



PATIENT	PRESENTING CLINICAL SIGNS
Molly Miller	not eating or drinking since 1/31 - O has been force feeding P. Loose stool. Lethargic. No vom since 2/1.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
	The urinary bladder is completely empty, and therefore difficult to fully assess. However, no pathology is apparent.
BREED	The right kidney is normal in size (4.4 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present.
Havanese	
SEX	The left kidney is normal in size (4.2 cm) 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present.
Spayed Female	
AGE	
4 Years 9 Months	
WEIGHT	Adrenal Glands
14.4 Pounds	The right adrenal gland is normal in size (1.4 cm long x 0.38 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (1.64 cm long x 0.40 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Dr. Travis Cerf	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.
HOSPITAL NAME	Liver
VC of Hardyston	The liver is subjectively small in size. Margins are sharp and smooth. It has a normal homogeneous echotexture and normal to hypoechoic echogenicity. No nodules or masses are evident. Visible biliary tree appears normal without distention or congestion. Portal vein to vena cava ratio cannot be definitively measured in these images.
REFERRING VET	The 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.
Dr. Travis Cerf	
INVOICE	Gastrointestinal
35452	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid distended, consistent with gastric stasis secondary to pancreatitis. Pyloric outflow tract appears patent.
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
2/4/22	



PATIENT

Molly Miller

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. However, some mild duodenal corrugation is noted in the area of the pancreas.

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

SPECIES

Canine

Pancreas

The left limb of the pancreas is hypoechoic and irregular in shape, diffusely coarse in echotexture, and hypoechoic to surrounding tissues. Surrounding peripancreatic mesentery is hyperechoic/hyperreactive.

BREED

Havanese

Free Abdomen

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

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

4 Years 9 Months

- Moderate acute pancreatitis with concurrent gastric stasis and duodenal corrugation/enteritis
- Subjectively small, mildly hypoechoic liver – Likely normal patient variant, however a vascular anomaly such as a portosystemic shunt cannot be ruled out, especially given the patient breed.
- Mild loss of corticomedullary distinction in both kidneys - Can be a normal aging change, but in a younger patient can be suggestive of mild degenerative kidney disease, and should be interpreted clinically in combination with laboratory changes. Medullary Rim Sign - of unknown clinical significance and can be a normal variant.
- Medullary rim sign(s) should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc.

WEIGHT

14.4 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include lab work in the form of a CBC and serum chemistry panel with electrolytes and urinalysis to further assess both the kidneys and the liver. If liver enzymes are increased, or there is any evidence of decreased liver function,

IMAGING PERFORMED BY

Dr. Travis Cerf

While considered unlikely, and not the immediate cause of clinical signs, if a portosystemic shunt is suspected based on laboratory results, an ultrasound with color flow doppler at the level of the portal hilus is recommended, or an abdominal CT scan could be performed to further evaluate a shunt.

HOSPITAL NAME

VC of Hardyston

However, the current acute clinical signs appear to be the result of pancreatitis, and recommendations include a PLI followed by medical management of pancreatitis with IV fluids, antiemetics, gastroprotectants +/- appetite stimulants and pain management if necessary +/- antibiotics with monitoring of clinical status +/- ultrasound for improvement/progression.

