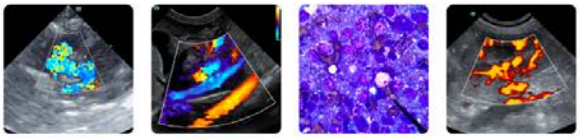


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bailey Irwin

SPECIES

Canine

BREED

Mastiff x

SEX

Spayed Female

AGE

9 Years

WEIGHT

43 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Codrington

INVOICE

74478

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Concern for pancreatitis VS FB

Current Medications: Prednisone 50mg - q48h

Abnormal PE/Chem/CBC/UA Results: Low Potassium, High ALP, Amylase and Lipase rads attached. Blood Work: Results showed evidence for pancreatitis and mild electrolyte derangements. The remainder of the results were otherwise unremarkable. Radiographs: Findings are concerning for a partial gastrointestinal obstruction, though they are somewhat inconclusive at this time. There is no evidence of a clear mechanical obstruction that would necessitate urgent emergency surgery this evening.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 7.46 cm.

The right kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Right kidney measures 7.48 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measured 2.29 cm in length x 0.59 cm at the caudal pole and 0.69 cm at the cranial pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measured 2.76 cm x 0.82 cm in thickness.

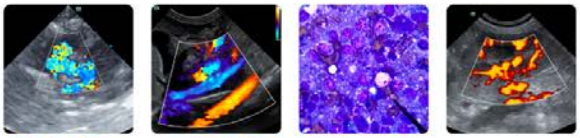
Spleen

The spleen was normal in size with a mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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Gastrointestinal

The stomach contains a small volume of fluid. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The mesentery around the pancreas is thickened and hyperechoic consistent with peripancreatic inflammation.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted.

There is scant anechoic fluid noted in every quadrant.

There is a pocket of fluid that appears possible to aspirate in the caudal abdomen near the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Abdominal effusion.
- Significant peripancreatic inflammation.
- Mottled spleen.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The peripancreatic inflammation together with abdominal effusion is suggestive of significant abdominal inflammation with pancreatitis being a likely differential. There are no signs of foreign body obstruction on the images provided. Abdominocentesis with plan for fluid analysis and cytology is strongly recommended to rule out septic abdominal effusion, though no source of abdominal sepsis was present on ultrasound. If septic effusion can be ruled out, treatment for pancreatitis/peritonitis is reasonable.

Treatment for pancreatitis is entirely supportive and involves fluid support, GI support - anti-nausea (ondansetron, cerenia 2mg/kg PO SID), appetite stimulation (mirtazapine, elura), analgesia (buprenorphine, gabapentin) and enteral nutrition as needed (syringe feeding, NG tube placement, etc). Panoquel could be considered if available and deemed clinically warranted. Antibiotics are generally not warranted for acute pancreatitis as it is usually sterile, however given the severity of inflammation I would consider using antibiotics (ex unasyn +/- fluoroquinolone) in this case. Intravenous antibiotics are preferred to ensure absorption and decrease GI side effects of oral antibiotics which can lower appetite compromising treatment and recovery. Anti-inflammatory steroids may be tried in an attempt to reduce inflammation if traditional supportive care is inadequate. Serial imaging is indicated to monitor response to treatment.

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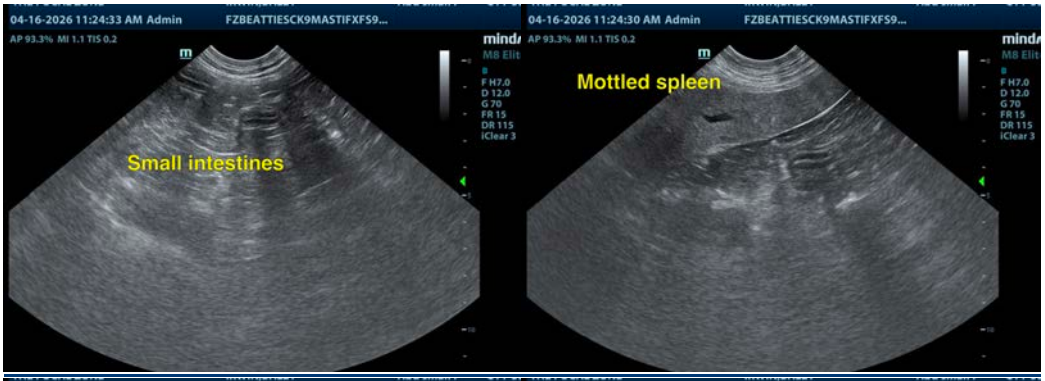

