



**PATIENT**

Ted Belland

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

2.6kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Nigel Gumley

**HOSPITAL NAME**

Cedarview Animal  
Hospital

**REFERRING VET**

Dr. Kim Holzman

**INVOICE**

10190

**DATE**

4/25/2023

**PRESENTING CLINICAL SIGNS**

3-day history of not eating, vomiting and diarrhea Diagnosed with suspect pancreatitis +/- renal disease yesterday Hospitalized today as not doing well, very painful in the abdomen.

Abnormal PE/Chem/CBC/UA Results: WBC increased to 22 Neutrophils increased to 18.15 Monocytes increased to 1.45 SDMA increased to 20 Creatinine wnl at 103 BUN increased to 25.3 Phosphorus increased to 3.44 Calcium decreased to 1.92 TP decreased to 47 Albumin decreased to 18 Amylase > 2500 Lipase increased to 5201 cPL > 2000.

**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 prostate is normal in size (0.6 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.62 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.6 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.48 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.

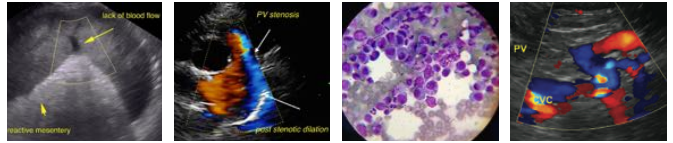
The right adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**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.

**Liver**

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



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

**SPECIES**

**Gastrointestinal**

Canine

The stomach is moderately distended with fluid and a small amount of ingesta. The wall appears somewhat prominent at 0.52 cm with intact wall layering. No masses or focal lesions were observed.

**BREED**

Yorkie

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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 (0.35 cm), and the jejunum measured as normal (0.3 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

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.

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**Pancreas**

**WEIGHT**

2.6kg

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 to severe pancreatitis.

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Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

**Free Abdomen**

Evaluation of the peritoneal cavity did reveal scant free abdominal fluid. No lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is severely hyperechoic around the left and right limbs of the pancreas.

**IMAGING PERFORMED BY**

Nigel Gumley

**PRIMARY FINDINGS**

- Large prominent hypoechoic pancreas with surrounding hyperechoic mesentery. The pancreatic changes are most consistent with moderate pancreatitis/pancreatic infiltration. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Mild fluid distention of the stomach with mild gastric wall thickening. Findings are most consistent with ileus and mild gastritis.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Mild fluid distention of the small intestine. Some areas of bowel appear somewhat fluid-dilated with lack of progressive motility, suspect generalized ileus.
- Scant-free abdominal fluid with severely hyperechoic mesentery. Findings are most consistent with sterile peritonitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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The pancreas is prominent in the left and right limb with severe surrounding inflammation and a small amount of free abdominal fluid. These findings are most consistent with moderate to severe pancreatitis. The stomach and small bowel appear somewhat fluid-distended with apparent loss of progressive motility, likely due to generalized ileus. Recommend aggressive medical therapy for pancreatitis and generalized ileus (anti-nausea, pain medication, fluid support, +/- plasma, etc.). If the patient is not responding to therapy, consider serial scanning looking for development of an abscess etc.

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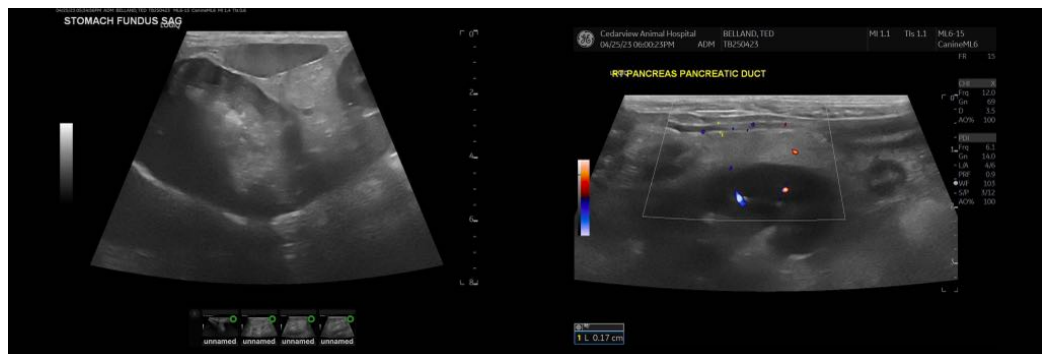
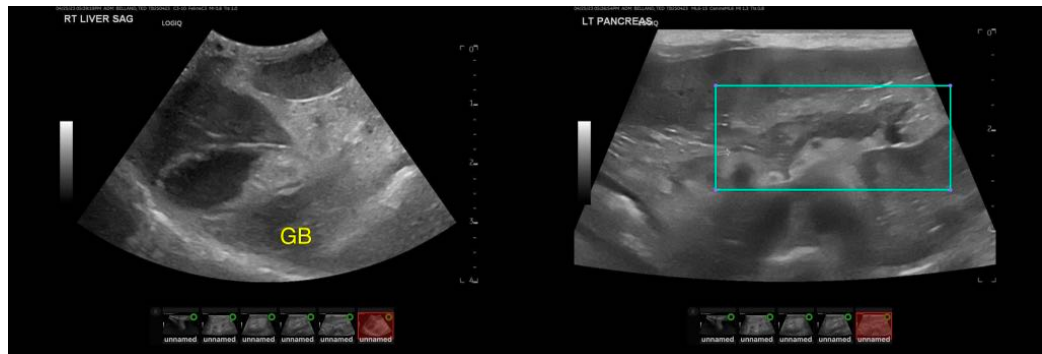
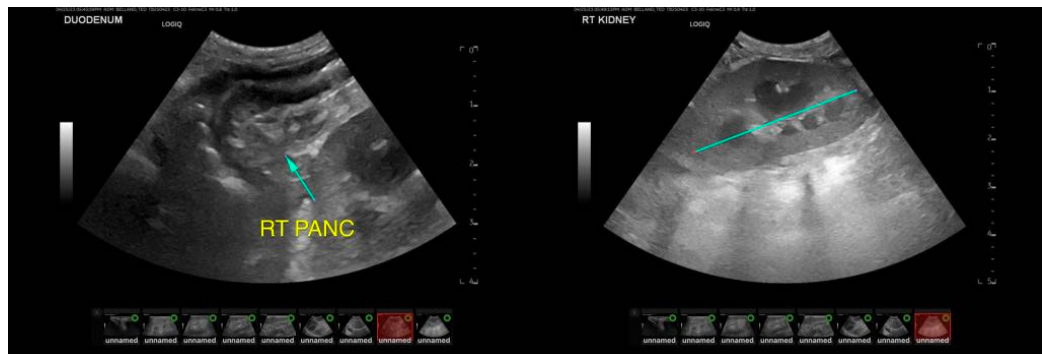
Dr. Kim Holzman

