



PATIENT	PRESENTING CLINICAL SIGNS
Ruckus Sims	2 week history of anorexia and lethargy , some vomiting and diarrhea. Labs show 20k wbc and abnormal CPLI and ALKP. remainder wnl. Last 24 hours history of tarry stool
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.43 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
Papillon X	
SEX	Prostate is normal in size, echotexture and echogenicity for a neutered male.
Neutered Male	The right kidney is normal in size (5.3 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.
AGE	The left kidney is normal in size (5.2 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.
9 Years	
WEIGHT	Adrenal Glands
23.9 Pounds	The right adrenal gland is unable to be well visualized in these images.
INTERPRETED BY	The left adrenal gland is normal in size (0.45 cm at the cranial pole and 0.39 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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.
Dr. Jacquie Preston	Liver
HOSPITAL NAME	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.
All Creatures AH	Gastrointestinal
REFERRING VET	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.
Dr. Jacquie Preston	
INVOICE	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
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DATE	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
11/9/22	



PATIENT	per min). The lumen of the small intestine is empty, except for the proximal bowel/duodenum, which is mildly fluid distended without evidence of obstruction, foreign material or infiltrative disease.
Ruckus Sims	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	Pancreas
BREED	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.
Papillon X	Free Abdomen
SEX	There is no evidence of free peritoneal effusion noted in these images.
Neutered Male	There is no apparent lymphadenopathy noted in these images.
AGE	There is generalized increased echogenicity of the cranial abdominal mesentery and fat surrounding the pancreas and stomach.
9 Years	PRIMARY FINDINGS
WEIGHT	<ul style="list-style-type: none"> Acute pancreatitis with gastric and proximal small bowel ileus and a focal peritonitis, all believed to be secondary to the pancreatitis. Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic 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.
23.9 Pounds	SECONDARY FINDINGS
INTERPRETED BY	<ul style="list-style-type: none"> Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
Beth Johnson, DVM DACVIM	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	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.
Dr. Jacquie Preston	
HOSPITAL NAME	
All Creatures AH	
REFERRING VET	
Dr. Jacquie Preston	
INVOICE	If not recently evaluated, 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.
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Ruckus Sims

SPECIES

Canine

BREED

Papillon X

SEX

Neutered Male

AGE

9 Years

WEIGHT

23.9 Pounds

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Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Jacquie Preston

