


PATIENT PRESENTING CLINICAL SIGNS

River Campbell History: vomiting, diarrhea, elevated ALT and Tbili; polydipsic; Vitamin D, K, A ingestion 4 days ago- poison control does not think related. Ate rubber ball yesterday, vomited it up. On Convenia, ondansetron.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: phos 7.1, ALT 883, Tbili 1.3, K 3.3; UA: dark yellow, quiet sediment. cannot assess bilirubin due to staining of dipstick. USPG 1.046

BREED

Hound Mix

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was full with anechoic urine with mild suspended sediment. The wall was normal in thickness and tone. The trigone and pelvic urethra was visualized to a depth of 4.00 cm with no obstruction or stones.

AGE

1 year

Both kidneys were of a normal size and shape. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no pelvic dilation. The left kidney measured 6.50 cm in length. The right kidney measured 6.00 cm in length.

WEIGHT

49 lbs

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

Adrenal Glands

Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 4.00 mm at the caudal pole, 3.00 mm at the cranial pole and 2.20 cm in length. The right adrenal gland measured 4.00 mm at the caudal pole, 15.00 mm at the cranial pole and 2.60 cm in length.

IMAGING PERFORMED BY

Diane McFadden

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

HOSPITAL NAME

Newton VH

Liver/Gallbladder

The liver was subjectively normal in size with a smooth capsule contour. There was a trace amount of free fluid between the liver lobes. The parenchyma was mildly coarse, with slight increase in the portal markings. The gallbladder was of normal in size and shape. However, there was a thick, hypoechoic 'halo' around the outside of the gallbladder (measuring 5.00 mm wide). This most likely represents fluid around the gallbladder. The contents of the gallbladder were anechoic. The common bile duct was followed to the duodenal papilla. There was no overt obstruction. There is regional inflammation around the common bile duct near the right pancreas.

REFERRING VET

Dr Kim

INVOICE

13946

Gastrointestinal
DATE

8.4.23

The stomach was normal in size and shape with a thickened wall due to a thickened, echogenic, mucosal layer. There was a mild amount of retained fluid within the stomach. There was not any visible foreign body or obstructive pattern. The duodenum was hyperperistaltic, with mild mucosal thickening. The remainder of the small intestine was primarily empty, with occasional small amounts of fluid and segmental ileus (mild). The colon was mildly thickened due to mucosal thickening and was primarily empty.



PATIENT *Pancreas*

River Campbell

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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Pancreas

The pancreas was diffusely enlarged with irregular capsule contour and hyperechoic mesentery around it. There was localized free fluid around the pancreas, especially at the body of the pancreas. There was significant bright mesentery in the cranial abdomen, indicating inflammation.

