



PATIENT	PRESENTING CLINICAL SIGNS
Rex VanValkenberg	Met check. Hx grade 2 MCT (LF paw) and pancreatitis. Current meds: Clomicalm
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Hound X	Prostate is normal in size, echotexture and echogenicity for a neutered male.
SEX	The right kidney is normal in size (6.16 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.
Neutered Male	The left kidney is normal in size (6.19 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	Adrenal Glands
9 Years	The right adrenal gland is normal in size (2.24 cm long x 0.82 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
WEIGHT	The left adrenal gland is normal in size (1.48 cm long x 0.35 cm at the cranial pole and 0.44 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
58.6 Pounds	Spleen
INTERPRETED BY	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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.
Beth Johnson, DVM DACVIM	Liver
IMAGING PERFORMED BY	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.
Shari Reffi, CVT	Gastrointestinal
HOSPITAL NAME	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.
North Warren AH	
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Dr. Corrado	
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45784	
DATE	
3/8/23	



PATIENT
Rex VanValkenberg

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

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 (most notable in the right limb of the pancreas). Enhanced hyperechoic ill-defined surrounding fat is noted. Blood flow appears adequate.

Hound X

SEX

Free Abdomen

Neutered Male

There is no evidence of free peritoneal effusion noted in these images.

AGE

There is no apparent lymphadenopathy noted in these images.

9 Years

PRIMARY FINDINGS

- Acute pancreatitis (right greater than left)