HOSPITAL NAME

All Creatures AH

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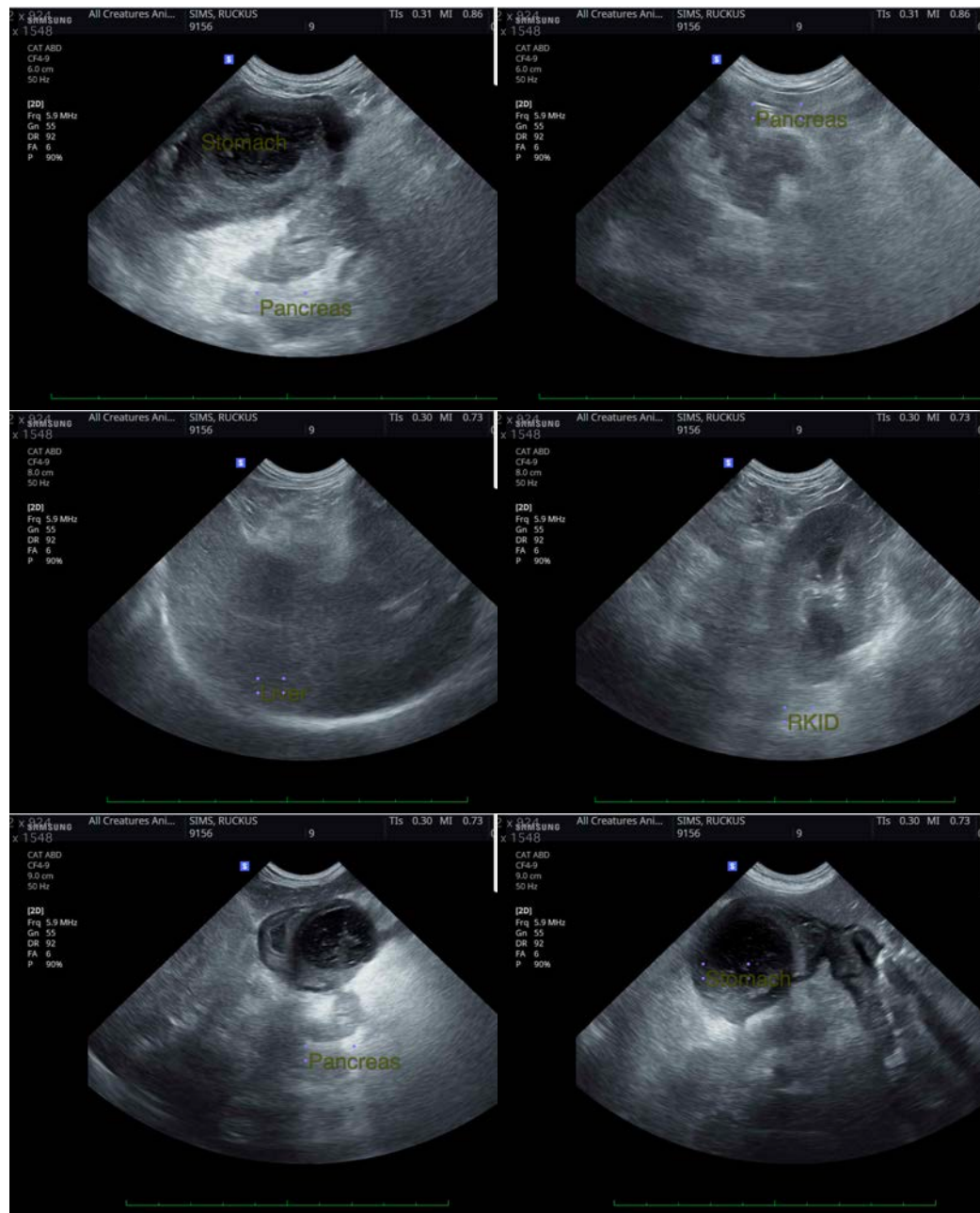
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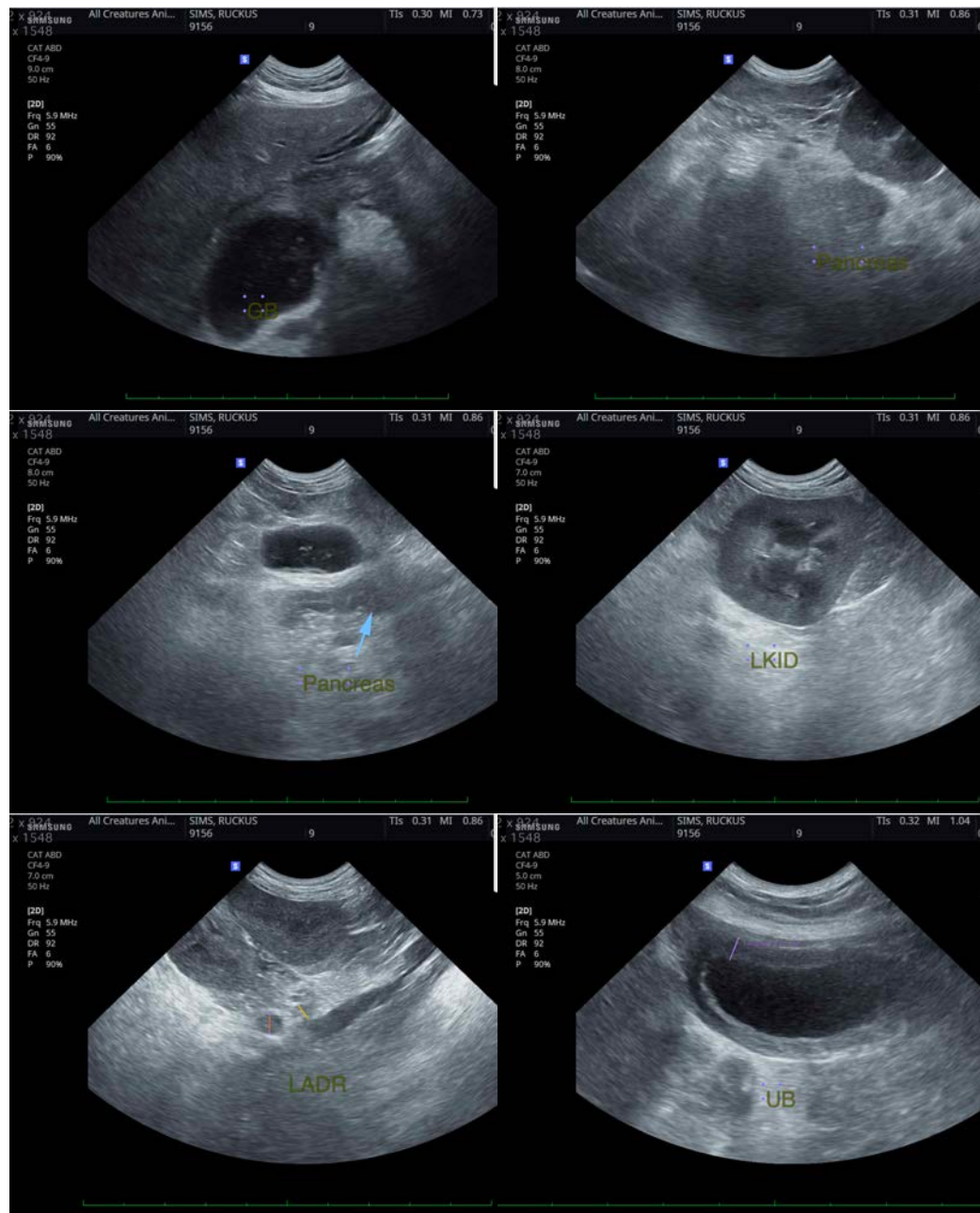
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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