REFERRING VET

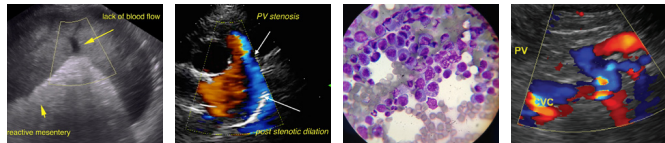
Dr. Travis Cerf

INVOICE

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DATE

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Canine

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HOSPITAL NAME

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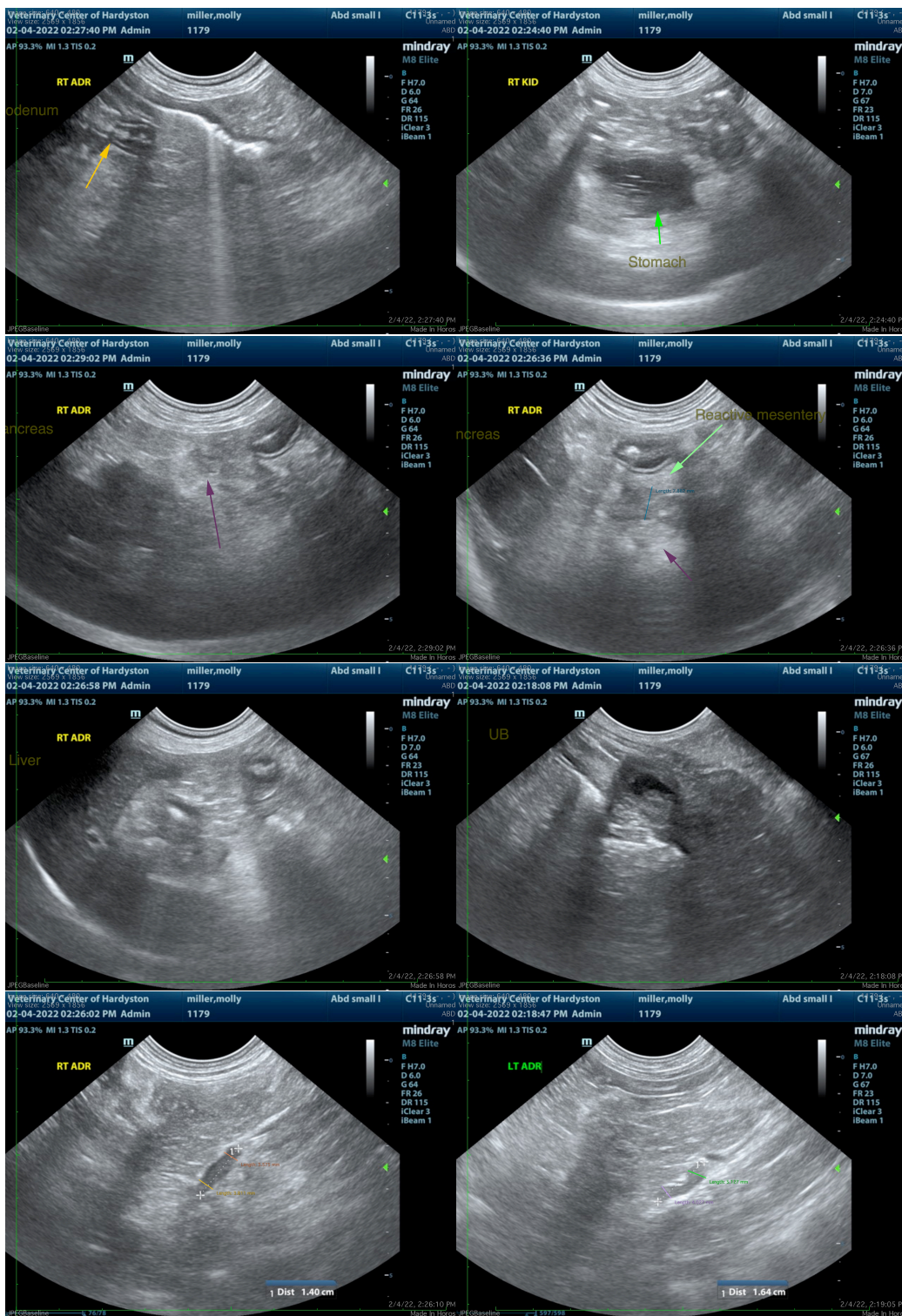
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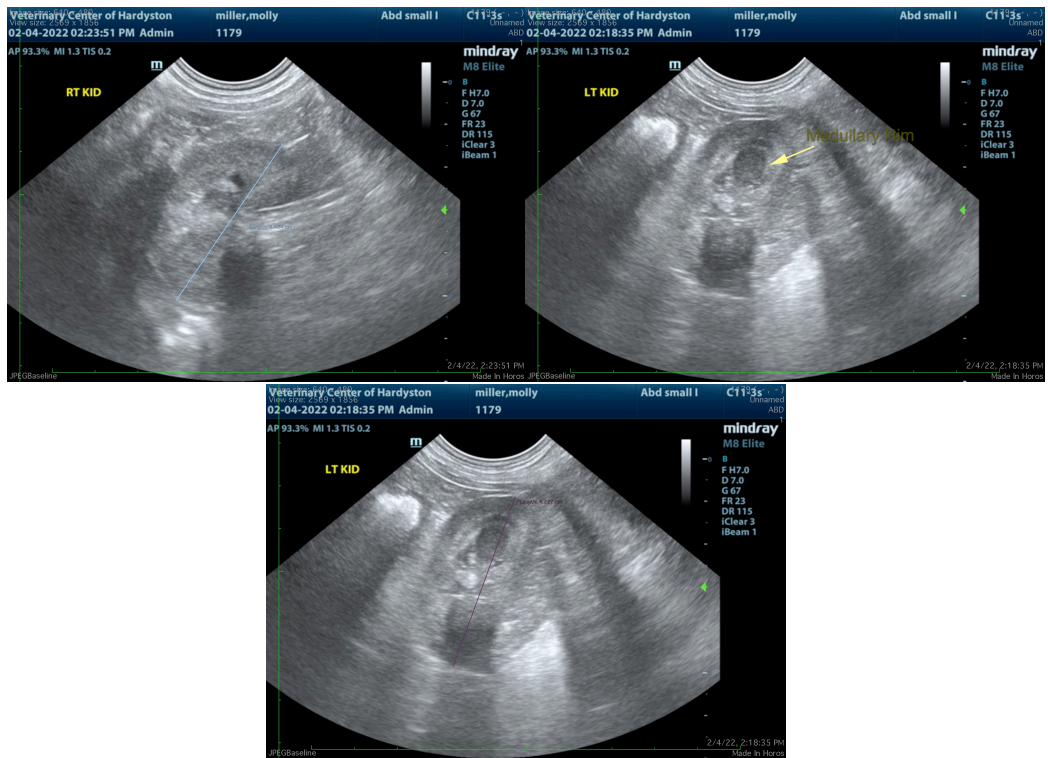
Dr. Travis Cerf

INVOICE

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DATE

2/4/22



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
Beth.Johnson@sonopath.com