



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Shylow Davis	ADR episode at beginning of the month (4/6), low energy/appetite, vomited once, tense abd, improved with bland diet.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Bun 34, (crea 1.0), CI 100, Chol 338, Amy 2905, PSL 3407 WBC 18.6, Neutrophilia 12648, Monocytosis 1116
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
American Indian Dog	<b>Urinary System</b>
<b>SEX</b>	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.
Spayed Female	
<b>AGE</b>	The right kidney is normal in size (6.15 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.
8 Years	
<b>WEIGHT</b>	The left kidney is normal in size (5.4 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.
49 Pounds	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The right adrenal gland is unable to be well visualized in these images.  The left adrenal gland is normal in size (0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is unable to be fully visualized in these images.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Casita	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Companion AC	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.
<b>REFERRING VET</b>	
Dr. Casita/Acosta	
<b>INVOICE</b>	
46735	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.
<b>DATE</b>	<b>Gastrointestinal</b>
4/18/23	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



**PATIENT**

Shylow Davis

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

**SPECIES**

Canine

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

**BREED**

American Indian Dog

**Pancreas**

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Primarily the body and right limb appear to be affected and are presumed to be the structure described historically adjacent to the right caudal liver. Enhanced hyperechoic ill-defined surrounding fat is noted.

**SEX**

Spayed Female

**Free Abdomen**

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

**AGE**

8 Years

There is no apparent lymphadenopathy noted in these images.

**WEIGHT**

49 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Acute pancreatitis, or, given this patient's history of improving clinical signs, potentially resolving acute pancreatitis suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's clinical improvement, continued supportive/symptomatic medical management of pancreatitis is recommended unless clinical signs regress and/or change again. Ultimately, a low-fat diet (if tolerated) may be continued long-term, or if tolerated, transition back to patient's normal diet after complete resolution may be possible based on trial-and-error response.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Casita

**HOSPITAL NAME**

Companion AC

**REFERRING VET**

Dr. Casita/Acosta

**INVOICE**

46735

**DATE**

4/18/23





**PATIENT**

Shylow Davis

**SPECIES**

Canine

**BREED**

American Indian Dog

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

49 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Casita

**HOSPITAL NAME**

Companion AC

**REFERRING VET**

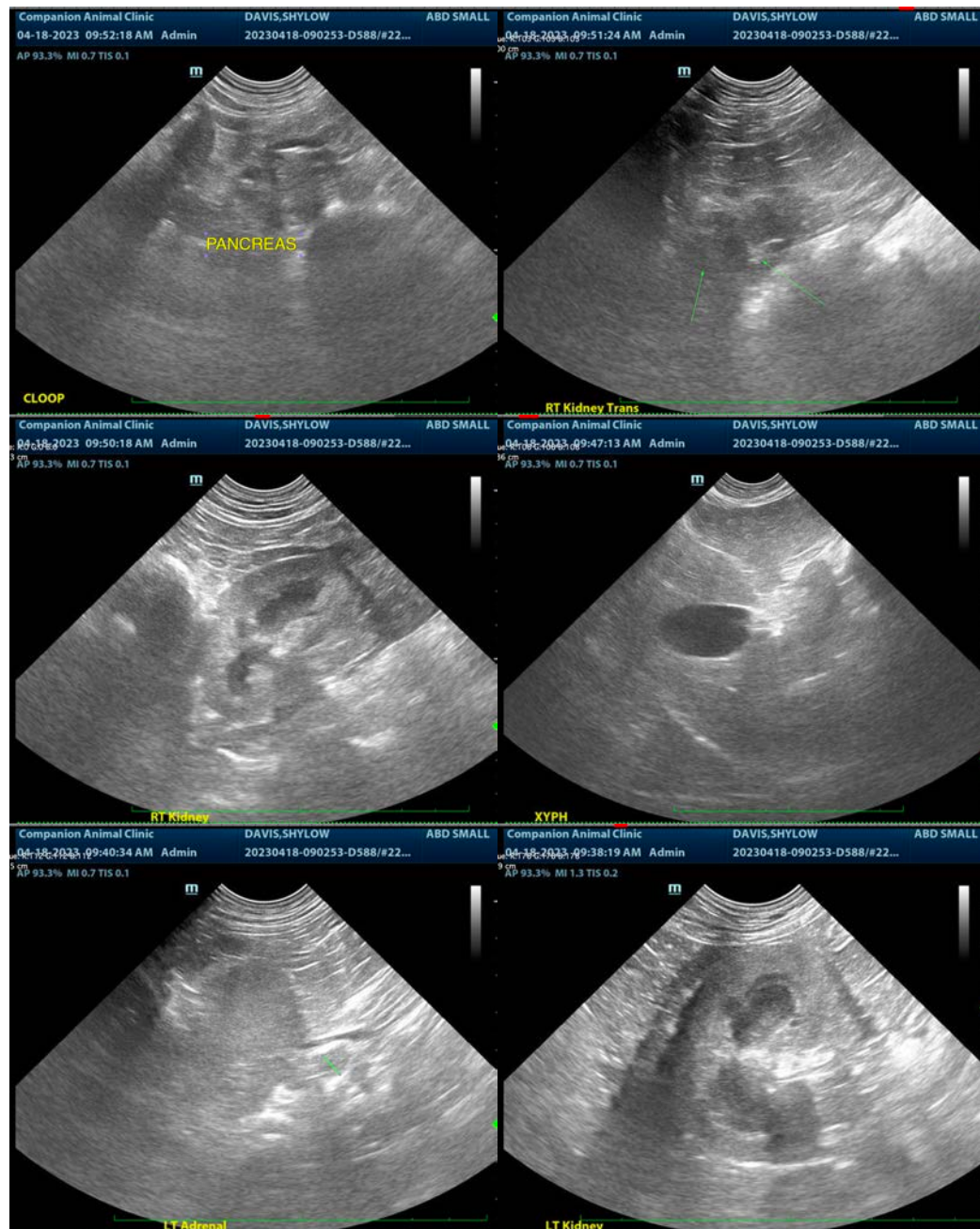
Dr. Casita/Acosta

**INVOICE**

46735

**DATE**

4/18/23



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