



**DATE PRESENTING CLINICAL SIGNS**

04/10/26

Patient History: Bailey presents for not eating Patient History: - Diabetic for approximately 3.5-4 years - Current insulin: Novolin N 45 units BID (6am, 6pm) - Glucose curves performed every 6 months - Blind - History of pancreatitis approximately 1 year ago (only previous episode of inappetence) - History of bilateral cranial cruciate ligament surgeries - Current medications: vitamins, Proin for urinary incontinence - Vomiting for 2-3 days, typically small amounts of grass and slime - Last night: large volume vomiting after dinner (ate at 6pm, vomited at 8:30pm), appeared to be entire day's food intake - This morning: first time refusing food, did not receive insulin or medications - Mild stumbling noted this morning

**PATIENT**

Bailey Meyers

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

01/13/15

**WEIGHT**

84 pounds

**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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (8.73 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (9.06 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.74 cm at the cranial pole and 0.72 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 1.0 cm at the cranial pole and 0.72 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, 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. The spleen measured 3.83 cm.

**Liver**

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Willer

**INVOICE**

14995

The liver is subjectively large in size, and 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. There are too numerous to count ill-defined hypoechoic nodules visualized throughout the parenchyma.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation. Some of the debris appears adhered to the gallbladder wall.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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.

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. The duodenum measured as normal (0.41 in wall thickness) and the jejunum measured as normal (0.37 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 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/severe pancreatitis primarily in the body and right limb.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is occasional mildly prominent mesenteric lymph nodes. The omentum is hyperechoic around the pancreas.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatic change is most consistent with moderate to severe pancreatitis.
- Large heterogenous liver with hypoechoic nodules- 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. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.
- Large nonorganized gallbladder debris with some debris adhered to the gallbladder wall- A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal

evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

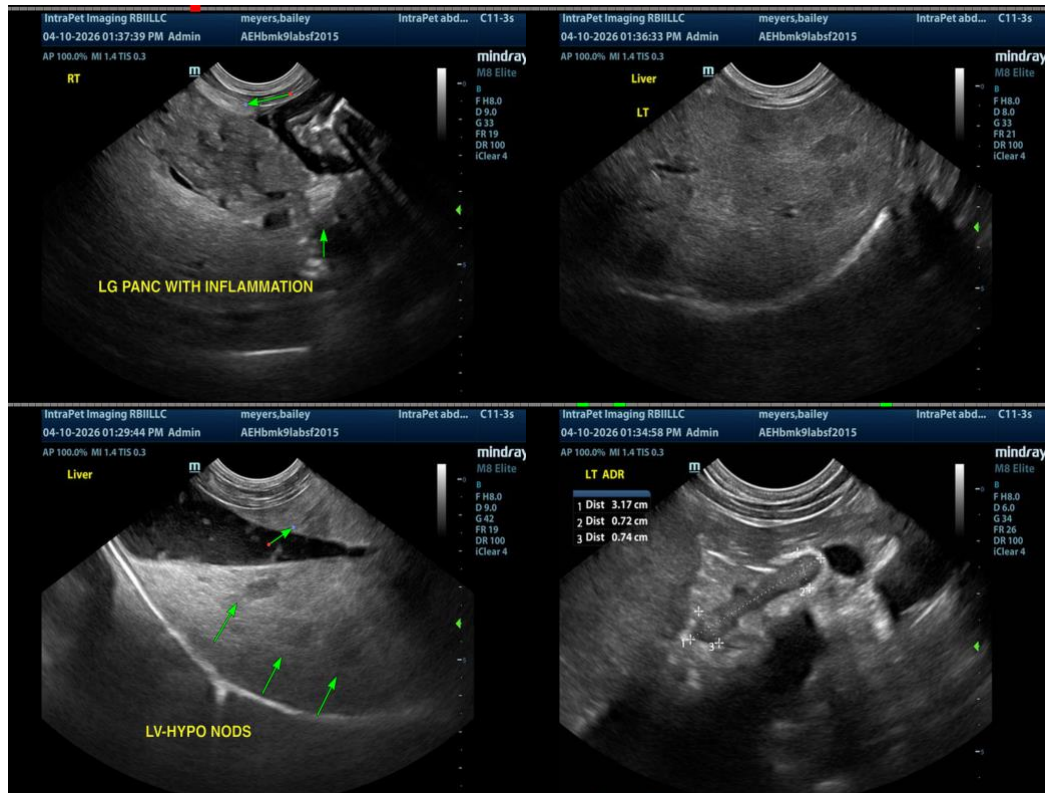
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

