



PATIENT PRESENTING CLINICAL SIGNS

Holly Jamrocha

P came in for not eating or drinking for 3 days. RDVM diagnosed her with Diabetes and pancreatitis yesterday.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Potassium 2.4

BREED

Yorkiepoo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

10 Years

The left kidney has a normal shape and size (3.48 cm) with mild pyelectasia at 0.19 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 no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

3.45 kg

The right kidney has a normal shape and size (2.9 cm) with pyelectasia at 0.34 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 no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 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.

IMAGING PERFORMED BY

Dr. Isermann

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 is visualized.

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

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.

REFERRING VET

Dr. Isermann

Liver

The liver is large in size, and hyperechoic 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.

INVOICE

46307

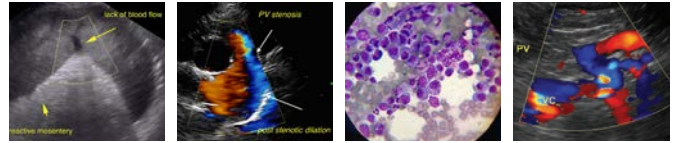
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

DATE

3/31/23

Gastrointestinal

The stomach contains minimal luminal contents. The stomach wall is somewhat prominent measuring at 0.55 cm with intact layering. 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.



PATIENT

Holly Jamrocha

SPECIES

Canine

BREED

Yorkiepoo

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.45 kg

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 layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

The left limb of the pancreas is somewhat prominent with a prominent pancreatic duct. In the region of the right limb of the pancreas there is a large amount of hyperechoic mesentery with evident edema and hypoechoic tissue adjacent to the right kidney, most consistent with severe pancreatic inflammation.

Free Abdomen

There is a small amount of free fluid around the right kidney. There is severely hyperechoic mesentery around the right kidney in the region of the right limb of the pancreas, and a prominent abdominal lymph node measuring 0.81 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Severe focal peritonitis and abnormal hypoechoic tissue near the right kidney, most consistent with a severely inflamed pancreas – The pancreatic changes are most consistent with severe 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.
- Large, heterogeneous and hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. This is likely consistent with a diabetic hepatopathy.
- Mild bilateral renal pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

REFERRING VET

Dr. Isermann

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

46307

DATE

3/31/23

There is severe inflammation and free fluid adjacent to the right kidney in the region of the pancreas. Additionally, there is abnormal hypoechoic tissue most consistent with pancreatic tissue, although it does not appear to be in the typical location for the pancreas. Given the history and presenting signs, severe pancreatitis is most likely. Recommend treatment for severe pancreatitis and consider reevaluation of the pancreatic region in 3-5 days (sooner if patient is not doing well), looking for development of an abscess, focal mass effect, etc.

The liver is large and hyperechoic. These findings are most consistent with a diabetic hepatopathy.

Recommend urinalysis and culture to look for any evidence of concurrent pyelonephritis.



