



PATIENT	PRESENTING CLINICAL SIGNS
Tobias Taylor	Diagnosed with Diabetes mellitus January 2023, has been gradually increased to 11.5 units Vetsulin BID. Last insulin dose by owner was Thursday night. Friday Os found vomit, rDVM gave SQF and Cerenia, BG 230. Pt continued vomiting Friday night, went to rDVM Saturday, transferred here for hospitalization.
SPECIES	Abnormal PE/Chem/CBC/UA Results: rDVM labs CBC: HCT 54.6%, WBC 17.39 (H, with neutrophilia 15.78), Plt 545 Chem: Alb 2.0 (L), ALP 565 (H), ALT 91, Amylase 3043 (H), Tbili 0.5, BUN 40, Creat 1.2, Ca 9.1, Phos 8.1 (H), Gluc 667 (H), Na 118 (L), K 3.8, TP 5.8 UA: USG 1.027, trace protein, pH 5, Blood 3+, Ketones 10, Gluc 2+
Canine	
BREED	
Terrier	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	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.
9 Years	
WEIGHT	The right kidney is normal in size (5.41 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.
11.2 kg	
INTERPRETED BY	The left kidney is normal in size (5.41 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.
Beth Johnson, DVM DACVIM	Adrenal Glands
IMAGING PERFORMED BY	The area of the right adrenal gland is examined without evident pathology.
Dr. Anna Wepprich	The left adrenal gland is normal in size (0.75 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
HOSPITAL NAME	Spleen
Wilvet Salem	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.
REFERRING VET	Liver
Dr. Anna Wepprich	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.
INVOICE	
43873	
DATE	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
7/16/23	



PATIENT *Gastrointestinal*

Tobias Taylor 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.

SPECIES

Canine 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.

BREED

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

SEX

Neutered Male

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

AGE

9 Years

Free Abdomen

WEIGHT

11.2 kg

There is a moderate amount of free fluid present in these images.

There is no apparent lymphadenopathy noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe acute pancreatitis – pancreatic necrosis cannot be ruled out, and color flow or power doppler is recommended to help better assess vascularity of pancreas as monitoring is pursued.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

IMAGING PERFORMED BY

Dr. Anna Wepprich

HOSPITAL NAME

Wilvet Salem

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. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

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In addition to the above therapeutic recommendations, short-acting insulin therapy is recommended until patient is eating reliably and ketones have resolved, while closely monitoring blood sugars, ketones, etc. for improvement.

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PATIENT

Tobias Taylor

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.2 kg

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

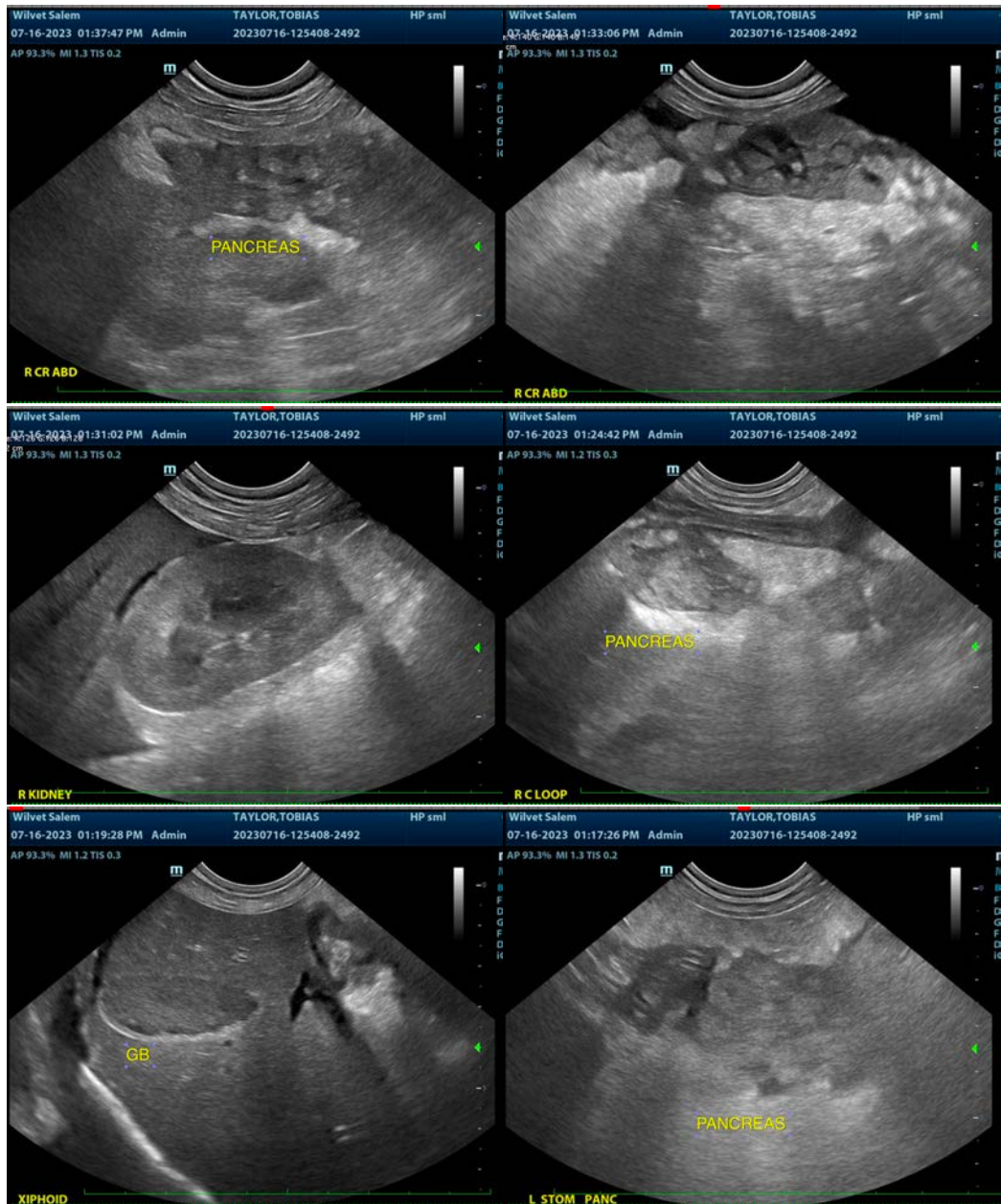
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Tobias Taylor