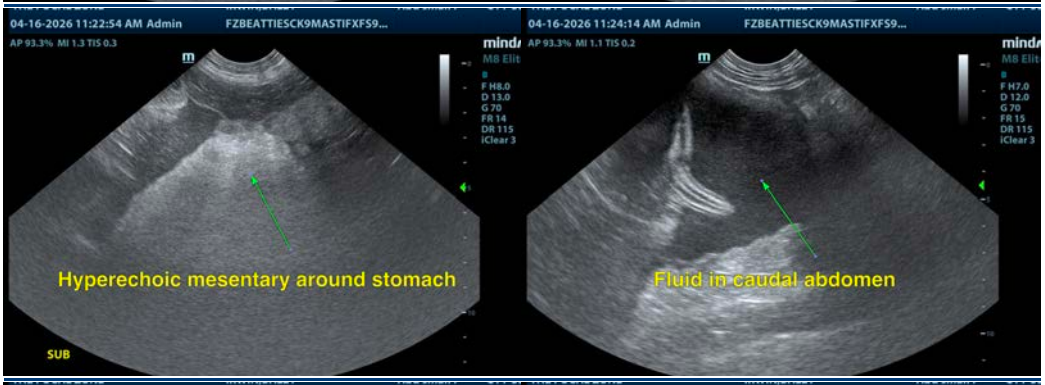

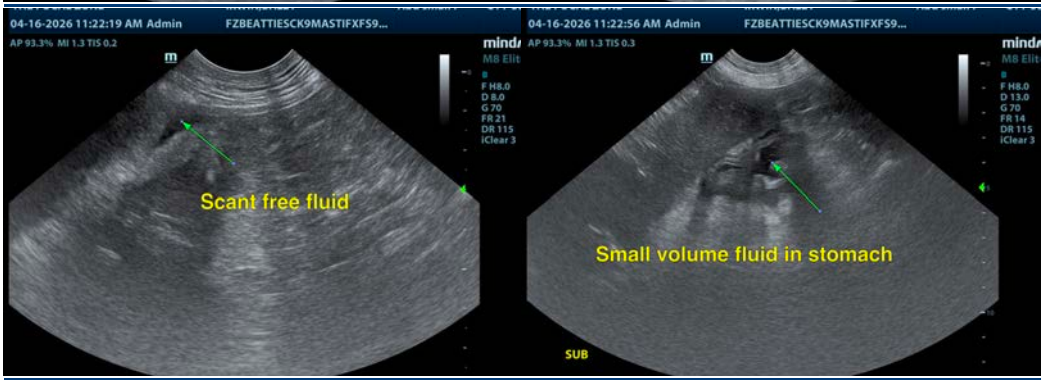

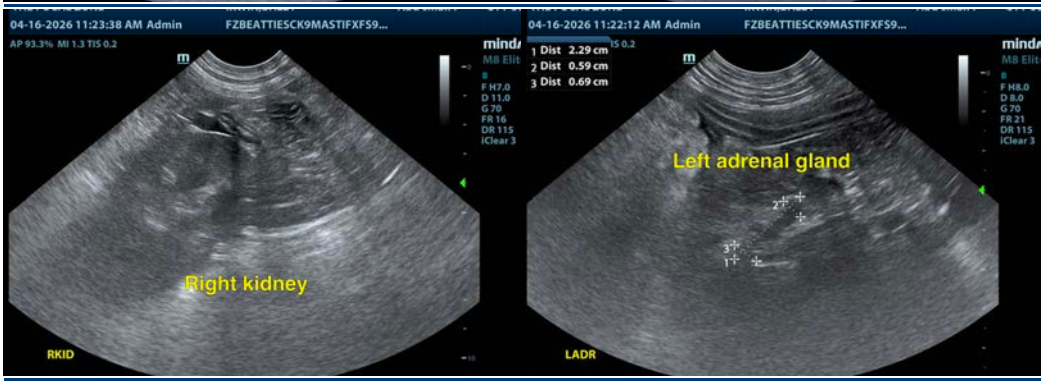

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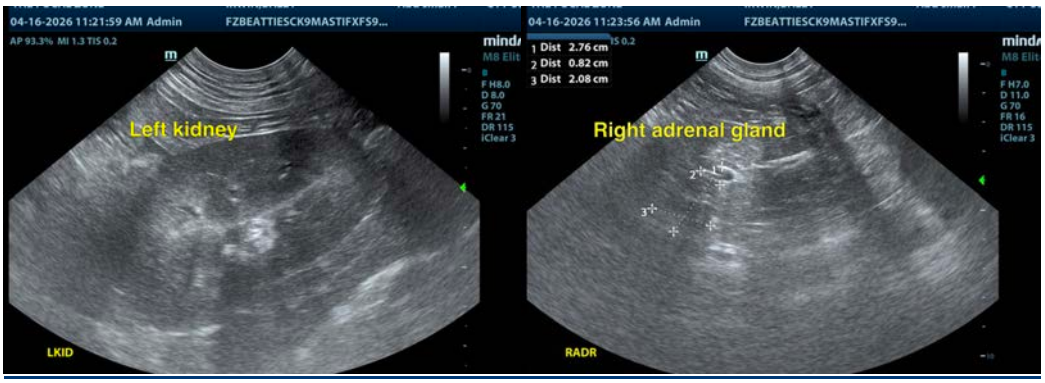

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com