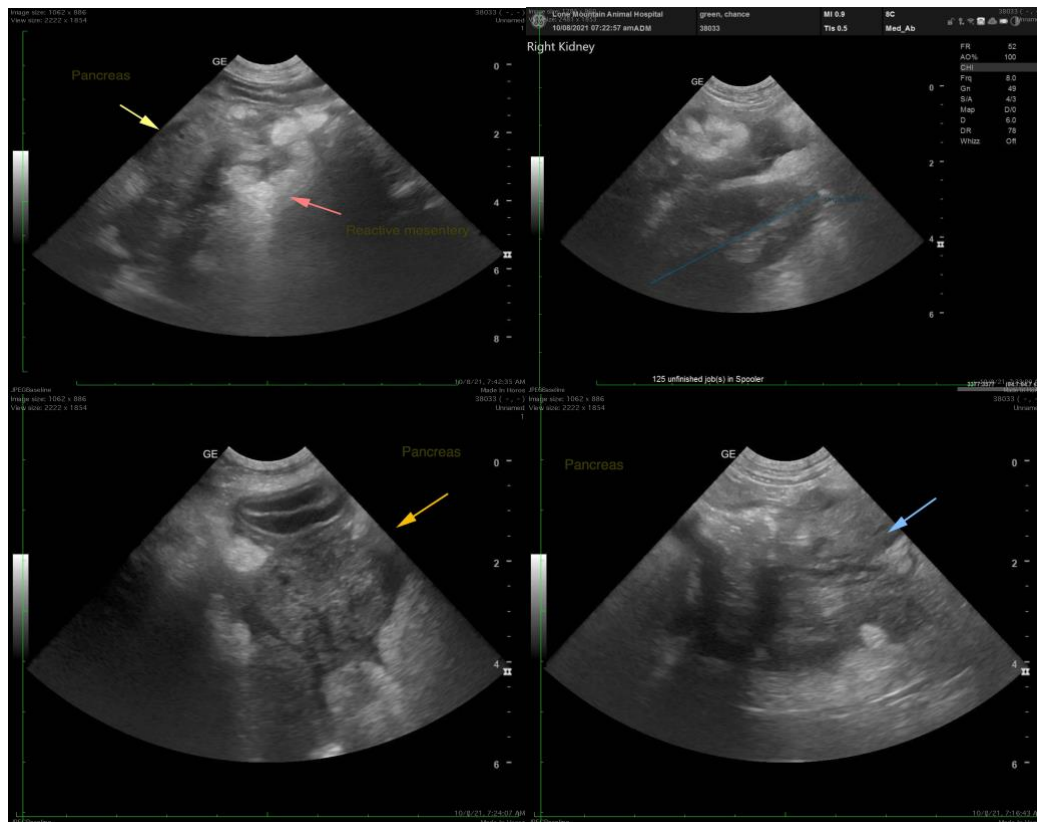
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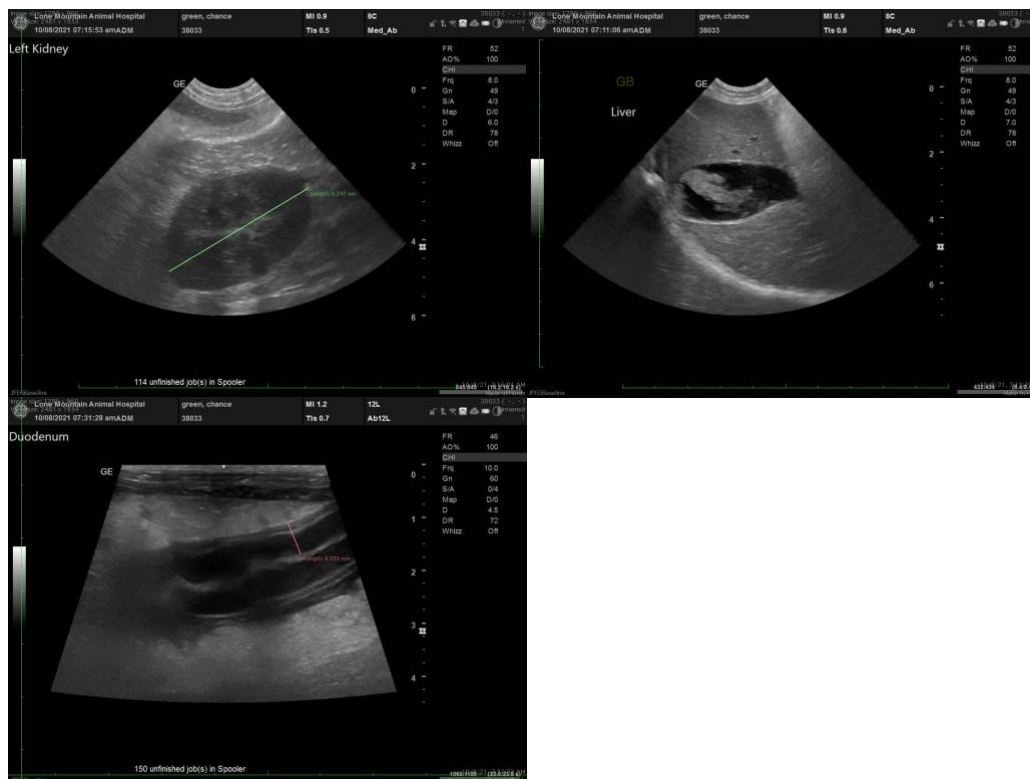
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

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