



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Topper Fetsch  
**SPECIES** Canine  
**BREED** Yellow Lab  
**SEX** Male  
**AGE** 11 Years  
**WEIGHT** 84.2

History: P presented for 24 hour history of lethargy, anorexia, and shaking. No v/d/c/s, no pu/pd. No known toxin ingestion or FB ingestion. 3 weeks ago had senior biannual exam and full bw done. CCF 108 found and prostatomegaly but symmetrical and non-painful.

Abnormal PE/Chem/CBC/UA Results: PE - Temp 103.0, 5% dehydrated, tachycardic (140), doughy and painful abdomen, prostatomegaly (non-painful, symmetrical), 3lbs weight loss CBC- neutrophilia with left shift and toxic neutrophils, mild monocytosis Chem - elevated amylase and lipase (renal and liver values wnl) AFAST - scant free fluid cPLI - Abnormal UA - USG 1.014, all else wnl Thoracic x-rays wnl Abdominal x-rays - small volume peritoneal effusion and potential peritonitis Cytology of abdominal fluid pending (yellow to pink tinged serous fluid)

**SEX 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.

Prostate is normal in size (5.8 cm in width) for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

Left kidney is normal in size (5.93 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 in size (7.46 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.

**Adrenal Glands**

The area of both adrenal glands is examined without evident adrenal gland pathology.

**Spleen**

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.

**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.

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**

**DATE**

3/13/23

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Miranda Fritz

**HOSPITAL NAME**

Waterbury VH

**REFERRING VET**

Miranda Fritz

**INVOICE**

21632



## PATIENT

Topper Fetsch

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.

## SPECIES

Canine

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.

## BREED

Yellow Lab

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

### **Pancreas**

## SEX

Male

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. A small amount of anechoic free fluid is also noted in the cranial abdomen around the pancreas.

### **Free Abdomen**

## AGE

11 Years

There is no appreciable lymphadenopathy. Free fluid is present as described above.

## ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis

## WEIGHT

84.2

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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## HOSPITAL NAME

Waterbury VH

## REFERRING VET

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## DATE

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**PATIENT**

Topper Fetsch

**SPECIES**

Canine

**BREED**

Yellow Lab

**SEX**

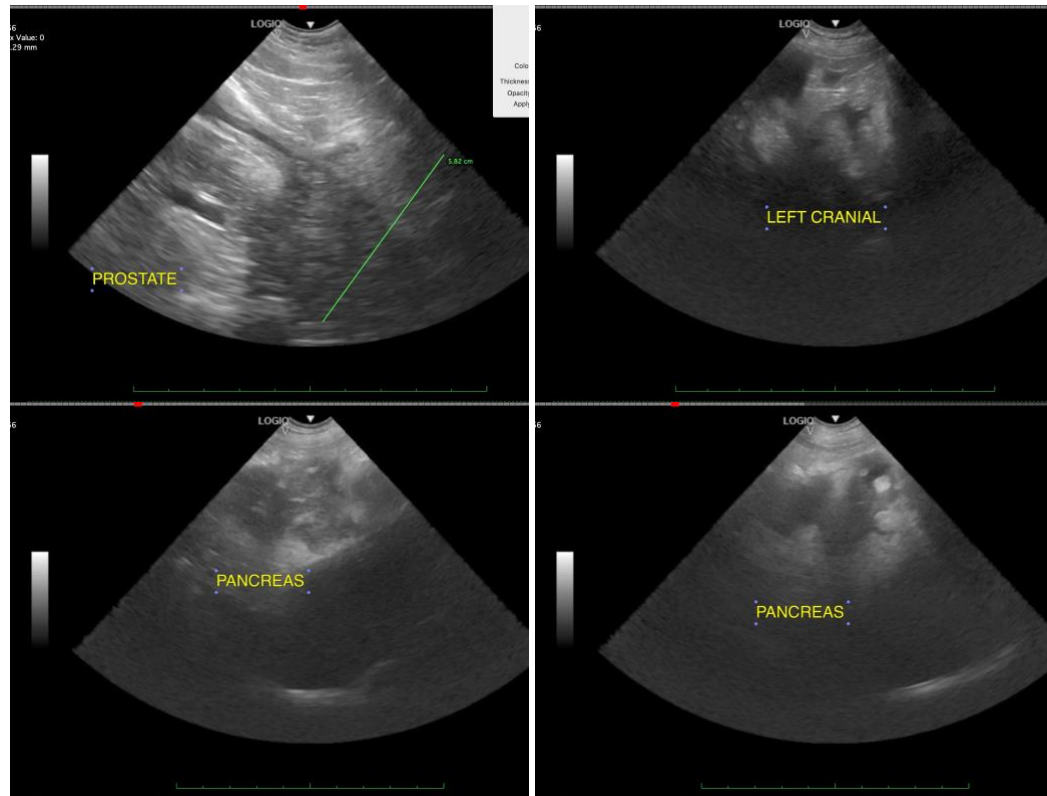
Male

**AGE**

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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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