


DATE PRESENTING CLINICAL SIGNS

1/16/2026

PATIENT

Frannie Molz

SPECIES

Canine

BREED

Yorkie Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

12.3 lbs

INTERPRETED BY

 Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAME

 Animal Emergency
 Hospital

REFERRING VET

Dr. Jones

INVOICE

11136

Patient History: Frannie presents as a transfer from Warm and Fuzzy (referring veterinarian) for severe pancreatitis Patient History: - Initially presented to RDVM yesterday for no bowel movement since Saturday night, decreased appetite since Saturday, and lethargy - One episode of vomiting after being hand-fed chicken a few days ago; none since Cerenia administration at RDVM - Will accept chicken when hand-fed by client - RDVM exam findings: BAR, normal temperature, mild dental tartar, severe bilateral ear infections with stenotic ear canals and abundant ceruminous debris - Owner suspects possible ruptured eardrum during RDVM visit - RDVM diagnostics: - CBC with inflammatory leukogram - Chemistry panel: ALP 299 (slightly elevated), amylase 10,000 (extremely high), lipase >1800 (extremely high) - Spec cPL: 2000 - Radiographs: Mild constipation, no obvious obstructive pattern, decreased serosal detail noted on radiology consultation - Abdominal ultrasound with stat consultation findings: - Severe acute pancreatitis with steatitis and peritonitis- Questionable decreased vascular uptake in right pancreatic limb, concerning for emerging necrotizing pancreatitis - Nonspecific vacuolar hepatopathy, possibly idiopathic - All other findings unremarkable - RDVM treatment: SQ fluids and Cerenia yesterday - RDVM recommended referral to 24-hour hospital with Panaquil injection - Previously enucleated left eye

Current Medications: Ondansetron, Unasyn, Buprenorphine, Panoquell, Cerenia, Entyce.

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: 1/13/2026 Attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.43 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is pyelectasia measuring 0.3 cm, and rare pinpoint cortical mineralizations noted in these images. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.38 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is mild pyelectasia measuring 0.2 cm noted in these images. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the cranial pole and 0.61 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.52 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.05 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There's a hyperechoic nodule at the periphery of the mid body most consistent with benign myelolipoma measuring 0.51 cm. There is a hypoechoic nodule towards the tail of the spleen measuring 0.59 cm.

Liver

The liver is large in size, with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous poorly defined hypoechoic nodules visualized throughout the parenchyma. Occasional nodules appear more distinct and are slightly larger in size.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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. The duodenum measured as normal (0.41 in wall thickness) and the jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. The duodenum appears mildly thickened and fluid distended, most consistent with focal duodenitis secondary to pancreatic inflammation.

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 left lobe of the pancreas is large, irregular and hypoechoic compared to the surrounding hyperechoic reactive mesentery. Vascular profusion appears adequate to increased. The right limb is severely enlarged, more irregular with less discrete margins and hypoechoic. There is severe reactive mesentery surrounding with surrounding patchy free fluid. Occasional pockets of more consolidated fluid are visualized, which could be a concern for a possibly developing abscessation. Vascular uptake appears decreased in the right limb as compared to the left.

Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid. A small hypoechoic pocket near the spleen and patchy anechoic fluid surrounding the right limb of the pancreas. There is no significant lymphadenopathy noted. The omentum is severely hyperechoic and edematous surrounding both limbs of the pancreas (right greater than left.)

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Peripheral hyperechoic nodule in the spleen, most consistent with benign myelolipoma and a smaller, hypoechoic nodule towards the caudal aspect of the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderate left sided pancreatitis and severe pancreatitis/possibly early necrotizing pancreatitis visualized associated with the right pancreas.
- Mildly thickened, mildly fluid distended duodenum. Findings are most consistent with duodenitis secondary to pancreatitis.

SECONDARY FINDINGS

- Mild bilateral renal pyelectasia. Findings could be secondary to fluid therapy. Correlate with urinalysis +/- culture results.