SPECIES

Canine

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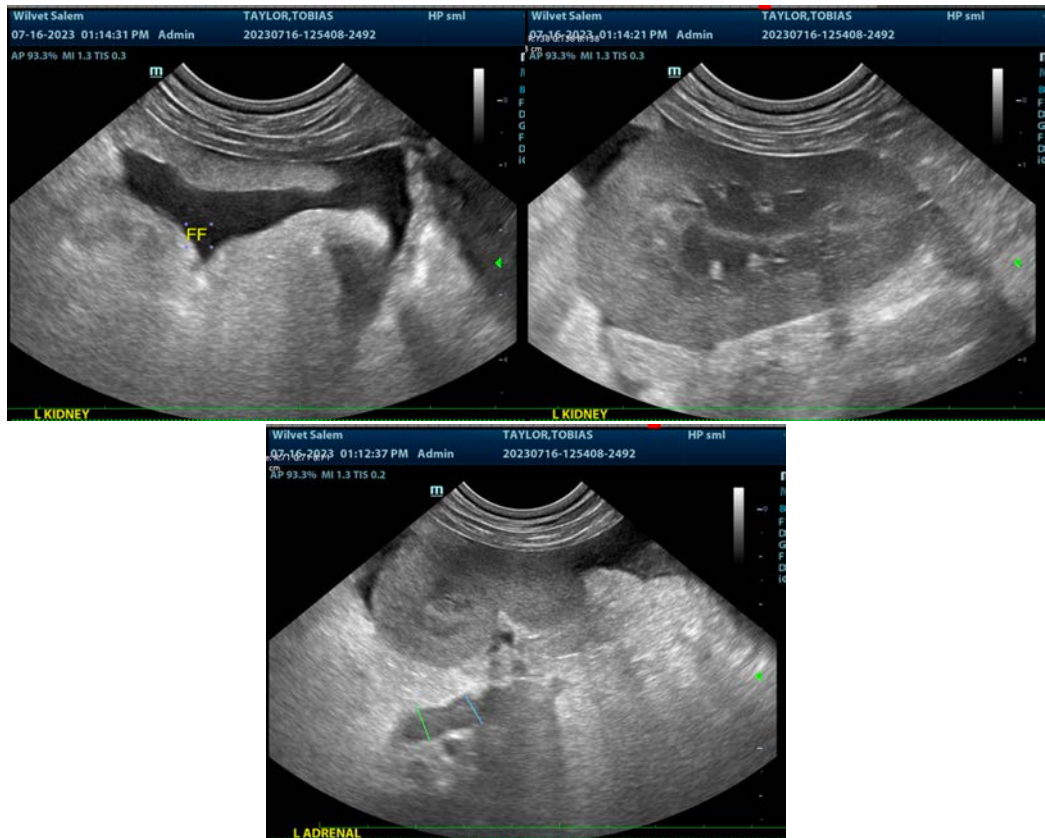
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com