



PATIENT PRESENTING CLINICAL SIGNS

Angel Costa
pancreatitis- unresolving; mass in cranial abdomen noted on rads
Abnormal PE/Chem/CBC/UA Results: markedly elevated lipase, elevated amylase, CPL abnormal

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

The urinary bladder is moderately 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.

BREED

Yorkshire Terrier

SEX

Spayed Female

The right kidney is normal in size (4.06 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

10 Years

The left kidney is normal in size (3.45 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

8.1 Pounds

Adrenal Glands

The right adrenal gland is normal in size (1.6 cm long x 0.78 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.

The left adrenal gland is normal in size (1.55 cm long x 0.53 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

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.

IMAGING PERFORMED BY

Diane McFadden

Liver

The 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

All Creatures Great & Small Denville

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.

REFERRING VET

Dr. Ashmore

Gastrointestinal

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is moderately distended with fluid and echogenic debris, consistent with ingesta. Pyloric outflow tract appears patent.

DATE

2/9/22

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 per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



PATIENT

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

SPECIES

Pancreas

Canine

The pancreas reveals a primarily hypoechoic (with some interspersed hyperechoic regions) mass, caudal to the stomach, with poor detail surrounding the mass, caused by markedly hyperechoic mesentery and scant free fluid. The pancreas is rounded and mildly abnormal in shape, but the visible capsule remains normal in contour. There is no pancreatic duct dilation or distortion. The pancreas appears to maintain adequate blood flow at this time.

BREED

Yorkshire Terrier

Free Abdomen

SEX

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Severe acute pancreatitis and concurrent gastric stasis – Infiltrative neoplasia and early necrosis cannot be ruled out, but are considered less likely based on current images of adequate blood flow and loss of curvilinear contour to the pancreas.

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Recommendations include aggressive medical management of pancreatitis with IV fluids, antiemetics, gastroprotectants, appetite stimulants (if needed), combined with pain management and broad-spectrum antibiotics. Fresh frozen plasma and hyperbaric oxygen therapy could also be considered based on patient response to supportive care.

8.1 Pounds

INTERPRETED BY

The pancreas should be continually monitored for progression indicated by the development of fluid-filled pockets/abscesses, or decreased blood flow to the area suggestive of progressive necrosis, especially if clinical signs progress or deteriorate. If clinical signs resolve and patient improves, and the pancreas remains enlarged and mass-like, a fine needle aspirate could be considered. However, acute non-neoplastic pancreatitis remains the top differential at this time.

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

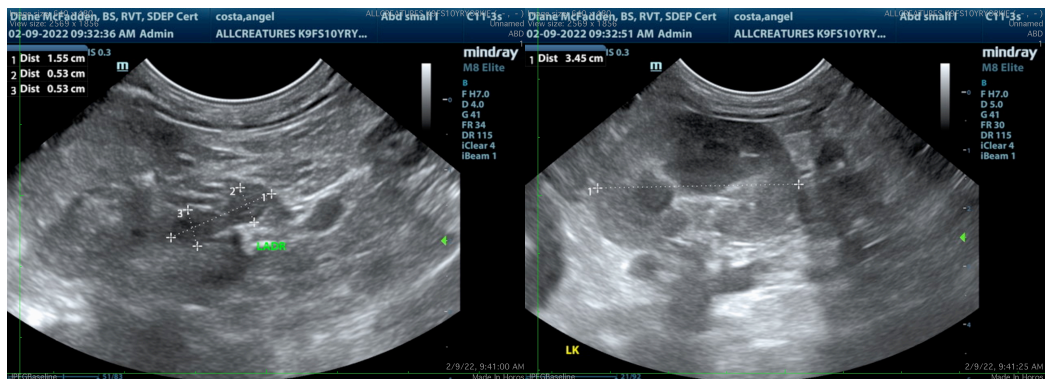
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SPECIES