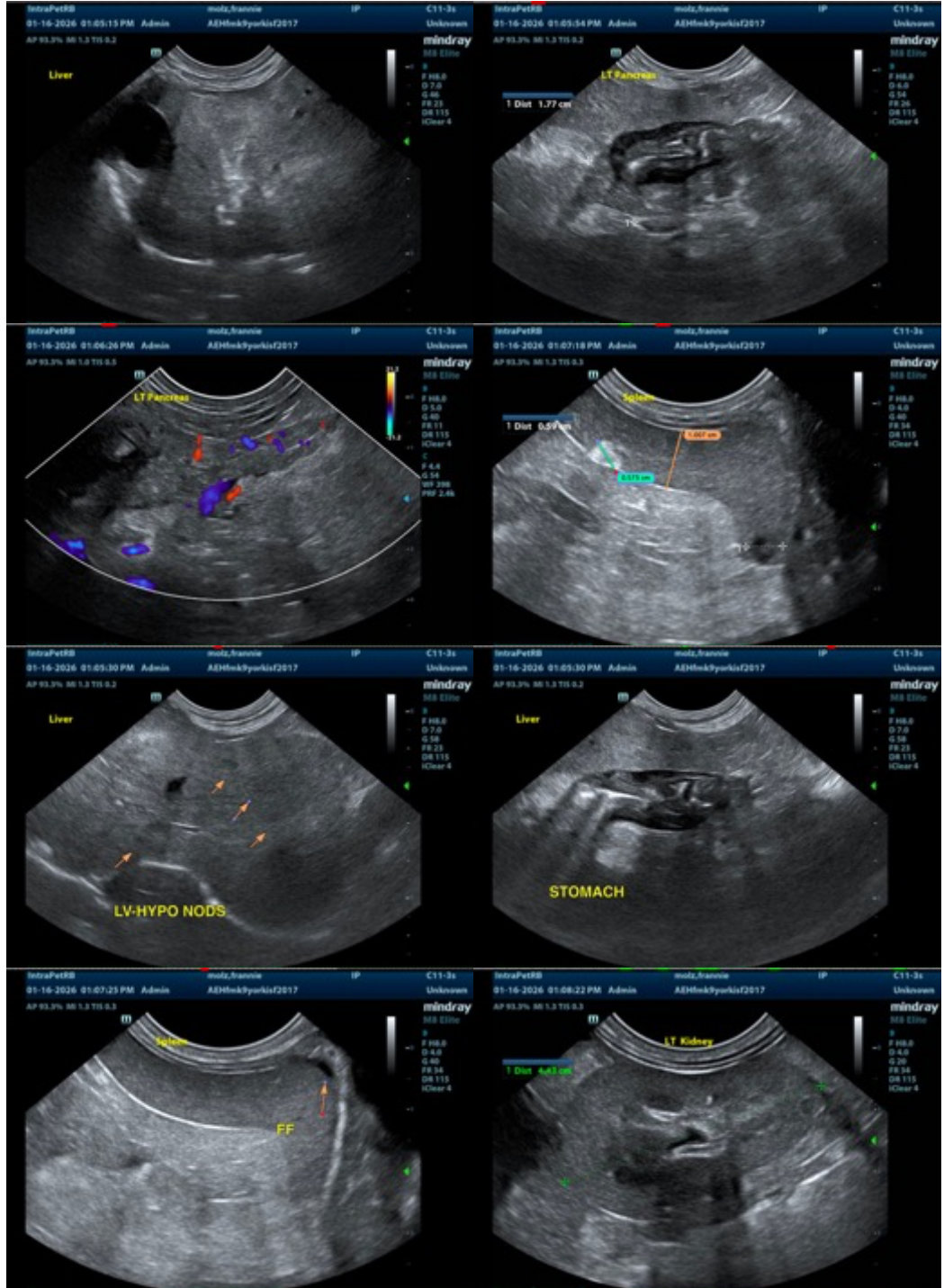
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

