

**PATIENT**

Ellie Korneluk

**SPECIES**

Canine

**BREED**

Labrador Retr X

**SEX**

Female Spayed

**AGE**

11 mos

**WEIGHT**

62 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog&Cat Clinic  
Niagara

**REFERRING VET**

Nick

**INVOICE**

12538

**DATE**

3.27.23

**PRESENTING CLINICAL SIGNS**

History: suspected FB, started vomiting on March 24, quieter than usual meds: sulcrate, metronidazole

Abnormal PE/Chem/CBC/UA Results: please see attached rads BW-low lymphocytes, low eosinophils, normal CPL

**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.

Left kidney is normal in size (6.57 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 (5.98 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**

Left adrenal gland is normal in size (2.64 cm in length, 0.66 cm at cranial pole and 0.61 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The right adrenal gland is unable to be well-visualized in these images.

**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**

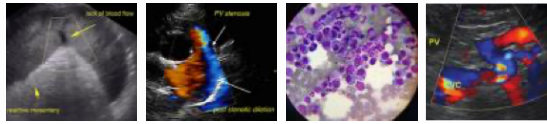
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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**

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.

The visible small intestines are normal in wall thickness and layering duodenum < 0.5 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, except for multi-focal nondistended areas with hyperechoic, curvy linear foci within the lumen (that exhibits strong acoustic shadow). Again, there is no evidence of dilation, obstruction, piliation, etc.



**PATIENT**

Ellie Korneluk

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

**SPECIES**

Canine

**Pancreas**

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.

**BREED**

Labrador Retr X

**Free Abdomen**

There is a small amount of anechoic free fluid present in these images. In the mid-abdomen, a 2.00 cm x 4.20 cm structure that appears to be an enlarged, hypoechoic, heterogenous, mesenteric lymph node is noted. Additionally, there is markedly reactive/enhanced hyperechoic mesenteric fat throughout the abdomen, primary in the cranial abdomen around the area of the pancreas.

**SEX**

Female Spayed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

11 mos

- **Acute pancreatitis:** 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.

**WEIGHT**

62 lbs

- Marked inflamed mesenteric lymphadenopathy. May be a reactive lymphadenopathy. However, infiltrative neoplasia (such as lymphoma versus other) cannot be ruled out.
- The multi-focal areas of acoustic shadow coming from within the small bowel could represent foreign material without a supporting obstruction pattern, plication, etc. However, given this patient's recent barium study and lack of supporting evidence for foreign material, barium artifact is considered more likely.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Secondary Findings**

**IMAGING  
PERFORMED BY**

Kelly Reschny

- Urinary bladder debris: Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**HOSPITAL NAME**

Dog&Cat Clinic  
Niagara

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Nick

- A quantitative PLI is recommended (if not recently evaluated).
- A fine-needle aspirate of the enlarged mesenteric lymph nodes is recommended (if patient's coagulation status is appropriate).

**INVOICE**

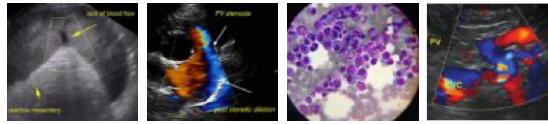
12538

- In the meantime, 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.

**DATE**

3.27.23

- If clinical signs persist, recheck imaging ideally after the barium has fully cleared, is recommended.



