



**PATIENT**

Meeka Baldwin

**SPECIES**

Canine

**BREED**

Alaskan Klee Kai

**SEX**

Spayed Female

**AGE**

12.5 Pounds

**WEIGHT**

7.47 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Laura

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr Bateman

**INVOICE**

17019

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

History: had a gastrotomy performed 10 days ago to remove fishhook, did well post op, acutely lethargic last night 8/23 with a decreased appetite and an elevated WBC.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

Left kidney is normal is size (4.07 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, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

Right kidney is normal is size (3.21 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, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

**Adrenal Glands**

Left adrenal gland is normal in size (1.4 cm long x 0.57 cm at cranial pole and 0.45 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without pathology.

**Spleen**

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 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.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. 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.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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### ***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.

## SEX

Spayed Female

### ***Free Abdomen***

There is no appreciable free fluid and no lymphadenopathy. Enhanced/hyperechoic fat and mesentery are present throughout the cranial abdomen.

## AGE

12.5 Pounds

## ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis
- Emerging mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

## WEIGHT

7.47 kg

- The enhanced fat and mesentery in the cranial abdomen is likely a combination of normal post-operative inflammation combined with inflammation secondary to suspected acute pancreatitis. There is no definitive evidence of post-operative gastric wall dehiscence, however, it cannot be 100% definitively ruled out given the proximity of the pancreas and the associated inflammation to the gastric wall.

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- Nonobstructive dystrophic mineralization bilaterally

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

Mason Dixon AEH

A quantitative PLI is recommended, if not recently evaluated, followed by 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 clinical signs do not improve and/or progress/decline, recheck imaging is recommended.

## REFERRING VET

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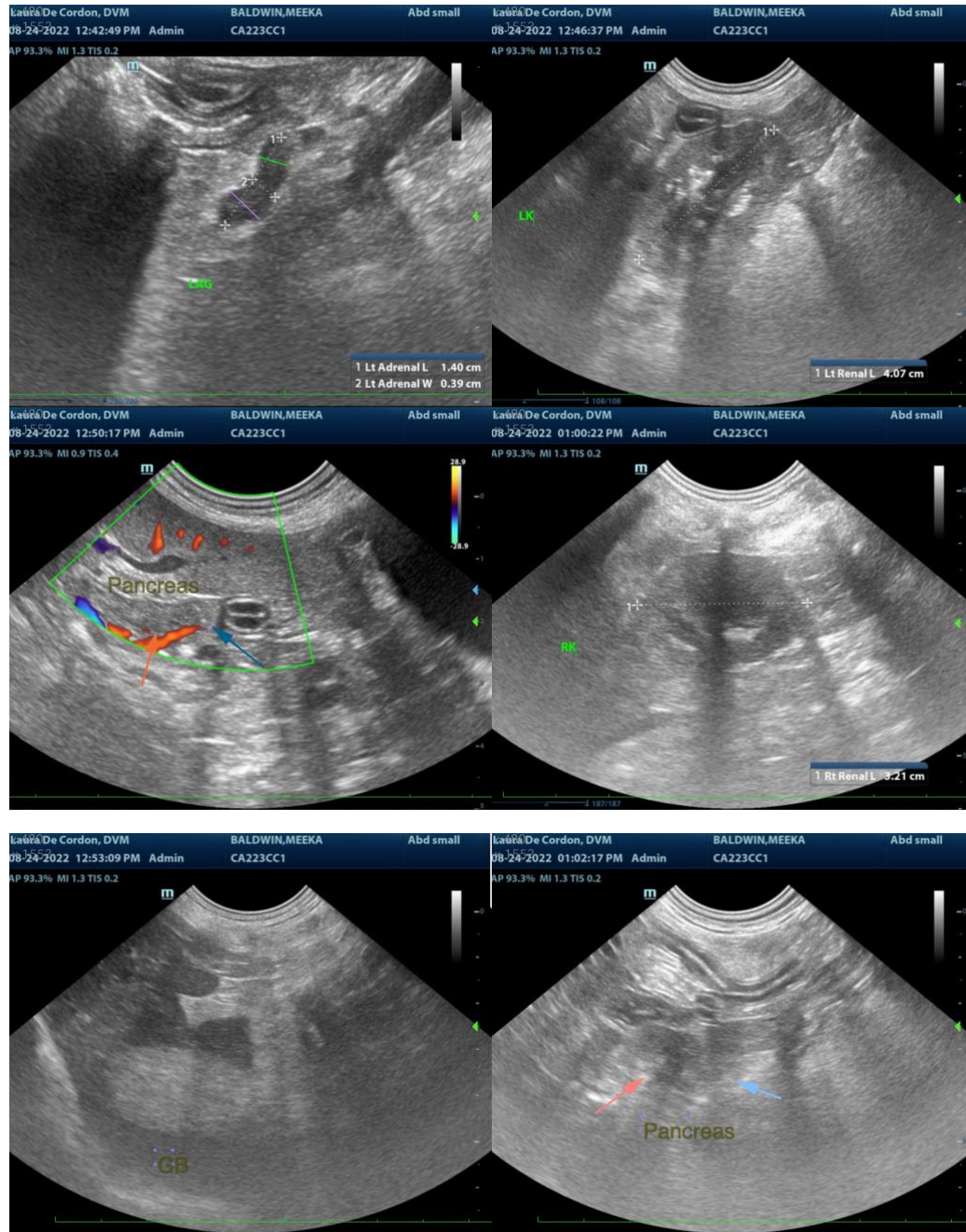
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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