



PATIENT PRESENTING CLINICAL SIGNS

Carmella Smith Hx of pancreatitis, fever, abdominal pain, lethargy, v/d
Abnormal PE/Chem/CBC/UA Results: BUN 30 RBC 4.7 ALT 184 ALKP 653

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Jack Russell

SEX The area of the prostate is examined without evident prostatic pathology.

Neutered Male

AGE Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 3.83 cm. The right kidney measures 4.14 cm.

15 Years

WEIGHT Adrenal Glands

7 kg The right adrenal gland is unable to be well visualized in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.61 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.

IMAGING PERFORMED BY

Hayley Heindel, CVT

Liver

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

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.

REFERRING VET

Dr. Bateman

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.

INVOICE Gastrointestinal

44357

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

7/27/23



PATIENT

Carmella Smith

Diffusely, 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). Focally, adjacent to the pancreas, the duodenum is mildly thick and hyperperistaltic. 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

Jack Russell

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. The changes are diffuse but the right limb is more affected visibly than the left.

SEX

Neutered Male

Free Abdomen

A small amount of anechoic free fluid is noted in the cranial abdomen as well as diffusely enhanced hyperechoic mesenteric fat throughout the cranial abdomen.

AGE

15 Years

There is no apparent lymphadenopathy noted in these images.

WEIGHT

7 kg

PRIMARY FINDINGS

- Moderate to severe acute pancreatitis affecting the entire pancreas with the right limb being visibly more affected than the left.
- Suspect secondary gastroenteritis/duodenitis

INTERPRETED BY

Beth Johnson, DVM
DACVIM

SECONDARY FINDINGS

- Age related kidney changes

IMAGING PERFORMED BY

Hayley Heindel, CVT

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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Emergency Hospital

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Hayley Heindel, CVT

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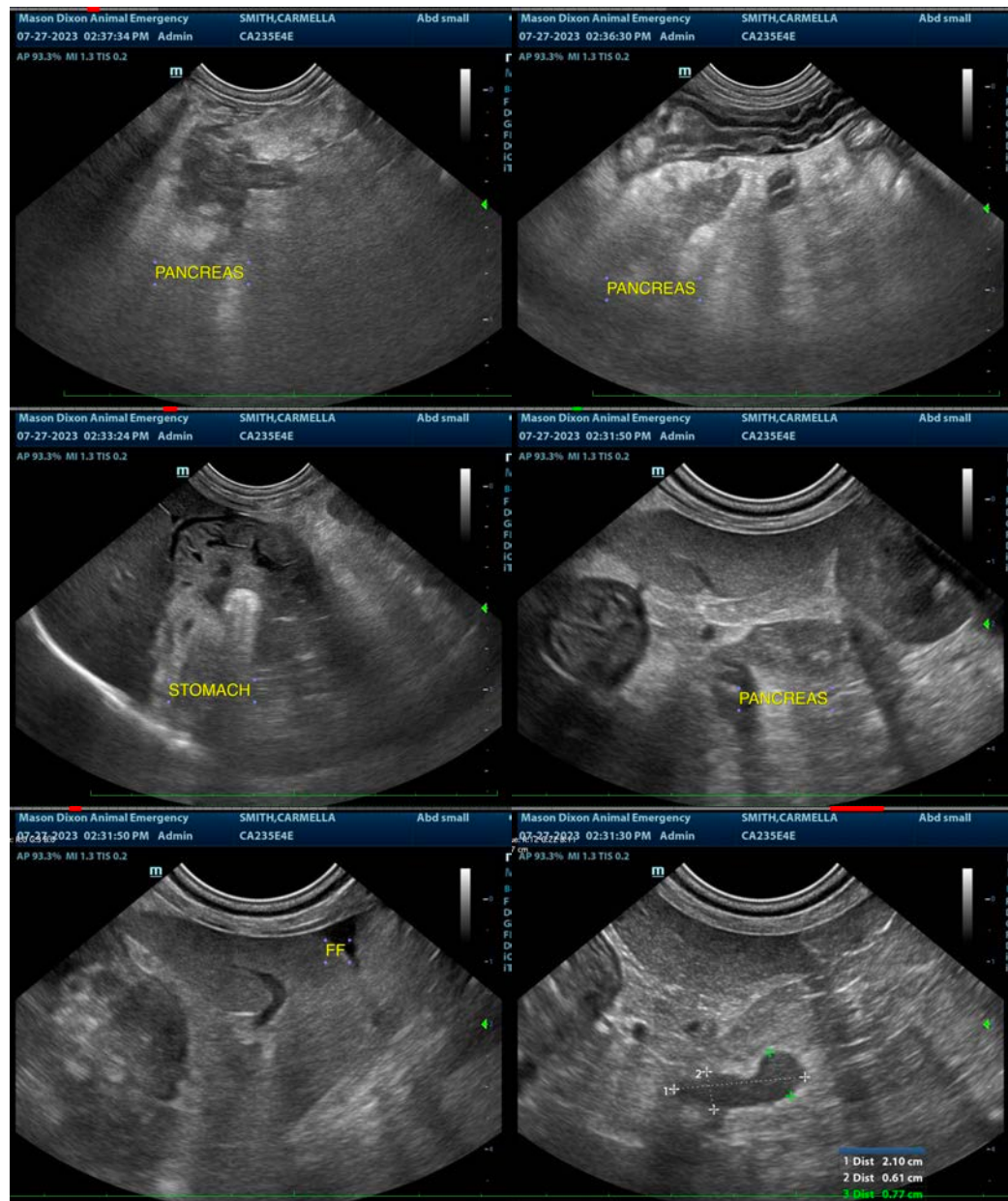
Dr. Bateman

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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
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