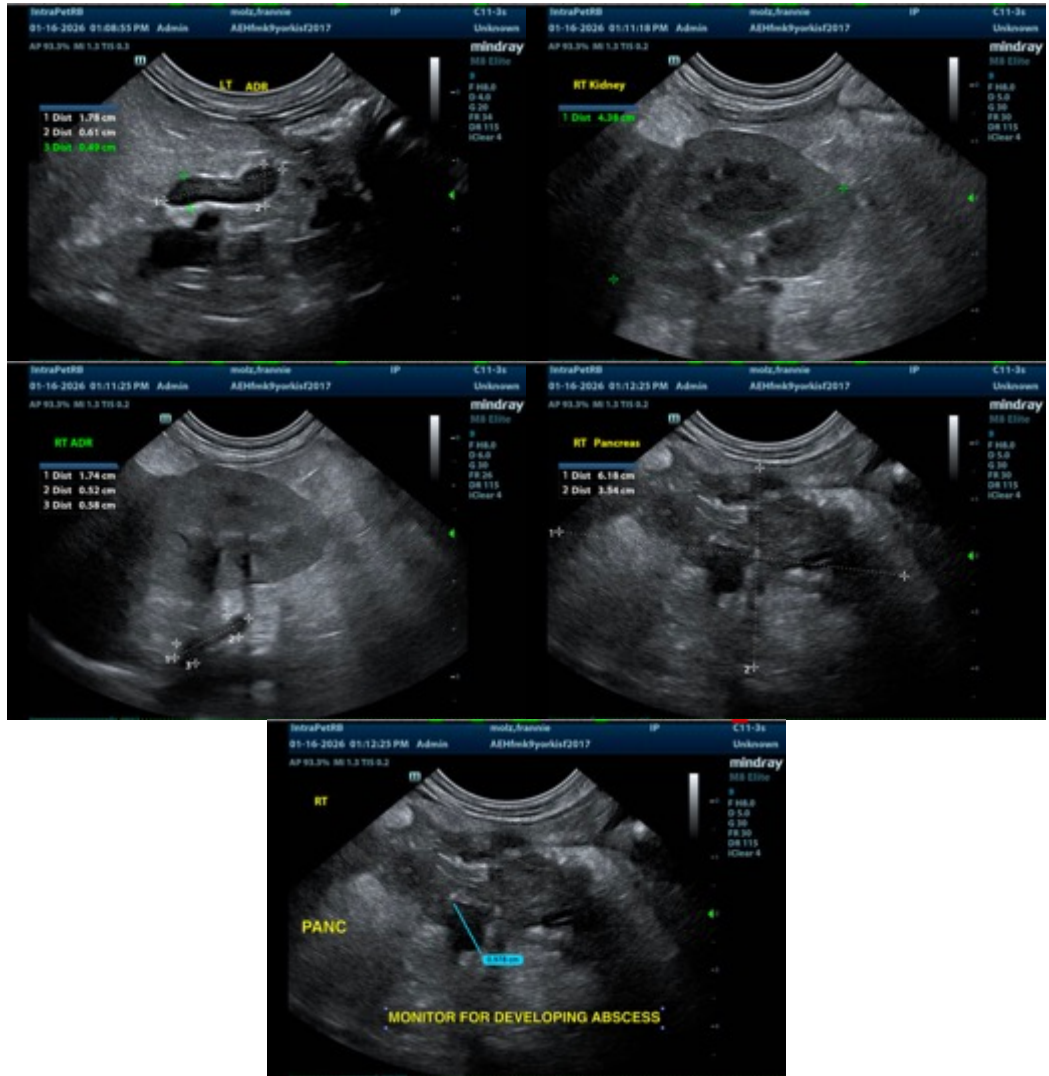
The left limb of the pancreas is enlarged, and hypoechoic with changes and surrounding inflammation consistent with moderate pancreatitis. The right limb of the pancreas is more severely affected. It is extremely enlarged and hypoechoic with an irregular septate appearance in some areas, which are surrounded by a small volume of free fluid, and severe steatitis/peritonitis.

Vascular uptake in the left limb of the pancreas appears normal to increased whereas the right limb appears somewhat decreased and there are occasional patchy areas of fluid accumulation which should be monitored for early abscess formation. Findings are concerning for necrotizing pancreatitis involving the right limb of the pancreas, but this is a very subjective finding. Aggressive therapy is recommended. If the patient is clinically stable, generally patient assessment is more important than the appearance of the pancreas as improvement can be too slow to appreciate ultrasonographically. A fine needle aspirate of the right limb of the pancreas could be considered if this would change your therapeutic plan.

There's a small hypoechoic nodule visualized in the caudal aspect of the spleen. Recommend continued monitoring at this time. A fine needle aspirate could be considered in the future.

The hepatic changes are most consistent with a vacuolar hepatopathy and regenerative nodules. An early neoplastic process cannot be ruled out.





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.

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