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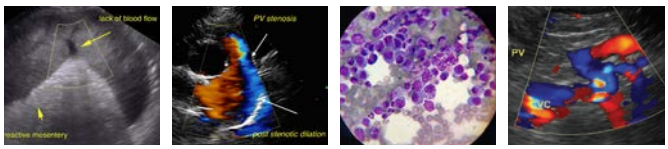

PATIENT
Charlie Hughes

SPECIES
Canine

BREED
Collie/Border Collie X

SEX
Neutered Male

AGE
6 Years 7 Months

WEIGHT
45.4 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Westwood Regional

REFERRING VET
Dr. Hartwick

INVOICE
38748

DATE
6/15/22

PRESENTING CLINICAL SIGNS

Vomiting bile/foam 10+ times since 6/13pm. May have had exposure to toilet water with toilet bowl cleaner (poison control states not likely the cause), tense abdomen. Boarded in kennel 1wk ago. R/o toxin vs hepatitis vs GB issue vs other. Current meds: IVF, famotidine, Cerenia, unasyn
Abnormal PE/Chem/CBC/UA Results: WBC 23.13, neutrophilia, mild monocytosis, ALT 165, ALKP 464, GGT 0, TBili 2.5, Amy >2500, Lipase 2564

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (5.99 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.

The left kidney is normal in size (6.26 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 right adrenal gland is normal in size (1.96 cm long x 1.25 cm at the cranial pole and 0.62 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 (3.04 cm long x 0.52 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately fluid dilated. Pyloric outflow tract appears patent.

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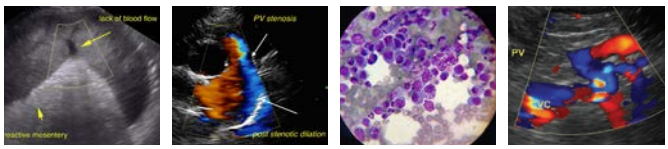

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty, except for a mildly thick hyperperistaltic fluid dilated proximal duodenum.

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

Pancreas

The pancreas is prominent in size, diffusely hypoechoic in echogenicity, and has a diffusely coarse echotexture. Marked peripancreatic hyperechoic fat enhancement is noted with scant free fluid present as well. At this time, pancreatic blood flow appears adequate.

Free Abdomen

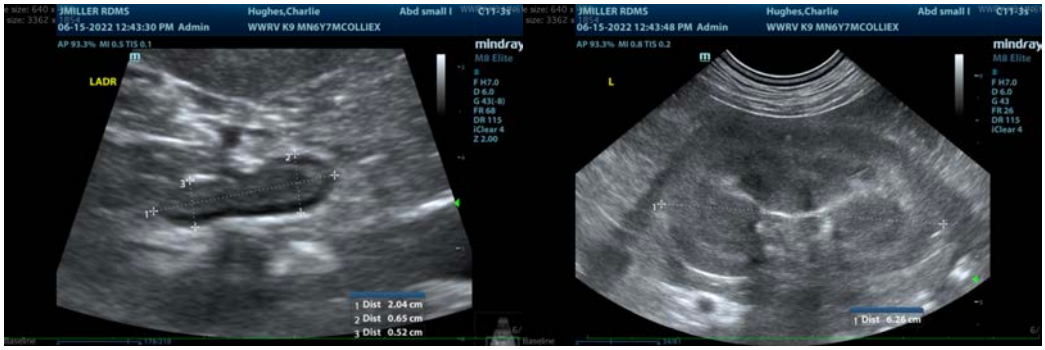
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe acute pancreatitis with secondary gastric and proximal duodenal stasis/ileus
- Hyperechoic hepatomegaly – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Aggressive medical management of pancreatitis with antiemetics, gastroprotectants, appetite stimulants, as needed pain management, broad-spectrum antibiotics, and fluid therapy. Given the severity of these changes, fresh frozen plasma transfusion and potentially hyperbaric oxygen therapy, if available, could be considered.
- If pancreatitis does not improve with medical management, a promotility agent such as Metoclopramide could also be considered.



