



PATIENT	PRESENTING CLINICAL SIGNS
Calvin Speranza	Presented at our hospital for sudden lethargy. O said he was fine this am then he was laying on his side in his kennel, stool was coming out. O said his gums weren't as dark and felt cold. Vomited 1 time on the way to Shores (vomited 5 times small amount in exam room). Does not get into things; lantern flies, grass, mushrooms in yard. Previous Health Concerns: Heartworm 8/21
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Temp: 98.6 F Abdominal: tense cranial abdomen, no obvious mass; full feel to cranial abdomen; RECTAL: formed but soft Radiographs: lack of detail cranial abdomen Chemistry: Glucose 156 H, ALT 387 H, Total Bili 0.6 H CBC: Hgb 22.3 H, HCT 60.1 H, MPV 7.9 H EPOC: pH 7.344 L, K+ 3.1 L, Glucose 156 H, HCT 63% H Resting cortisol: pending
BREED	
Pit Bull X	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Neutered Male	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.
AGE	Prostate is normal in size, echotexture and echogenicity for a neutered male.
20 Months	The right kidney is normal in size (5.75 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.
WEIGHT	The left kidney is normal in size (5.61 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.
15 kg	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.80 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (2.5 cm long x 0.38 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Erin Wicks	
HOSPITAL NAME	Spleen
Shores VEC	Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
REFERRING VET	Liver
Dr. Lupole	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	The gallbladder is non-distended in size. The wall is mildly thick and edematous, measuring 0.49 cm thick. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
41644	
DATE	
9/25/22	



PATIENT

Calvin Speranza

Gastrointestinal

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

Pit Bull X

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

20 Months

Free Abdomen

A moderate amount of anechoic free fluid is noted in the cranial abdomen.

There is no apparent lymphadenopathy noted in these images.

WEIGHT

15 kg

ULTRASONOGRAPHIC FINDINGS

- Moderate to severe acute pancreatitis with associated free fluid in the cranial abdomen
- **Edematous gallbladder wall** – likely secondary to the free abdominal fluid. Concurrent cholangitis cannot be ruled out.
- **Hypersplenism** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Shores VEC

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. If a full GI isn't possible, a quantitative PLI is recommended.

REFERRING VET

Dr. Lupole

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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If the ALT does not resolve with resolution of the pancreatitis, testing for Leptospirosis is warranted +/- follow up liver sampling in the form of a fine needle aspirate if patient's coagulation status is appropriate.

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SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

20 Months

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Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