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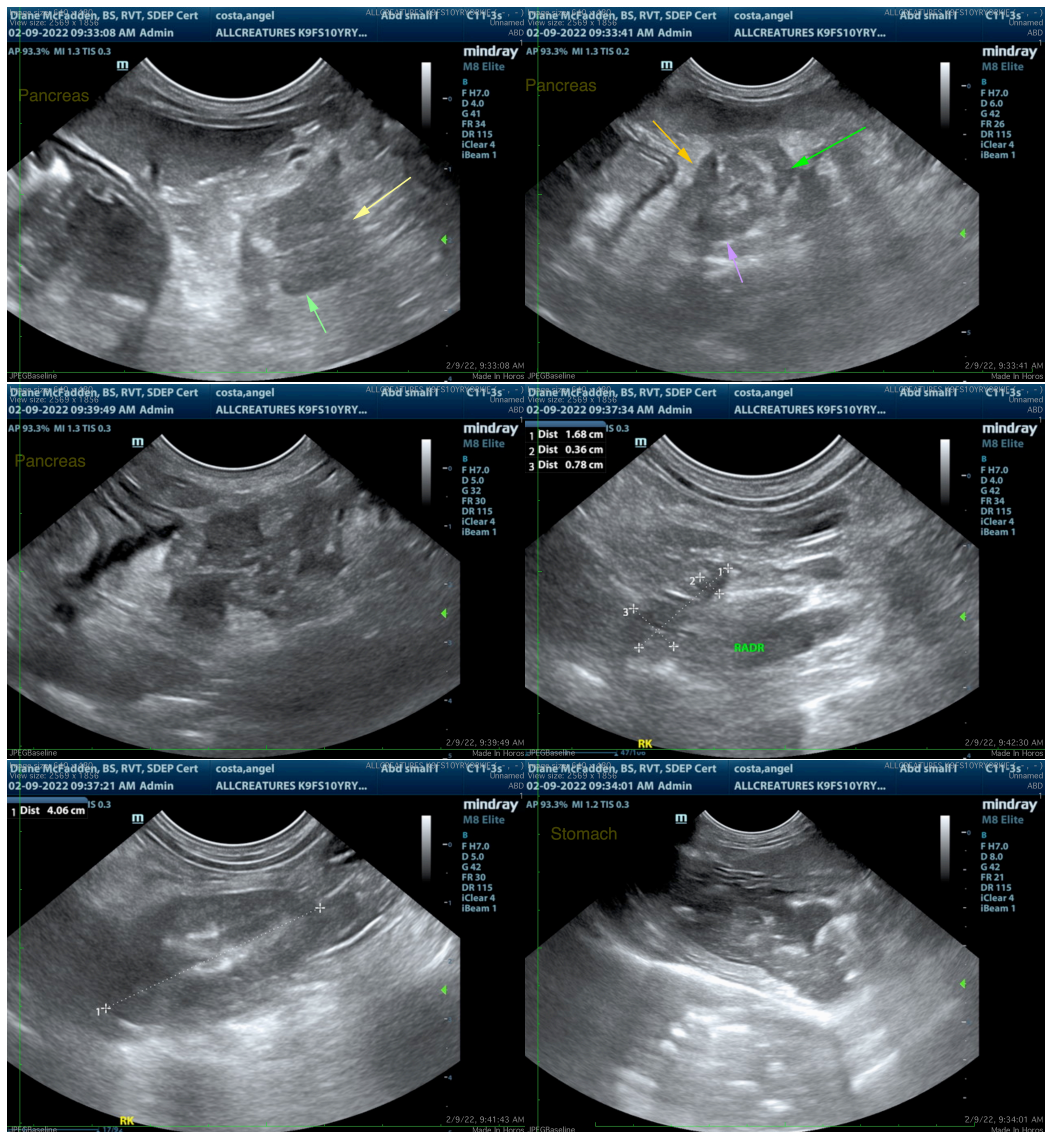
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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