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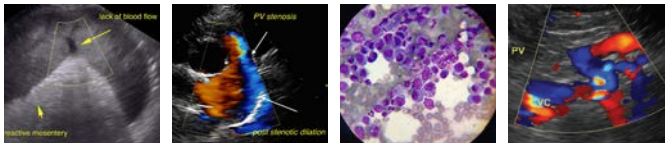

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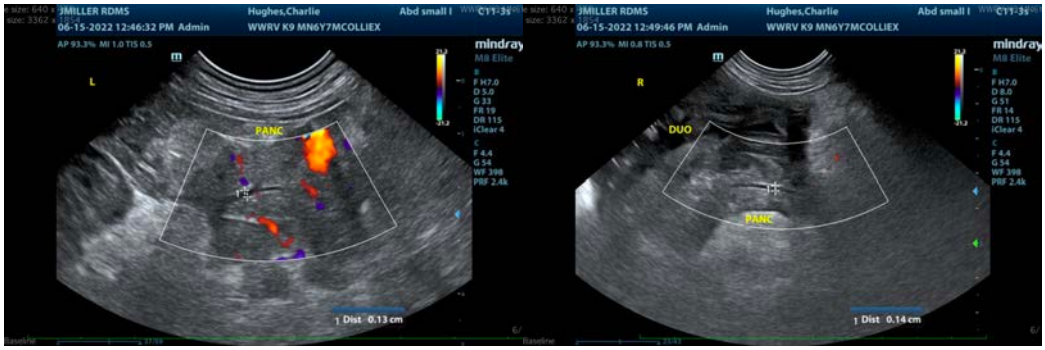

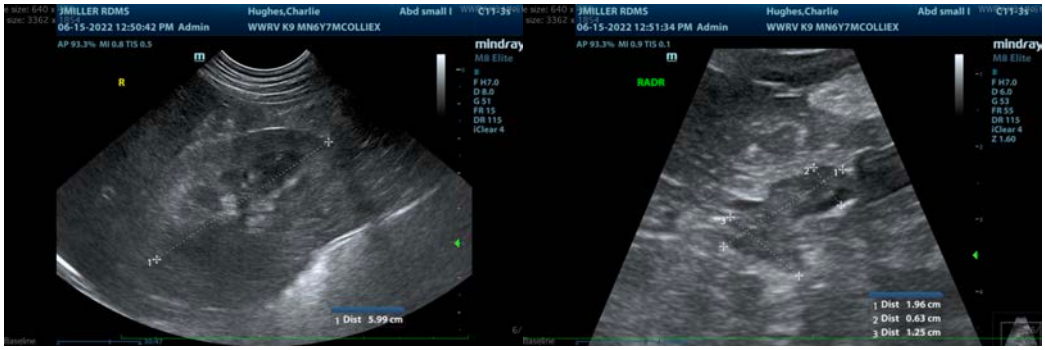

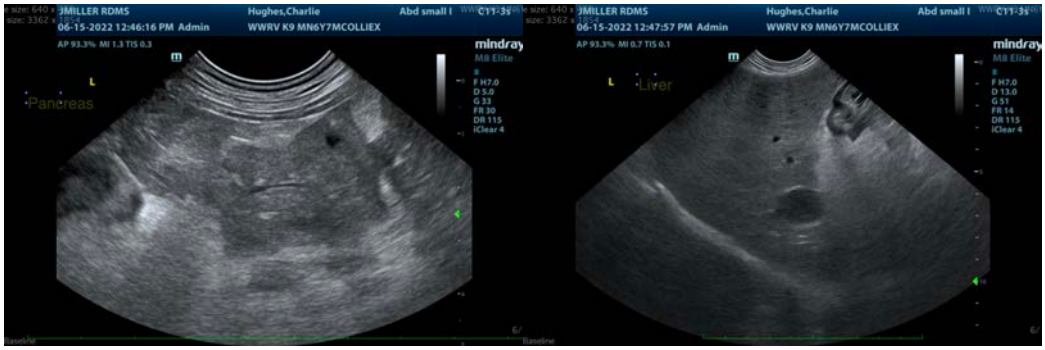

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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