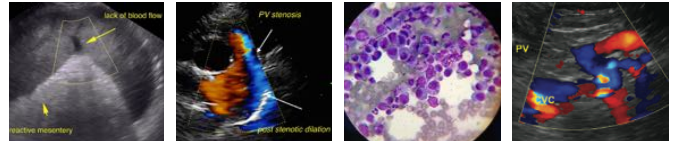
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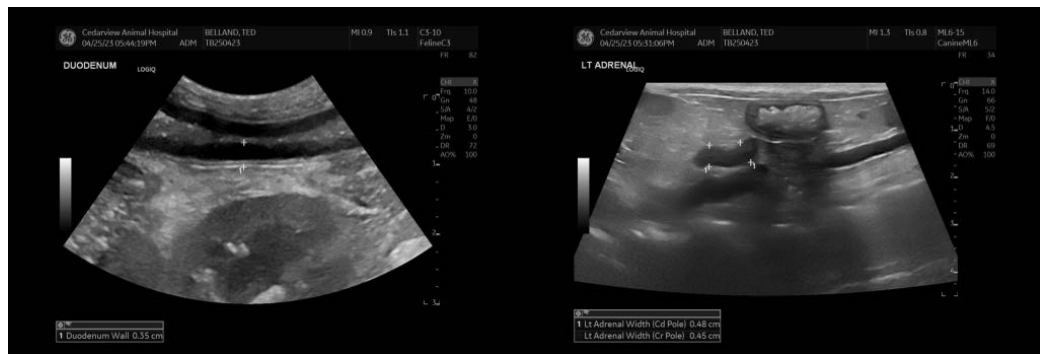
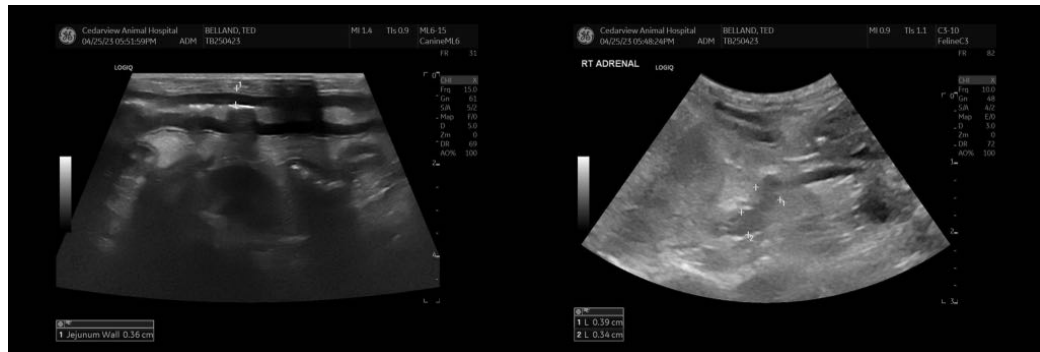
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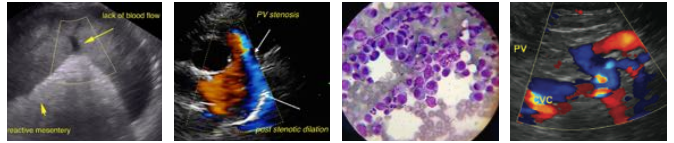
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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kathleen.sennello@sonopath.com

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