



PATIENT

Teddy Butaitis

PRESENTING CLINICAL SIGNS

History: not eating, weight loss, vomiting and diarrhea. splenectomy done in july biopsy came back "nodular hyperplasia with potential for neoplasia."

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: temp 104.5, muscle loss diffusely. hct 24, wbc 75, neut 66, mono 4.9, alkphos 546

BREED

Mixed

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.

SEX

Neutered Male

The area of the prostate is examined without evident pathology.

AGE

11 Years

Left kidney is normal is size (4.69 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (4.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

17.4

Adrenal Glands

Left adrenal gland is normal in size (0.56 cm thick at caudal pole, the cranial pole is not well visualized), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is not well visualized in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen has been reportedly previously removed.

IMAGING PERFORMED BY

Michelle Roche

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.

HOSPITAL NAME

Fredon AH

REFERRING VET

Michelle Roche

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

INVOICE

17904

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

11/7/22



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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.

SPECIES

Canine

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Mixed

The pancreas is diffusely markedly enlarged in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour and a markedly rounded, almost mass like appearance on the left. Enhanced hyperechoic ill-defined surrounding fat is noted. There is either a cystic area of the pancreas or a pocketed area of free fluid in the left cranial abdomen as well. Blood flow to the pancreas is unable to be commented on without power doppler.

SEX

Neutered Male

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

AGE

11 Years

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe acute pancreatitis. Pancreatic necrosis and/or emerging abscess can't be ruled out.

WEIGHT

17.4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A quantitative PLI is recommended if not recently evaluated.

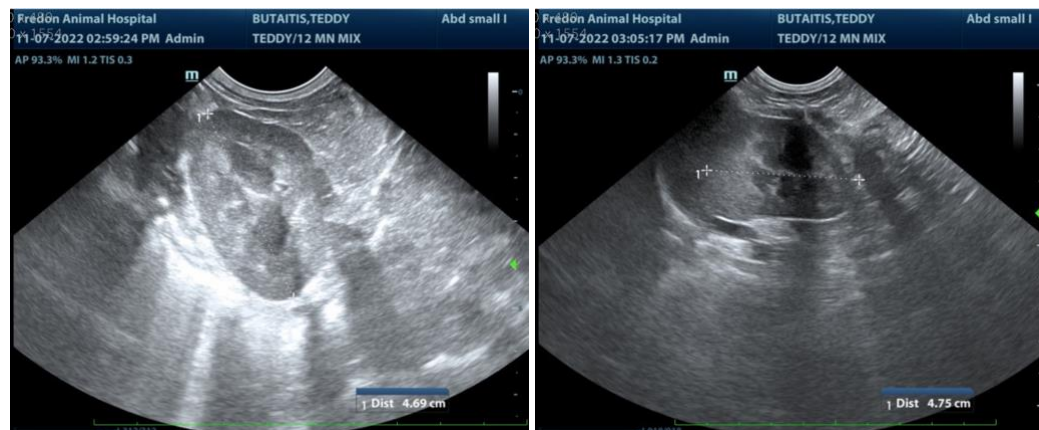
INTERPRETED BY

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DACVIM

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. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. 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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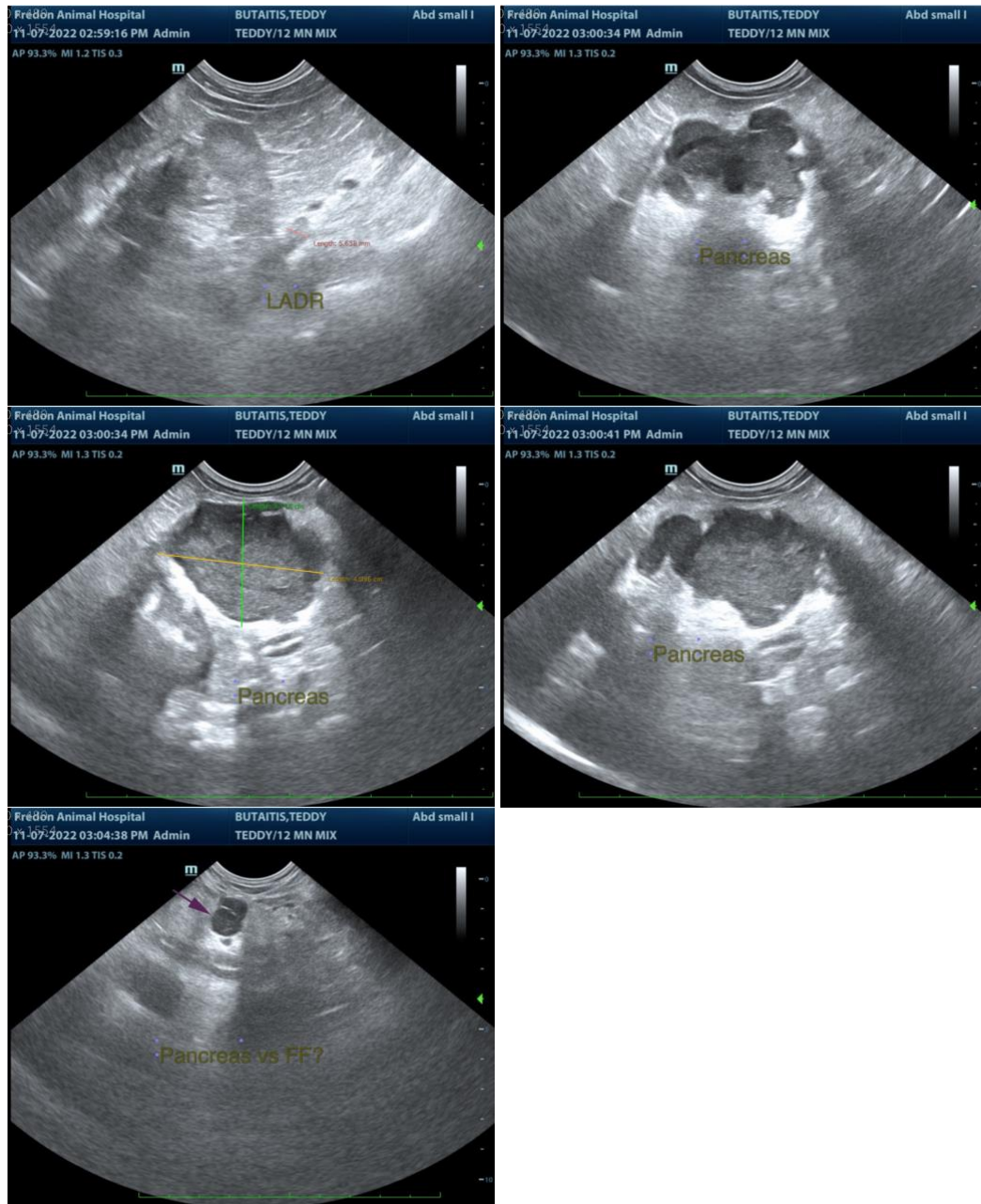
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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