



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Precious Hancock  
**SPECIES** Presented 7/11 for not acting right since the 4th of July, anxious, not eating much, and vomiting. History of elevated Alk Phos but had neg ACTH Stim test at some point in the past. Labs 7/11 showed mild neutrophilia and moderate ALk Phos elevation.

**SPECIES** Canine  
Abnormal PE/Chem/CBC/UA Results: Neutrophils 14.8 (3-12) Alk Phos 898 (20-150)

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** Pit x Border Collie  
**Urinary System**

**SEX** The **urinary bladder** was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no sediment or uroliths. The ureters were not visible, which is normal. The bladder trigone were normal.

**AGE** The **iliac trifurcation** was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. The medial iliac lymph nodes were visualized and found to be normal in size, shape and echogenicity.

**WEIGHT** Both **kidneys** were subjectively normal in size for breed and body weight. 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 with pinpoint mineralizations. There was no evidence of pyelectasia or renoliths. The left kidney measured 6.5 cm in length.

**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 breed. The capsule of each gland was smooth with no evidence of capsular expansion. The echogenicity and echotexture of each gland was normal. There was no evidence of vascular invasion or inflammation. The left adrenal gland measured 0.4 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland measured 1.9 cm at the cranial pole and 0.6 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Amy Jagger

**Spleen**

**HOSPITAL NAME**

VCA Parkway AH

The **spleen** displayed a mass/focal lesion causing mild capsular deviation. The mass measured 3.7 cm by 2.6 cm. The parenchyma of the mass was heterogenous with irregular hyperechoic, non-shadowing areas. There was no visible cavitation in the mass. The portions of the spleen not affected by the mass displayed normal finely textured and homogenous parenchyma.

**REFERRING VET**

Dr. Amy Jagger

**Liver**

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The **liver** was subjectively increased in size with mildly rounded capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

**DATE**

7/20/23



**PATIENT**

Precious Hancock

**SPECIES**

Canine

**BREED**

Pit x Border Collie

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

75 Pounds

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**Gastrointestinal**

The **stomach** presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct with a prominent muscularis layer with echogenic speckling. The gastric body wall measured 1.2 cm width. Mild gastric distension with primarily anechoic fluid was present. The **small intestine** displayed normal curvilinear patterns throughout, with normal wall thickness and layering. The visible **colon** wall was normal in thickness and layering. There were no visible masses or focal lesions.

**Pancreas**

There was generalized enlargement of the pancreas with ill-defined, hypoechoic parenchyma and irregular contour. The surrounding omental fat around the enlarged hypoechoic pancreas was echogenic indicative of inflammation, adhesions, focal peritonitis, or saponification.

**Free Abdomen**

No peritoneal effusion or lymphadenopathy was noted on examination of the peritoneal cavity.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate gastritis pattern
- Severe, active pancreatitis with regional peritoneal inflammation
- Splenic mass/lesion – inflammatory vs potential for emerging neoplasia
- Nodular changes in the liver – age related changes, reactive hepatopathy or chronic hepatopathy are all possible

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hospitalization, IV fluids, aggressive supportive care and analgesia therapy are all indicated in this dog. This may be a necrotizing pancreatitis, with a secondary splenic inflammatory lesion; however, severe pancreatitis and pancreatic neoplasia can appear similar on ultrasound.

FNA of the splenic mass/lesion and pancreas are recommended using a 25G needle assuming a normal clotting profile. Recheck US in 3-5 days is recommended.





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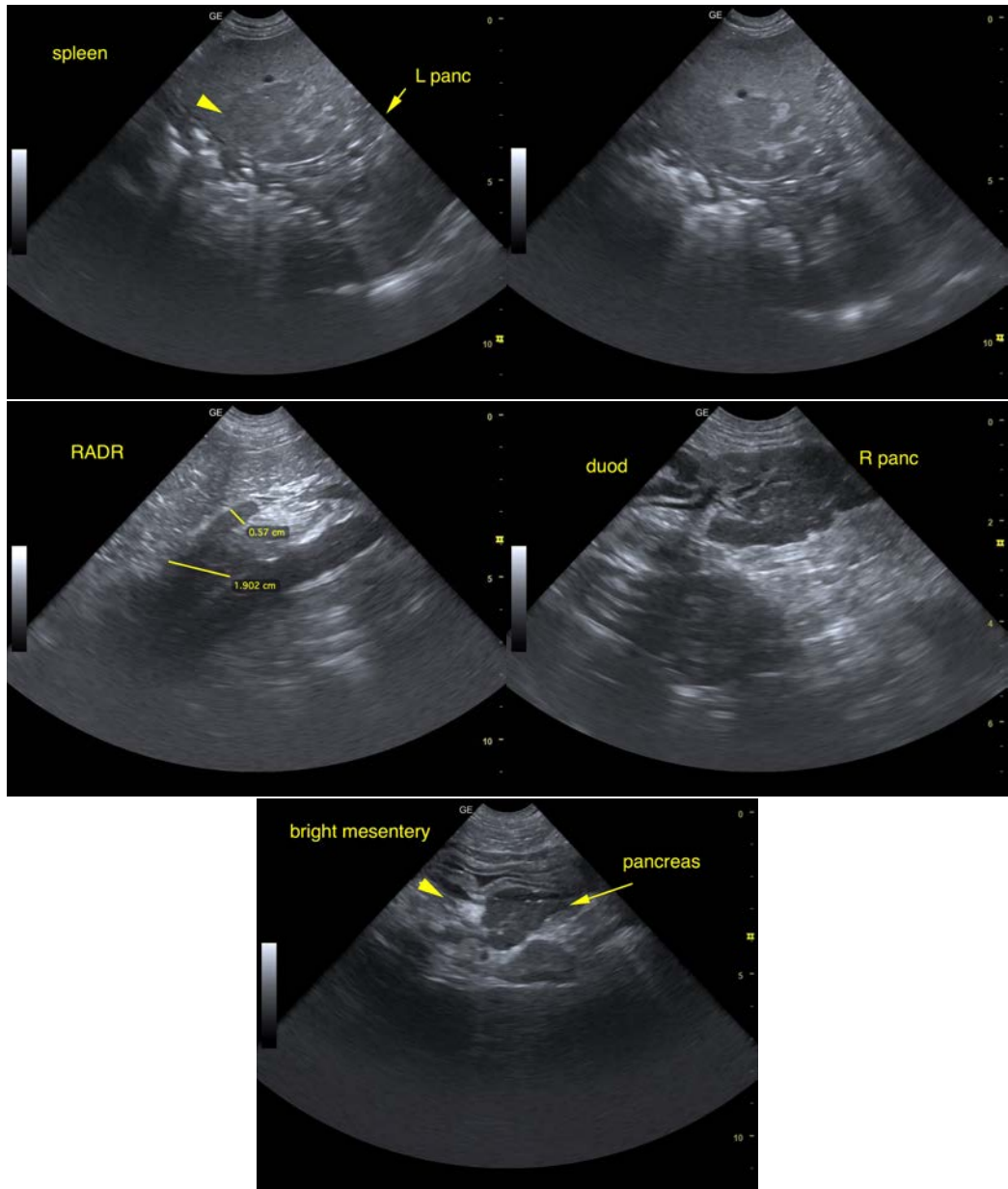
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
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