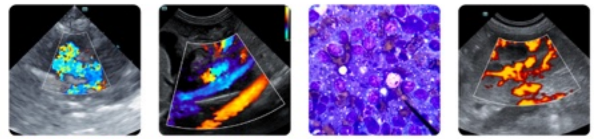


PATIENT

Sadie Cantu Castillo

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

12 years

WEIGHT

63 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dr. Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Lutz

INVOICE

72138

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- Presented for fever and anorexia. History of pancreatitis. Patient broke with diarrhea in hospital
- Abnormal cPLI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 7.79 cm and the right kidney was 8.1 cm in length.

Adrenal Glands

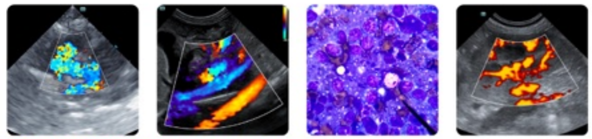
The regions of the **adrenal glands** were evaluated, but the adrenal glands were not specifically identified within the images provided.

Spleen

There was generalized **splenomegaly** present with a hyperechoic and coarse echogenicity, but no evidence of discrete masses or nodules present. The splenic capsular contour was mildly irregular and expansile.

Liver

The **liver** presented with a mildly heterogenous appearance throughout the parenchyma with a coarse echotexture. The capsular contour was mildly irregular. There were no discrete masses or nodules present. The gallbladder presented with a hyperechoic and thickened gallbladder wall with an average width of 0.2 cm. The gallbladder contents were mostly anechoic, but contained a small amount of hyperechoic, non-shadowing debris. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a moderate amount of hyperechoic ingesta within the lumen of the stomach. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. There was a moderate amount of anechoic effusion throughout the abdomen. The omentum within the abdomen was found to be hyperechoic and irregular in contour. There was also a large volume of liquid diarrhea within the lumen of the lumen of the colon.

Pancreas

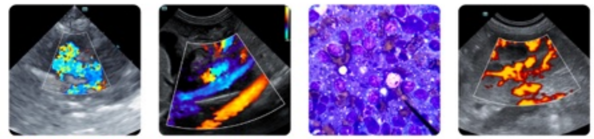
The **pancreas** was hypoechoic, enlarged and irregular in contour. The pancreas was surrounded by hyperechoic, irregular appearing omentum.

ULTRASONOGRAPHIC FINDINGS

Hypoechoic and enlarged pancreas with irregular contour.
Hyperechoic and irregular omentum.
Free abdominal effusion.
Hyperechoic and thickened gallbladder wall.
Heterogenous liver parenchyma.
Splenomegaly with a hyperechoic and coarse appearance throughout the spleen.
Liquid ingest and diarrhea within the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have dramatic changes present with hypoechoic, enlarged and irregular pancreas with surrounding hyperechoic omentum and a moderate volume of free abdominal effusion. There was also splenomegaly present and a heterogenous appearance to the liver. Differentials include both dramatic presentation of inflammation with pancreatitis and secondary hepatopathy and splenitis or infiltrative neoplasia. It is recommended to consider a FNA of the free abdominal effusion for evaluation. A FNA of the liver, spleen and pancreas for cytology would also give diagnostic information to better characterize the underlying pathology. Aggressive treatment for pancreatitis should be initiated with IV fluids, Cerenia, pain medications, feeding a low fat diet and daily probiotics. The addition of antibiotics should be based upon cytology of the abdominal effusion, CBC results and continued presence of any fever.



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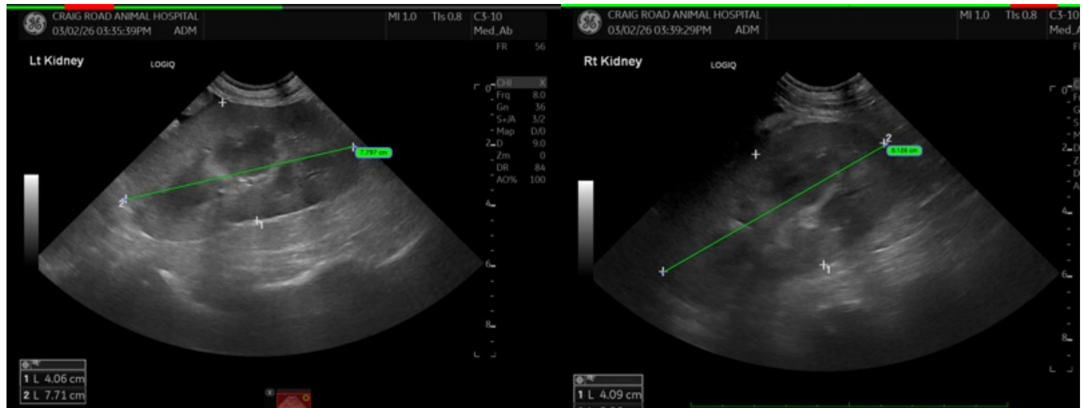