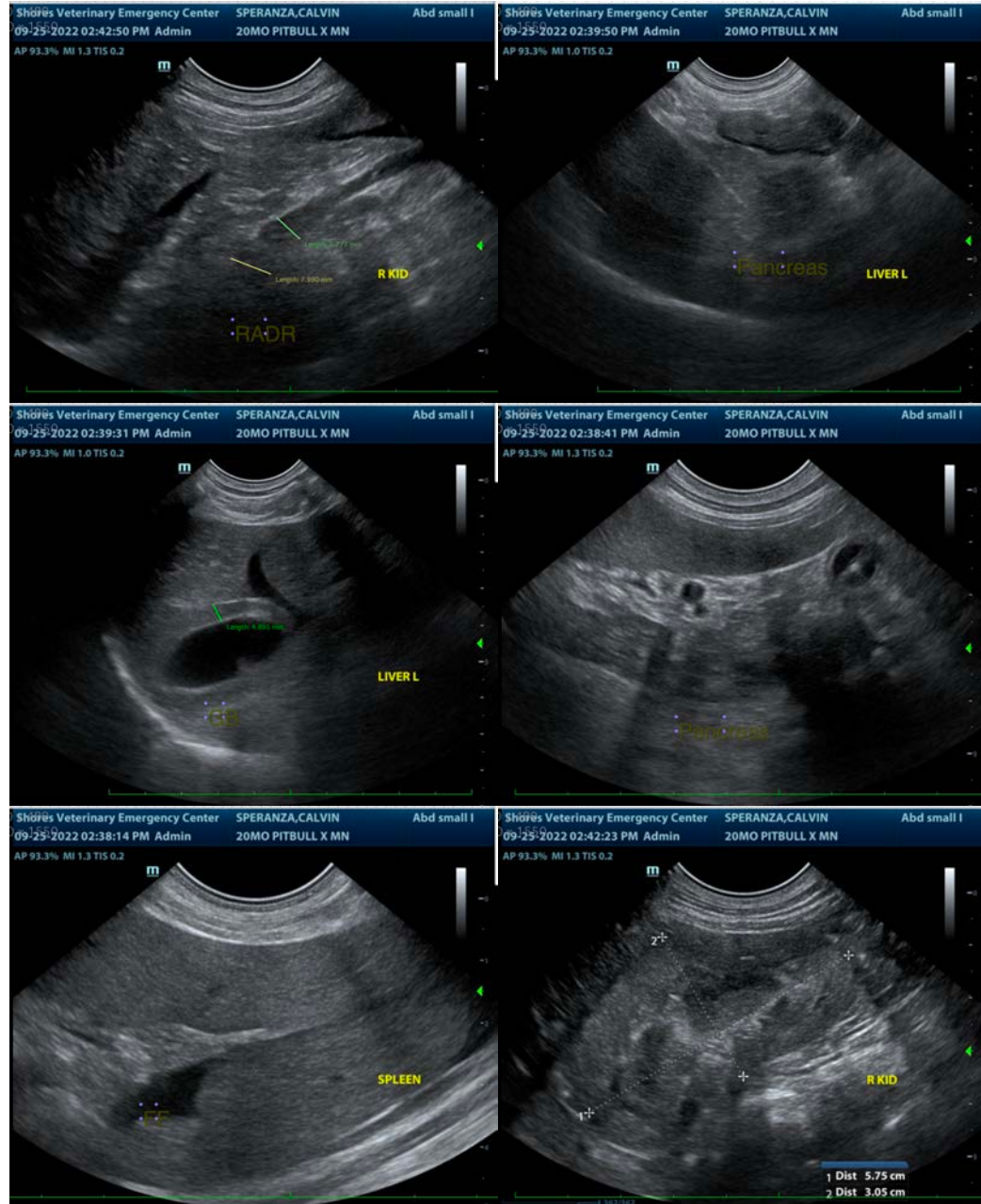
Dr. Lupole

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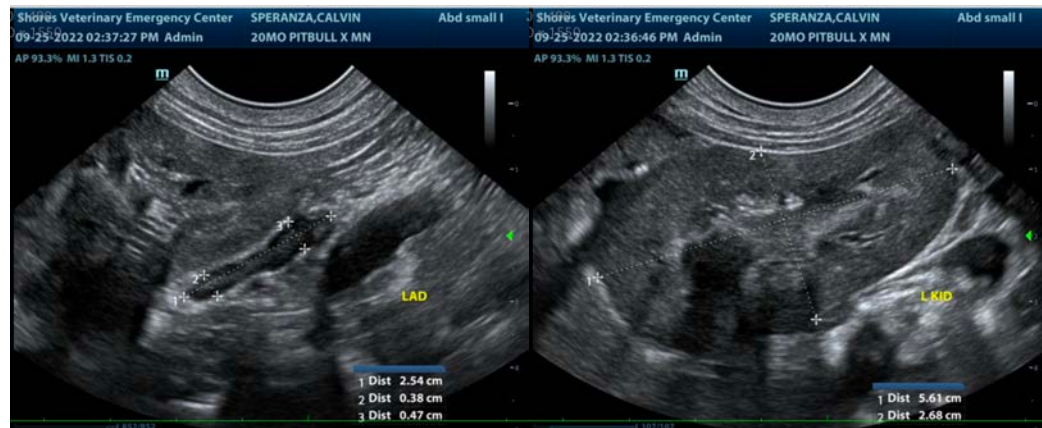
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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