**PATIENT**

Ellie Korneluk

**SPECIES**

Canine

**BREED**

Labrador Retr X

**SEX**

Female Spayed

**AGE**

11 mos

**WEIGHT**

62 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog&Cat Clinic  
Niagara

**REFERRING VET**

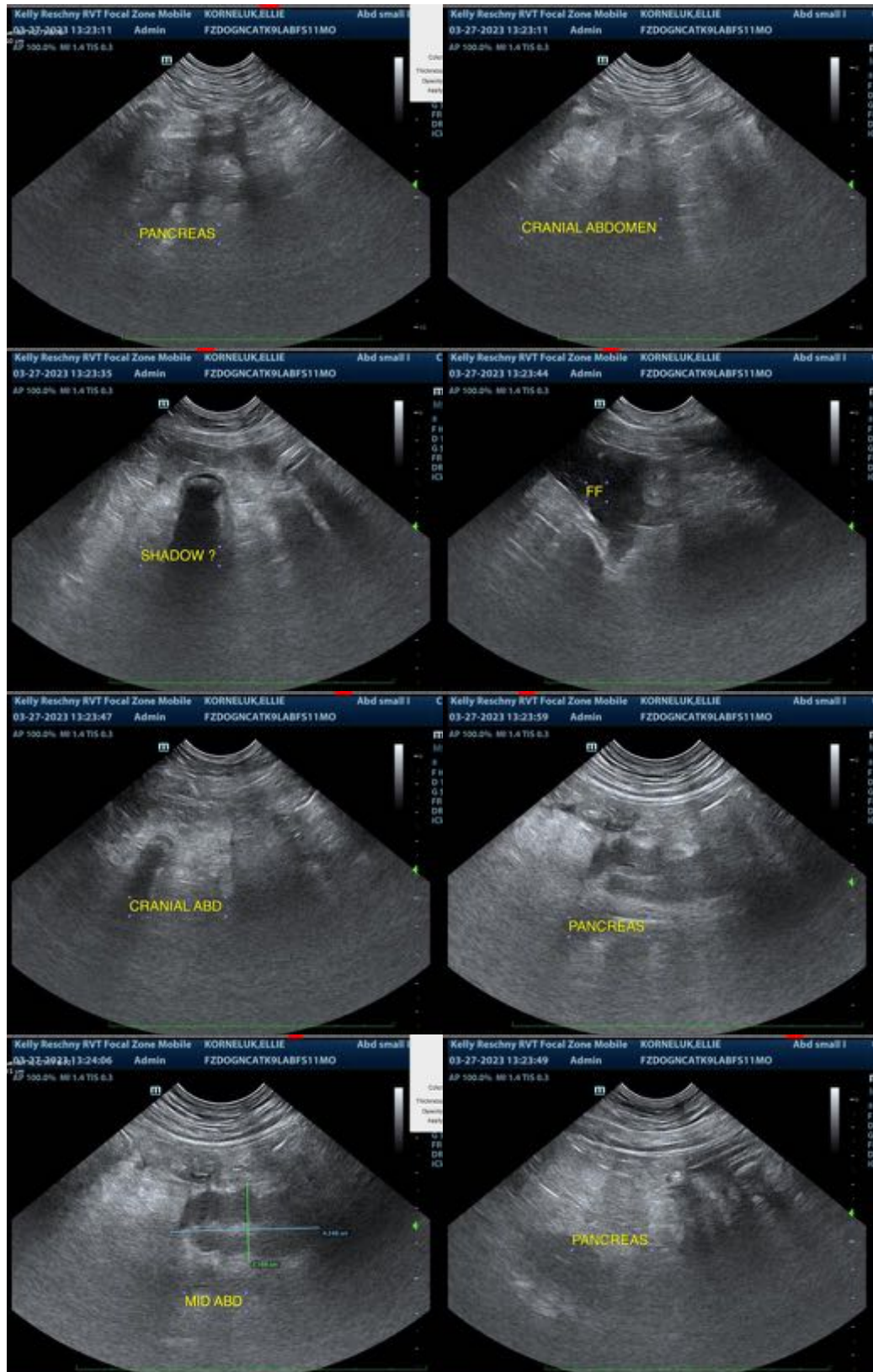
Nick

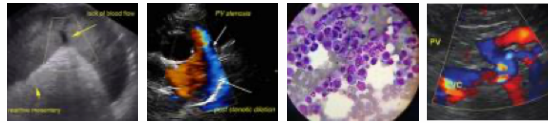
**INVOICE**

12538

**DATE**

3.27.23





**PATIENT**

Ellie Korneluk

**SPECIES**

Canine

**BREED**

Labrador Retr X

**SEX**

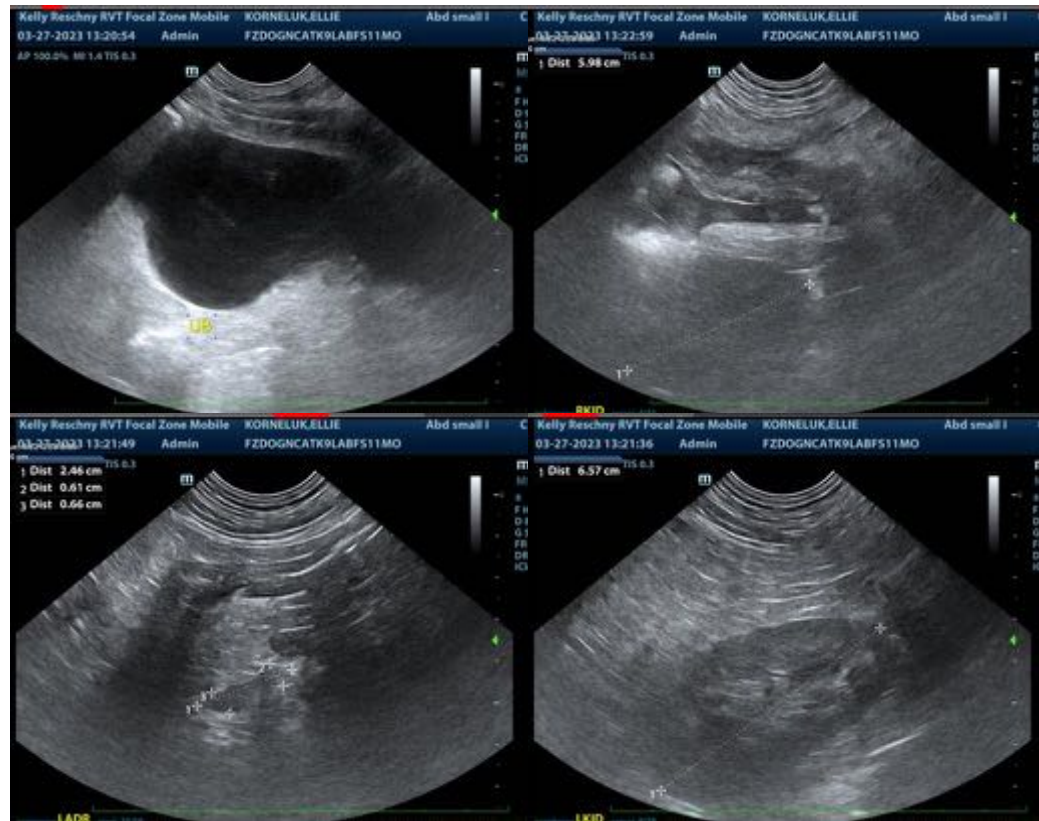
Female Spayed

**AGE**

11 mos

**WEIGHT**

62 lbs



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog&Cat Clinic  
Niagara

**REFERRING VET**

Nick

**INVOICE**

12538

**DATE**

3.27.23

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**

Beth.Johnson@SonoPath.com