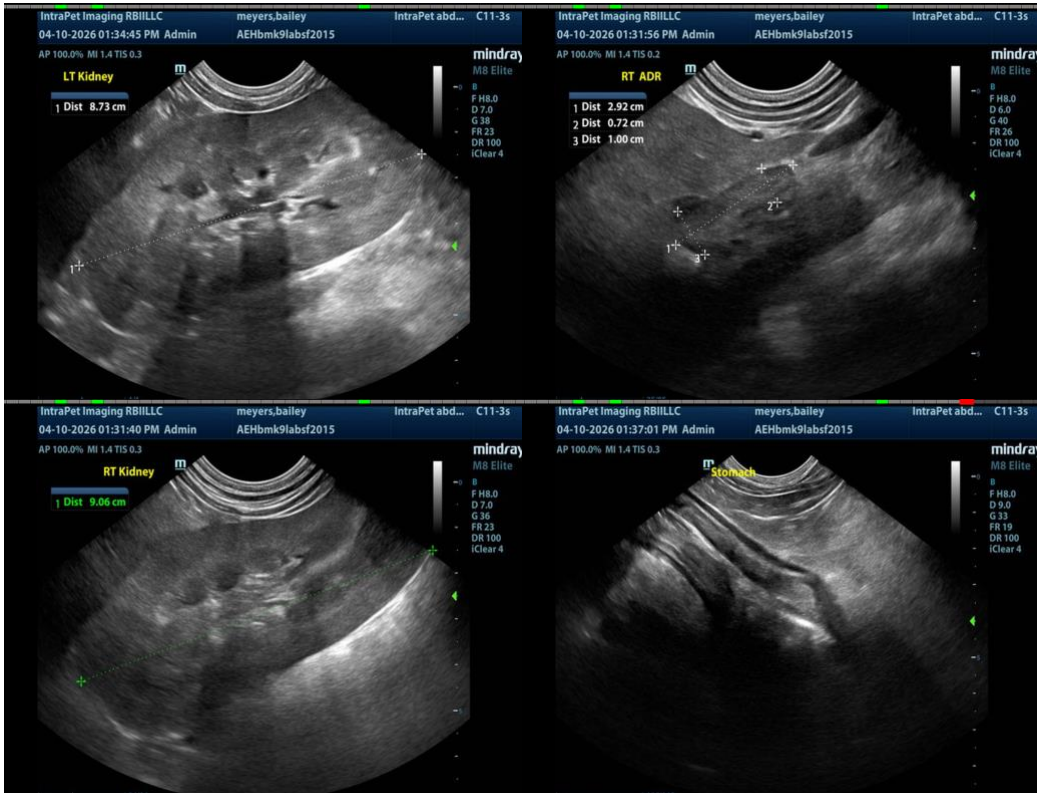
The region of the body and right limb of the pancreas appear large, hypoechoic and mottled, surrounded by reactive mesentery, most consistent with moderate to severe pancreatitis. There are no focal mass lesions, abscesses or free fluid visualized at this time.

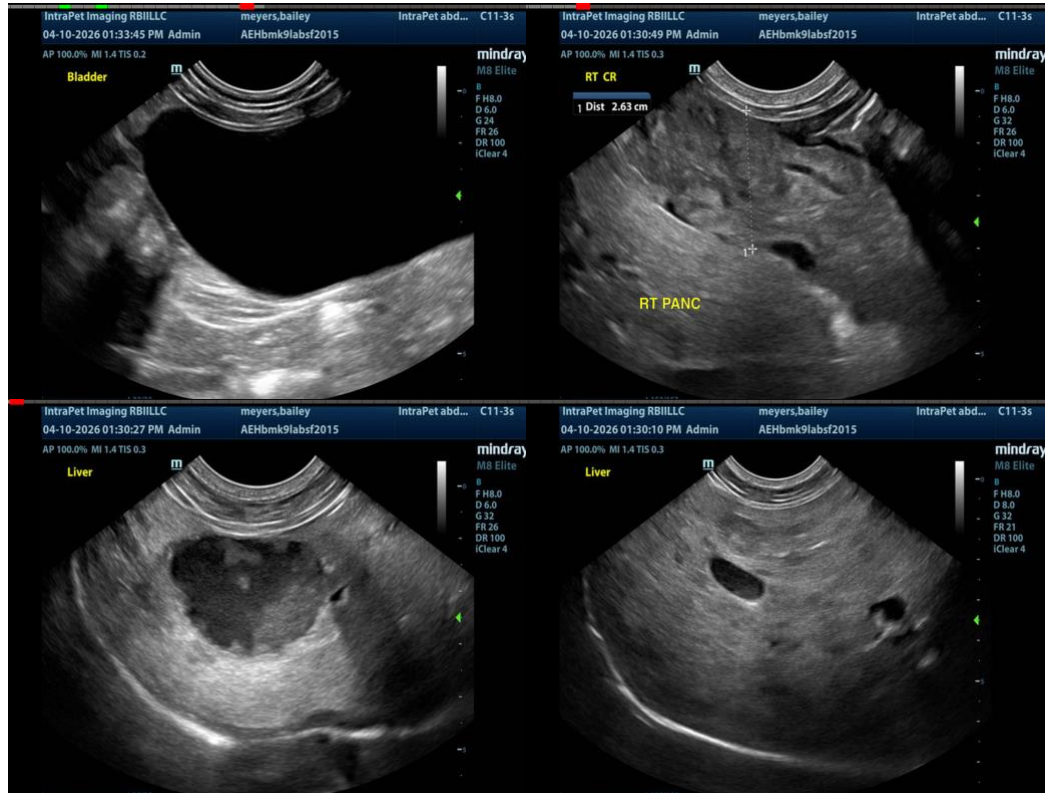
Additionally, the liver is large and heterogeneous with hypoechoic nodules. I suspect this is most consistent with a diabetic hepatopathy and regenerative nodules, although an underlying neoplastic process cannot be definitively ruled out.

Recommend aggressive therapy for pancreatitis with short-acting insulin and monitoring of glucose levels, as well as hydration status, pain management, etc. If symptoms are persisting despite appropriate duration and type of therapy, consider repeat imaging looking for the development of new lesions or the progression of today's lesions.

If there's concern for more significant hepatopathy in the future, you could consider a fine needle aspirate.







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)

[info@sonopath.com](mailto:info@sonopath.com)