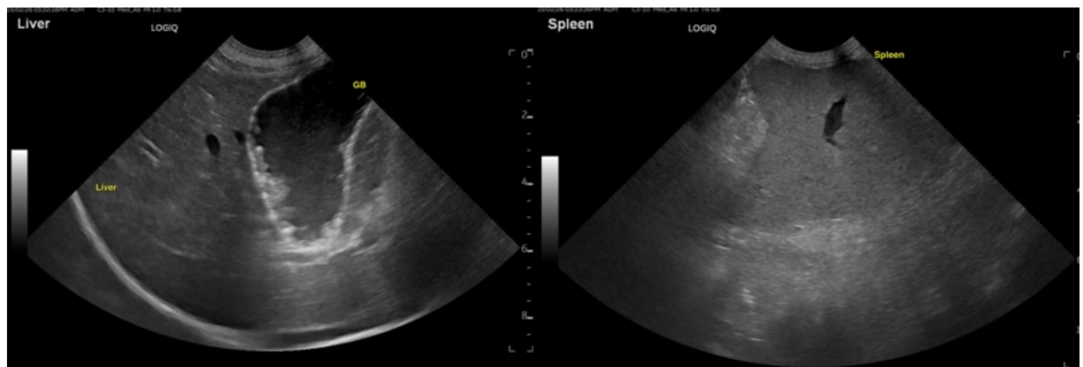

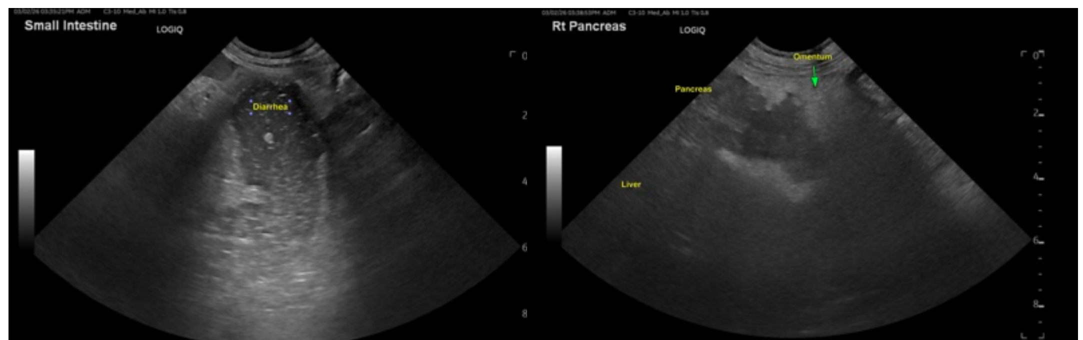

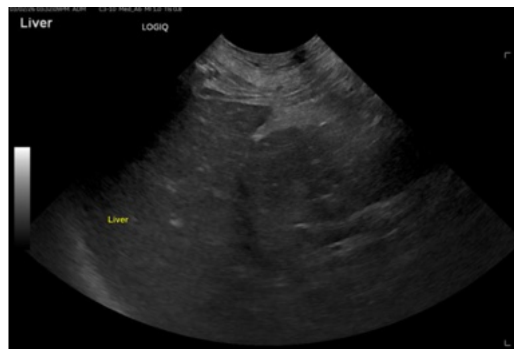

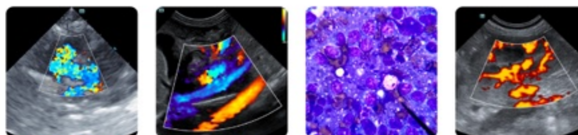

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com