



PATIENT

Revie Pilz

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

73 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

38732

DATE

6/15/22

PRESENTING CLINICAL SIGNS

3 day history of acute anorexia, vomiting, lethargy. O gave Deramaxx and Bute prior to the appointment (GI ulcer doses, not renal toxicity doses) O gave mineral oil orally Ultrasound performed after 12 hours on IV fluids

Abnormal PE/Chem/CBC/UA Results: PE on presentation 6/13 - depressed, febrile (103.4), abdominal pain CBC - unremarkable CHEM - elevated amylase/lipase, mild elevation ALT cPL - abnormal 6/14 - abdominal fluid analysis - pink, cloudy, Specific Gravity 1.028, Total Protein 3.9; cellular - primarily lymphocytes CBC - band neutrophils present CHEM - mild hypocalcemia, albumin low normal, ALT back to normal fever resolved

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is examined without evident pathology.

The right kidney is normal in size (6.75 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 (7.71 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 (0.63 cm at the caudal pole). The cranial pole is not well visualized, but not pathology is evident. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.63 cm at the cranial pole and 0.77 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

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.

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.



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Gastrointestinal

The stomach is difficult to fully visualize due to the marked amount of enhanced fat and mesentery in the cranial abdomen, but appears normal and appears to contain ingesta.

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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 the proximal duodenum, which is mildly thick, corrugated, and hyperperistaltic.

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

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Pancreas

The pancreas is prominent in size and hypoechoic to surrounding tissue with a marked amount of enhanced hyperechoic clumped fat and mesentery and free fluid throughout the entire cranial abdomen in the area of the pancreas.

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Free Abdomen

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

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PRIMARY FINDINGS

- Severe acute pancreatitis
- Focal hyperperistaltic, corrugated, thickened duodenum – likely secondary to the pancreatitis.

SECONDARY FINDINGS

- Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

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- Aggressive medical management of pancreatitis with antiemetics, gastroprotectants, appetite stimulants if necessary, pain management, broad-spectrum antibiotics, and fluid therapy.

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- Fresh frozen plasma transfusion and hyperbaric oxygen therapy, if available, could also be considered, given the severity.

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- Regular ultrasound monitoring with power doppler is recommended to monitor blood flow to the pancreas, due to the risk of necrosis, etc.

- A urinalysis is recommended if not recently evaluated, a urine culture if indicated based on urinalysis results, and a urine protein to creatinine ratio if there is protein in the urine and an otherwise quiet sediment.

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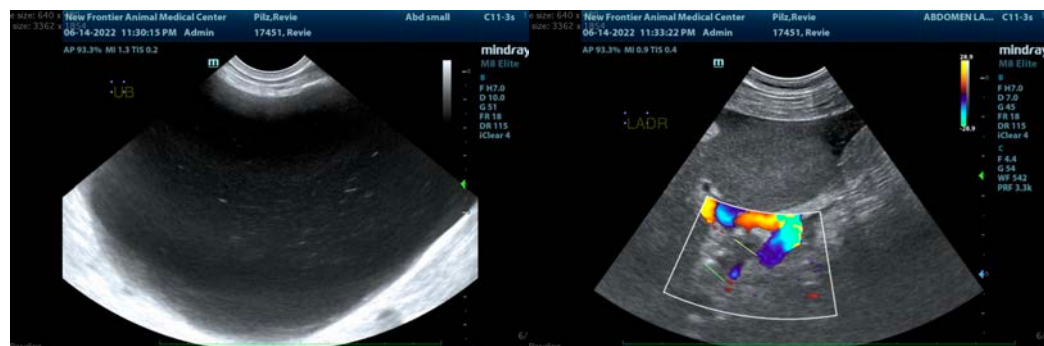
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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