WEIGHT

SECONDARY FINDINGS

58.6 Pounds

- **Hyperechoic splenic nodules** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc. At least a short term transition to a low-fat diet is recommended and/or if this patient has any chronicity or intermittent chronicity to gastrointestinal signs suggestive of pancreatitis, long-term transition to a low-fat diet could be considered, if tolerated.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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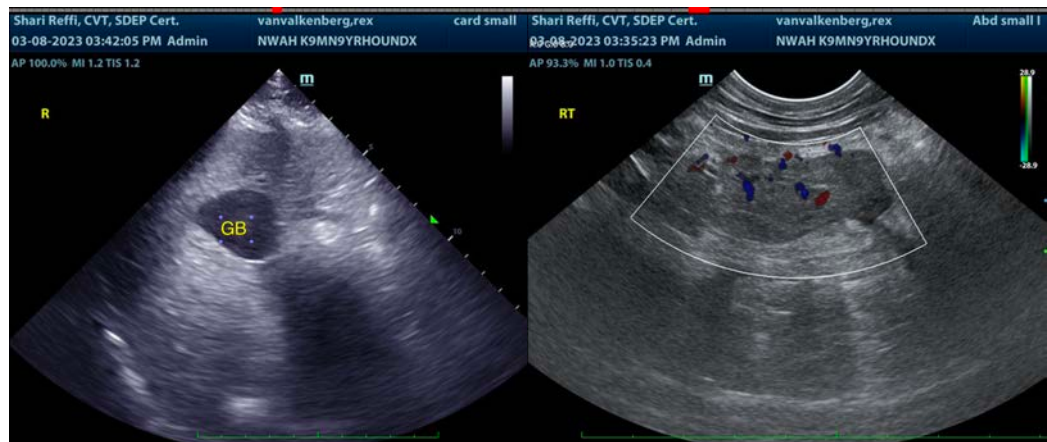
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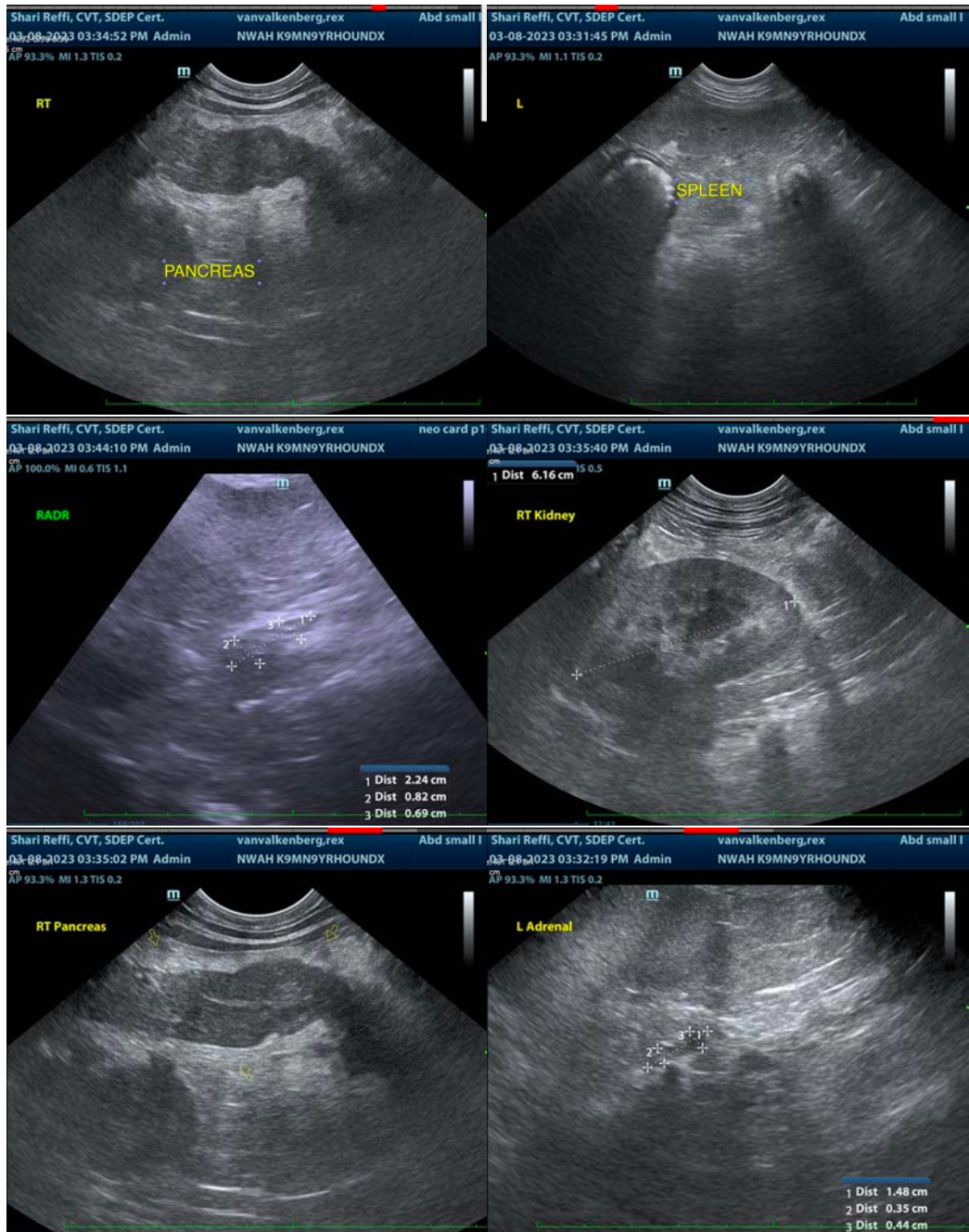
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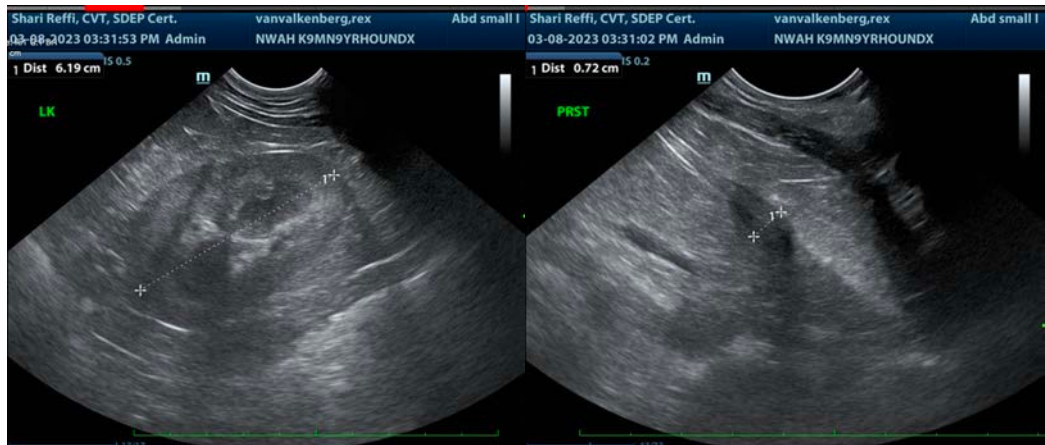
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com