



**PATIENT**

Maggie Pichera

**PRESENTING CLINICAL SIGNS**

Patient presents for pancreatitis.  
Abnormal PE/Chem/CBC/UA Results: High PSL, high chol., neutrophilia, elevated WBC.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mixed

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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (5.24 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

12 Years

The right kidney has a normal shape and size (4.37). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

30.2 Pounds

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

**INTERPRETED BY**

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

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect. This patient was very painful when scanning in the region of the right adrenal gland.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**HOSPITAL NAME**

Westwood Regional

**Liver**

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**REFERRING VET**

Dr. George Cattiny

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains mild to moderate fluid. The gastric wall is prominent, measuring 0.67 cm. 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.

**DATE**

11/30/22

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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Canine

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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**

**BREED**

Mixed

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

**SEX**

Spayed Female

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic in the cranial abdomen in the region of the pancreas and the stomach.

**AGE**

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**PRIMARY FINDINGS**

**WEIGHT**

30.2 Pounds

- Prominent, hypoechoic pancreas with significant cranial abdominal inflammation and peripancreatic inflammation – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

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Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. Correlate with liver enzyme levels. If liver values are normal, this could be an insignificant finding.

**IMAGING PERFORMED BY**

Kelly Vazquez

- Mild fluid distention of the stomach with mild gastric wall thickening – Findings are likely most consistent with delayed gastric emptying/ileus. Other differentials include a partial outflow tract obstruction (none observed) and severe gastritis.

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**SECONDARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

**REFERRING VET**

Dr. George Cattiny

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a significant amount of inflammation in the cranial abdomen in the region of the right limb of the pancreas and the stomach. Additionally, the pancreas is somewhat prominent and hypoechoic. These findings are most consistent with moderate pancreatitis. There is a moderate to mild amount of fluid within the gastric lumen and the wall appears slightly thickened. I suspect this is secondary to inflammation from the pancreas, but continued monitoring is warranted. Recommend aggressive treatment for pancreatitis with pain medications, fluids, and close continued monitoring. If there is not a timely response to therapy, the consider reevaluation with ultrasound to look for development of an abscess or other changes.

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The changes observed in the kidneys are most consistent with age related changes. You could consider a blood pressure, urinalysis and urine culture to establish a baseline.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

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**REFERRING VET**

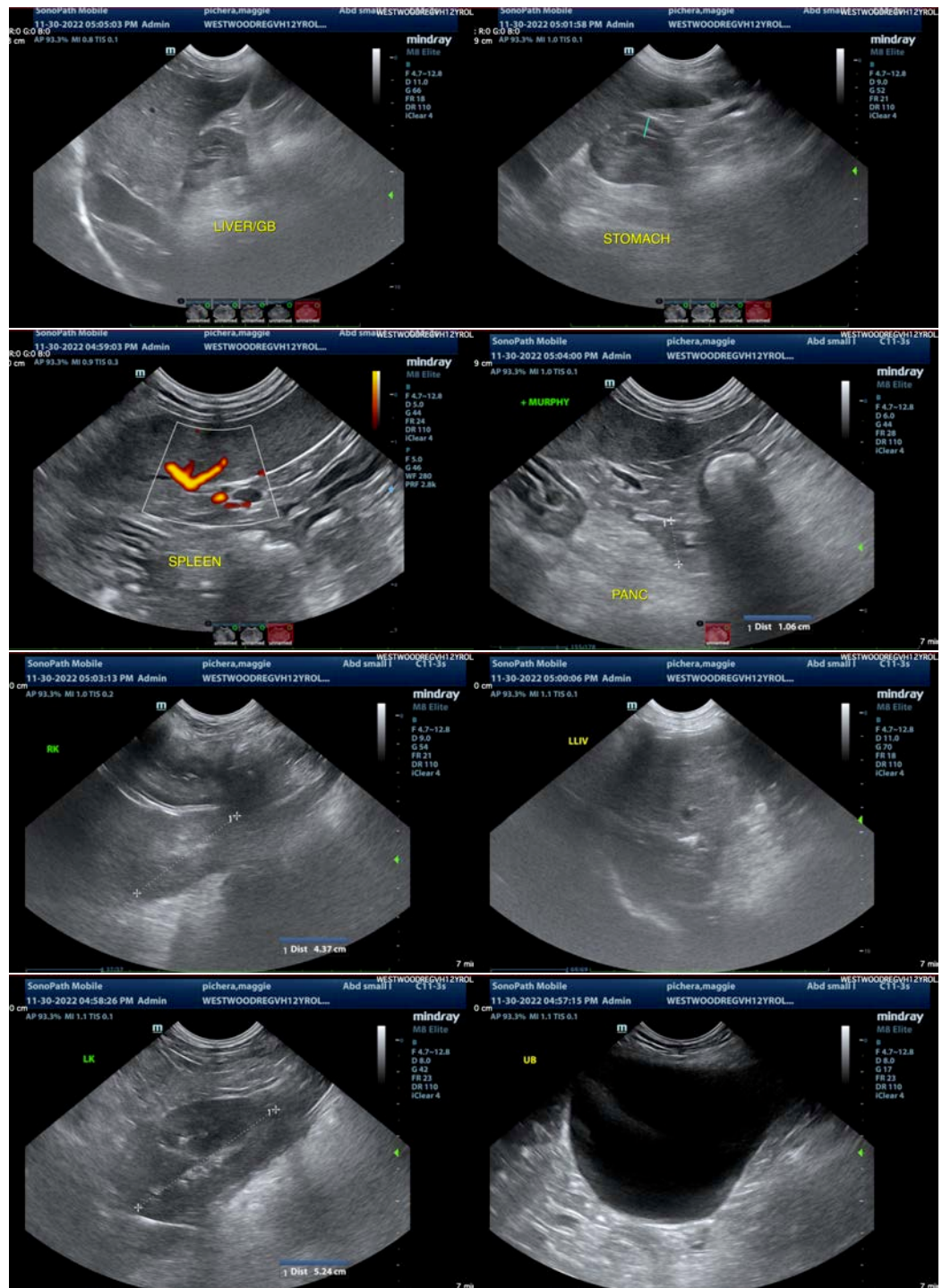
Dr. George Cattiny

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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.

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Canine

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.

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

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kathleen.sennello@sonopath.com

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