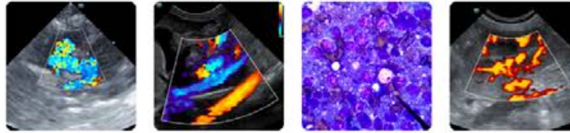


DATE

5/7/26

PATIENT

Jax Binder

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

12/29/16

WEIGHT

26 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Heydt

INVOICE

74990

PRESENTING CLINICAL SIGNS

Patient History: P presented on 5/6/26 for vomiting and lethargy. On examination, p was QAR, MM - pink, tacky CRT< 2sec;, CV - no audible murmur or arrhythmia/ Resp - WNL ;abd - tense, painful. Bloodwork revealed elevated WBC ct, elevated globulin, amylase and lipase. Radiographs revealed abnormal intestinal pattern suggestive of possible obstruction. P was hospitalized on supportive care with fluids, antiemetics, and antibiotics.

Current Medications: Started 5/6/26- Cerenia - 1.1cc IV, Ampicillin (250mg/ml) - 0.94cc IV BID (20mg/kg), Baytril (22.7mg/ml) - 1.3cc IV SLOW BID (5mg/kg/day)
Labwork Results: Attached, reported as: CBC - WBC 33.16 K/uL (neutrophil 21.36 K/uL w/ suspected bands). Chemistry - Glucose 326 mg/dL, Globulin 5.0, Amylase 2259 U/L, Lipase 4707 U/L, Cholesterol 362 mg/dL. Rads: Stomach appears empty. two population of gas intestines. Possible plication of intestines on L lateral view. Hepatomegaly; No obvious mass
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, 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 prostate is normal in size (0.80 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 (5.41 cm) with mild pyelectasia at 0.20 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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.

The right kidney has a normal shape and size (5.31 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 cm at the cranial pole and 0.83 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 0.70 cm at the cranial pole and 0.73 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 (1.7 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule towards the caudal aspect of the spleen measuring 0.96 cm in diameter.

Liver
The liver is large in size and rounded. 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.

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.

Gastrointestinal
The stomach contains a large amount of fluid. 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 focal lesions are visualized. Significant ileus is suspected.

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 0.38 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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, irregular, and hypoechoic in the right limb with hyperechoic foci with severe surrounding reactive mesentery and free fluid. Surrounding structures appear somewhat thickened, and adherence to the stomach is a concern.

Free Abdomen
There is free fluid visualized around the pancreas and liver. There is no significant lymphadenopathy. The omentum is highly reactive in the cranial abdomen around the right limb of the pancreas.

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

- Severe pancreatitis – Findings could be concerning for necrotizing pancreatitis or even pancreatic neoplasia.

- Small hypoechoic nodule in 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.

- Large, heterogeneous, rounded 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.

- 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.

- Large fluid distended stomach – Findings are suggestive of gastric ileus. A partial outflow tract obstruction cannot be definitively ruled out.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys as well as very mild pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is severely enlarged and hypoechoic with hyperechoic foci and reactive mesentery and free fluid surrounding, most consistent with severe pancreatitis, potentially necrotizing pancreatitis. Recommend aggressive therapy for pancreatitis. If there is concern for underlying pancreatic neoplasia based on lack of response to therapy, consider a fine needle aspirate.