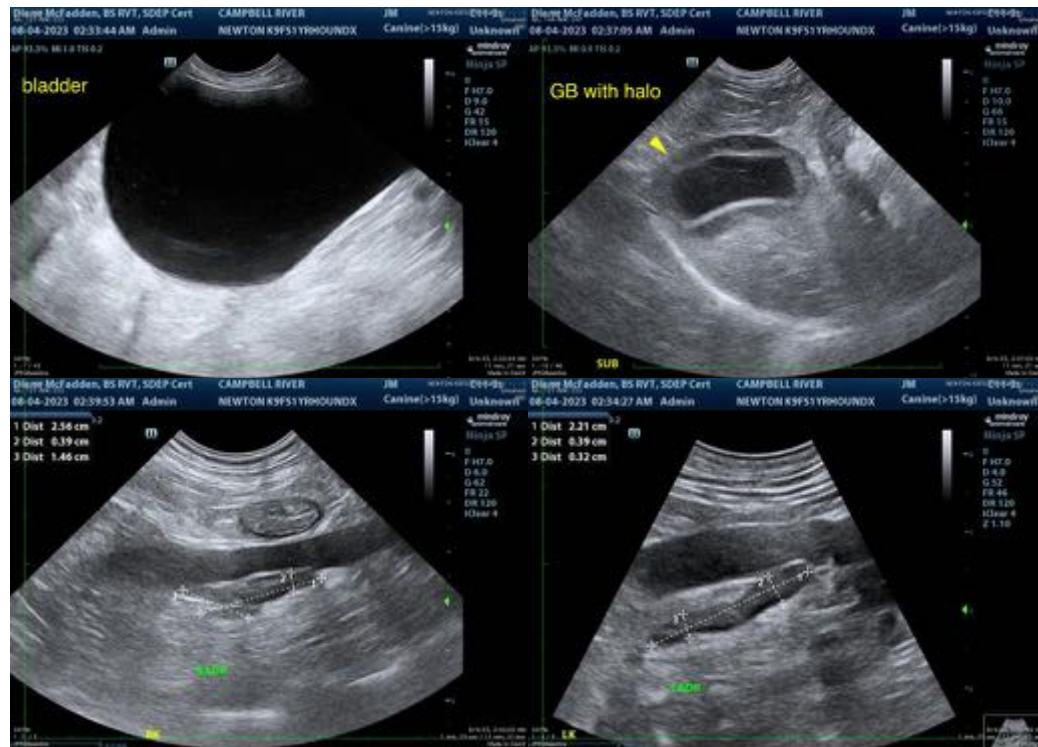
Free Abdomen

FINDINGS

- Severe diffuse pancreatitis – potential for acute necrotizing pancreatitis
- Moderate gastritis pattern
- Gallbladder “halo” – suspect free fluid in the cranial abdomen secondary to inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs and sonographic presentation are consistent with severe acute pancreatitis with secondary localized peritonitis. I recommend in-hospital supportive care, IV fluids, analgesics, and antibiotics (if indicated). River may need 24-hour care for the next 48-72 hours (if not longer). A recheck ultrasound in 48 hours is recommended, especially if he is not improving. Severe pancreatitis can be life-threatening. The use of Panoquell may be useful in this dog.





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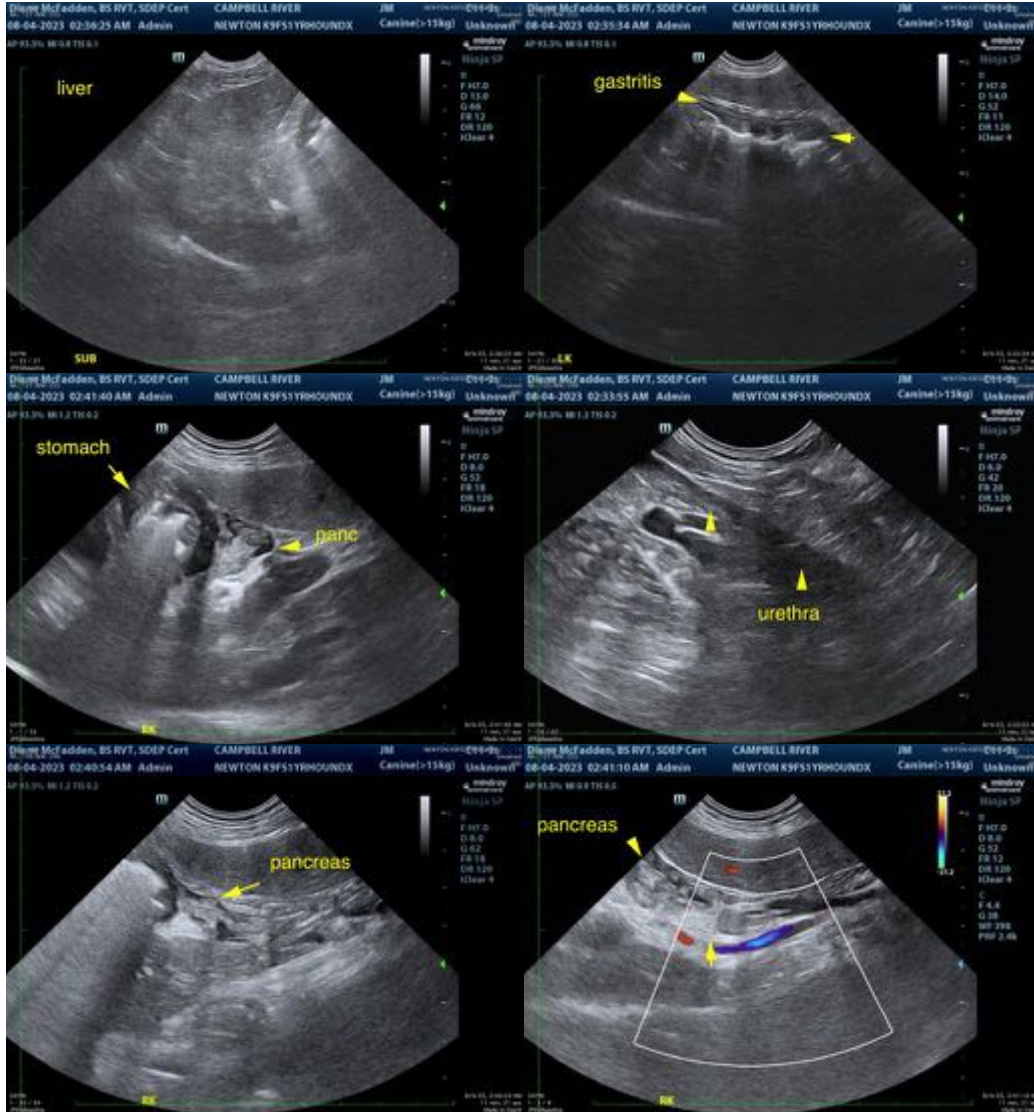
Karen Ebersole, DVM,
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HOSPITAL NAME

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REFERRING VET

Dr Kim

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.

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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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com

DATE

8.4.23