



PATIENT

Franklin Casella

SPECIES

Canine

BREED

Corgi Mix

SEX

Neutered male

AGE

13 years

WEIGHT

34 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Vanderborgart

INVOICE

31178

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Hx of v/d-hospitalized 6/17 w/IVF; Cerenia, serial abd. rads showed movement in GI. Sent home w/cerenia and famotidine. P returned 6/21-Will only eat small of amount of chicken (no v/d O is aware of), lethargic. Pet was ~10% dehydrated on representation, abdominal rads unremarkable. Uncomfortable on palpation of mid abdomen. Rectal exam wnl (soft stool). Hospitalized w/ IVF, cerenia, ampi, metro (oral) improvement on hydration status but still uncomfortable on abd. palpation of mid abdomen.
Abnormal PE/Chem/CBC/UA Results: WBC 22 (17 H); Neut 19.43 (12 H); ALP 446 (150 H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is normal for a neutered dog.

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 5.39 cm and the right kidney measured 5.98 cm.

Adrenal Glands

Left adrenal gland is normal in size (2.3 cm long, 0.64 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.4 cm long, 0.55 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 enlarged with irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. At the mid liver there is a



PATIENT	rounded, homogenous, isoechoic lobe approximately 3.0 cm in diameter that has an early emerging mass like appearance.
Franklin Casella	
SPECIES	Gallbladder is moderately overly 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.
Canine	
BREED	Gastrointestinal
Corgi Mix	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.
SEX	The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.
Neutered male	
AGE	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
13 years	
WEIGHT	Pancreas
34 lbs	The observed right limb and body of the 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 along with a scant amount of free fluid.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	Free Abdomen
IMAGING PERFORMED BY	There is no evidence lymphadenopathy noted in these images. See pancreas.
Shari Reffi CVT	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Andover AH	Primary Findings
REFERRING VET	1. Mild, acute pancreatitis.
Dr. Vanderbogart	2. Inflammatory bowel disease pattern (IBD) - This finding has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No concurrent lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probably, but lymphoma cannot be definitively ruled out without tissue sampling.
INVOICE	3. Liver Nodular Hyperplasia Pattern – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. Given the emerging mass like appearance of the caudal mid liver, infiltrative neoplasia such as primary hepatocellular carcinoma or infiltrative round cell neoplasia are not
31178	
DATE	
6/22/22	



PATIENT

Franklin Casella

considered any less likely than possible benign nodular hyperplasia, etc. Tissue sampling is required to differentiate.

SPECIES

Canine

SECONDARY FINDINGS:

1. Urinary bladder sediment.
2. Age related kidneys.
3. Gallbladder debris (canine) - 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.

BREED

Corgi Mix

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 years

1. The immediate recommendation is Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid support 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.

WEIGHT

34 lbs

2. Additional diagnostics pending response to therapy for the pancreatitis include:

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- 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.
- FNA of the liver is recommended if the patient's coagulation status is appropriate.
- Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Andover AH