PATIENT

Holly Jamrocha

SPECIES

Canine

BREED

Yorkiepoop

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

REFERRING VET

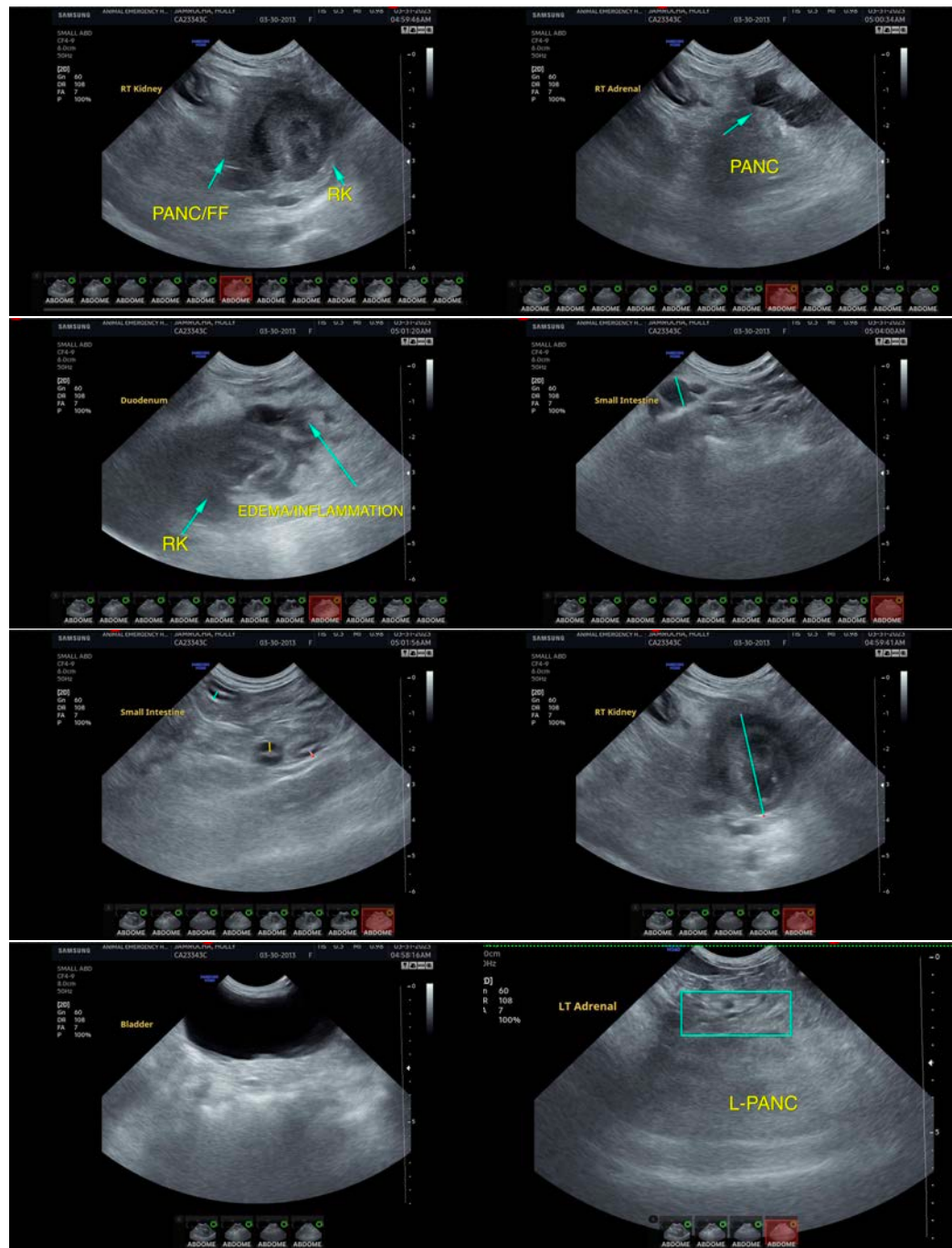
Dr. Isermann

INVOICE

46307

DATE

3/31/23





PATIENT

Holly Jamrocha

SPECIES

Canine

BREED

Yorkiepoop

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.45 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Isermann

HOSPITAL NAME

Animal Emergency
Hospital of Volusia

REFERRING VET

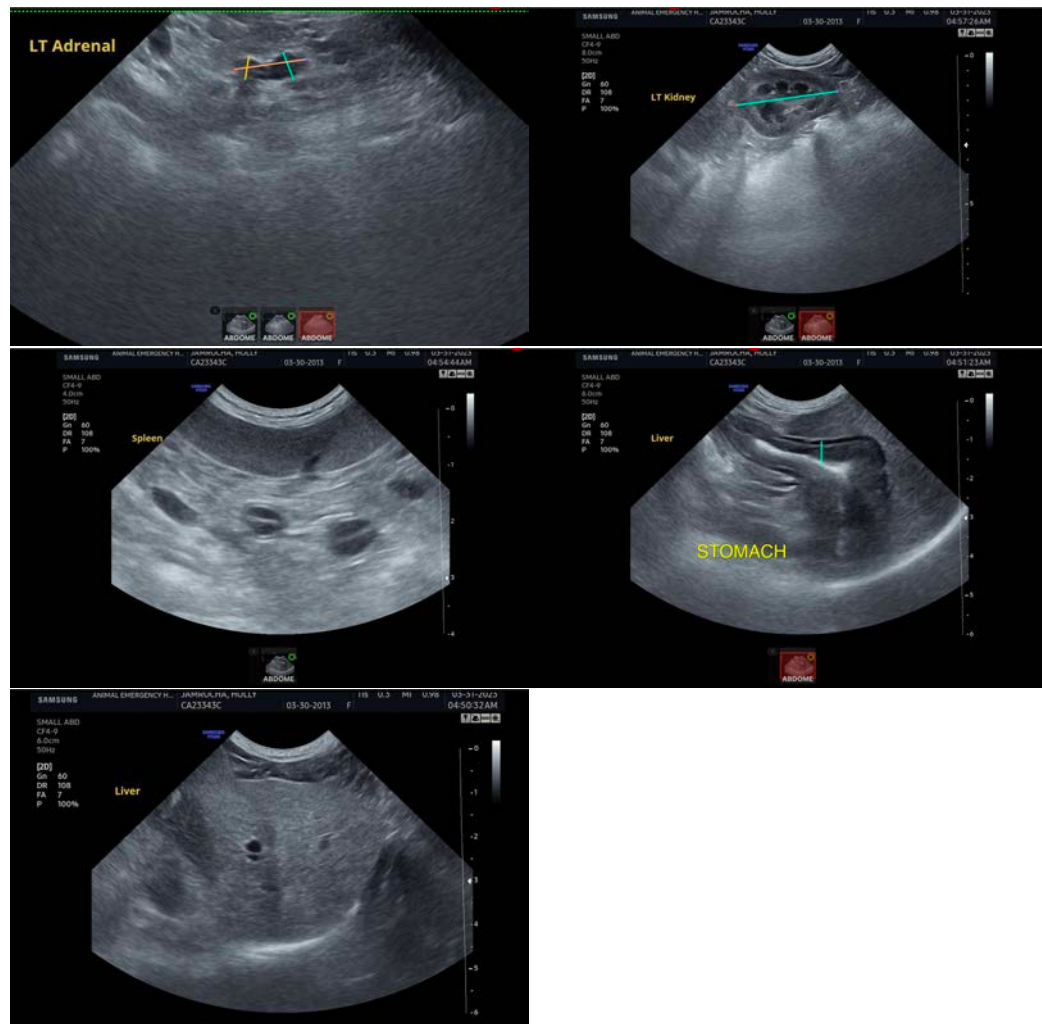
Dr. Isermann

INVOICE

46307

DATE

3/31/23



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.

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

kathleen.sennello@sonopath.com