



PATIENT

Cooper Clymer

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

46 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Vet Center

REFERRING VET

Dr. Garry Gotfredson

INVOICE

39038

DATE

6/24/22

PRESENTING CLINICAL SIGNS

Patient came in yesterday for vomiting after eating and drinking, not wanting to eat. Positive murphy sign over stomach and pancreas. Dog is very weak, and panting
Abnormal PE/Chem/CBC/UA Results: WBC=2302, neutrophils=19.39, Chem: Glucose=502, lipase=3385, amylase= >2500 UA pending

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 (5.8 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. A hyperechoic band parallel to the corticomedullary border is present.

The left kidney is normal in size (4.8 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. A hyperechoic band parallel to the corticomedullary border is present.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images. However, the area is examined without evident pathology.

The caudal pole of the left adrenal gland is visualized and is normal at 0.61 cm. The cranial pole is unable to be visualized. However, the area is examined without evident pathology.

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. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. 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.

Gastrointestinal

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



PATIENT	
Cooper Clymer	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 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	
Australian Shepherd	Pancreas The pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour, primarily in the right limb. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.
SEX	
Neutered Male	Free Abdomen Enhanced hyperechoic clumped fat and mesentery are noted, as are small pockets of anechoic free fluid in the area of the right limb and body of the pancreas. No appreciable lymphadenopathy is evident in these images.
AGE	
10 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> Acute pancreatitis with secondary gastric ileus suspected based on the gastric distention. 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. Medullary Rim Sign - of unknown clinical significance and can be a normal variant. Medullary rim sign(s) should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc.
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39038	<ul style="list-style-type: none"> Quantitative PLI is recommended. Management of the diabetes will be dictated by the reportedly pending urinalysis. If ketones are not present, and the patient is eating, normal long-acting insulin may be able to be started. However, if this patient is ketonic and or not eating, more aggressive management with in-hospital regular administration of short acting insulin with close monitoring of blood
DATE	
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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sugars and ketones recommended until the ketosis has resolved and the patient is eating, at which case transition to normal insulin can be pursued

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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.

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