REFERRING VET

Dr. Vanderbogart

INVOICE

31178

DATE

6/22/22



PATIENT

Franklin Casella

SPECIES

Canine

BREED

Corgi Mix

SEX

Neutered male

AGE

13 years

WEIGHT

34 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Andover AH

REFERRING VET

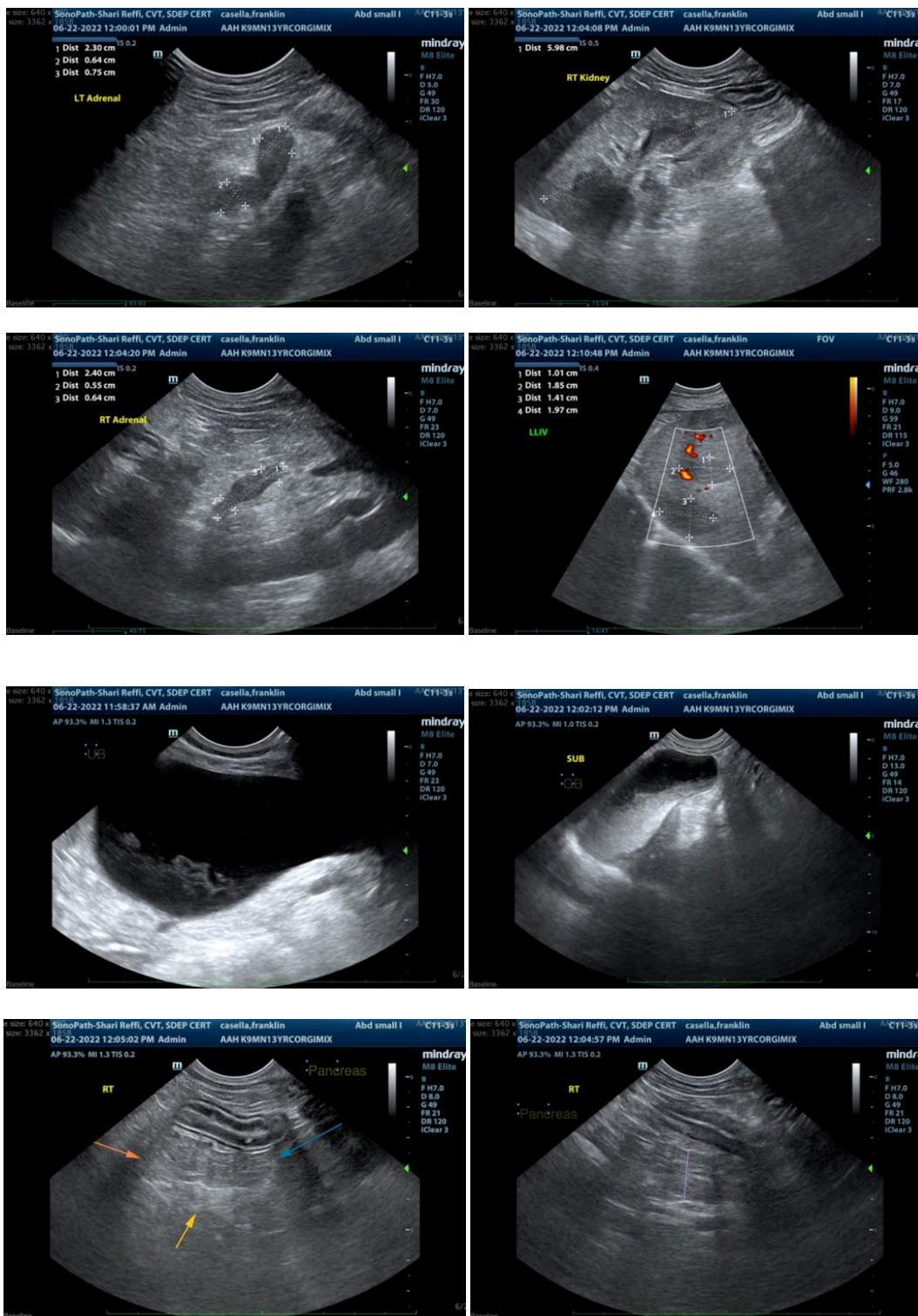
Dr. Vanderbogart

INVOICE

31178

DATE

6/22/22





PATIENT

Franklin Casella

SPECIES

Canine

BREED

Corgi Mix

SEX

Neutered male

AGE

13 years

WEIGHT

34 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Andover AH

REFERRING VET

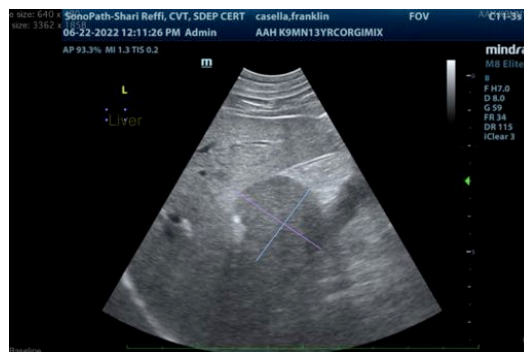
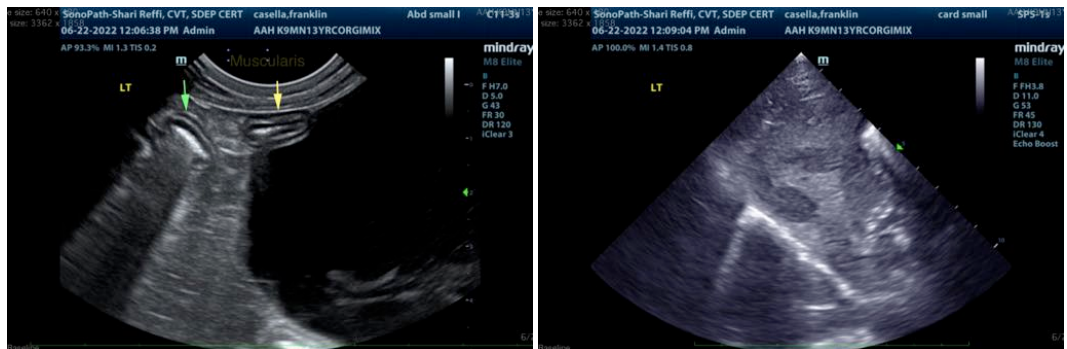
Dr. Vanderborgart

INVOICE

31178

DATE

6/22/22



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