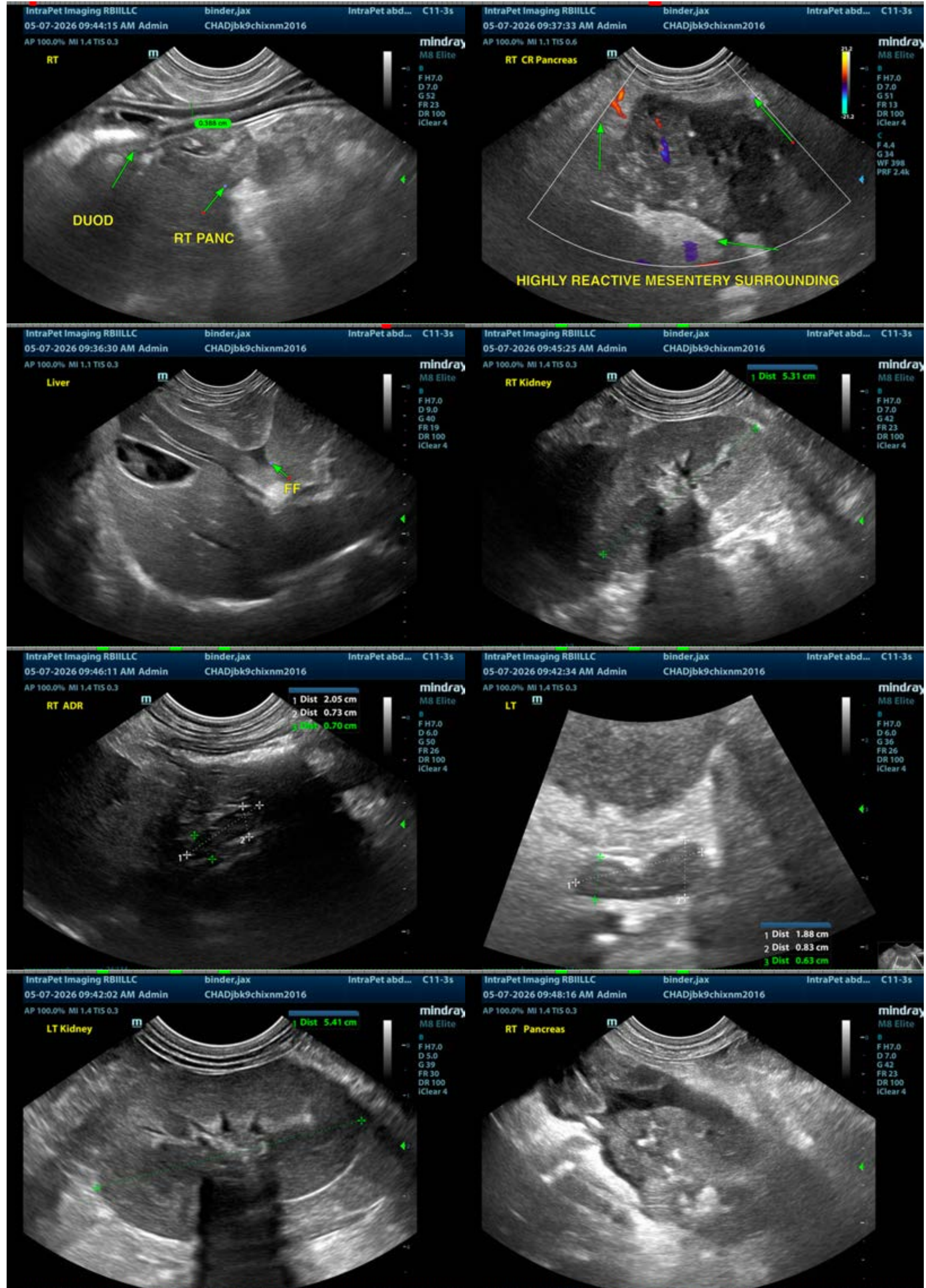
If not already done, recommend further evaluation of the blood glucose level to rule out a diabetic patient, DKA, etc.

Both kidneys have mildly reduced corticomedullary distinction and pyelectasia. This is likely secondary to fluid therapy but consider a urinalysis and urine culture for further evaluation.

There is a small hypoechoic nodule in the spleen. This could represent a benign or neoplastic lesion. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

The liver is large and heterogeneous and has an appearance most consistent with a vacuolar hepatopathy +/- diabetic hepatopathy(?).

Recommend 3-view thoracic radiographs (if not already done), looking for any evidence of aspiration pneumonia, free fluid, or metastatic neoplasia.



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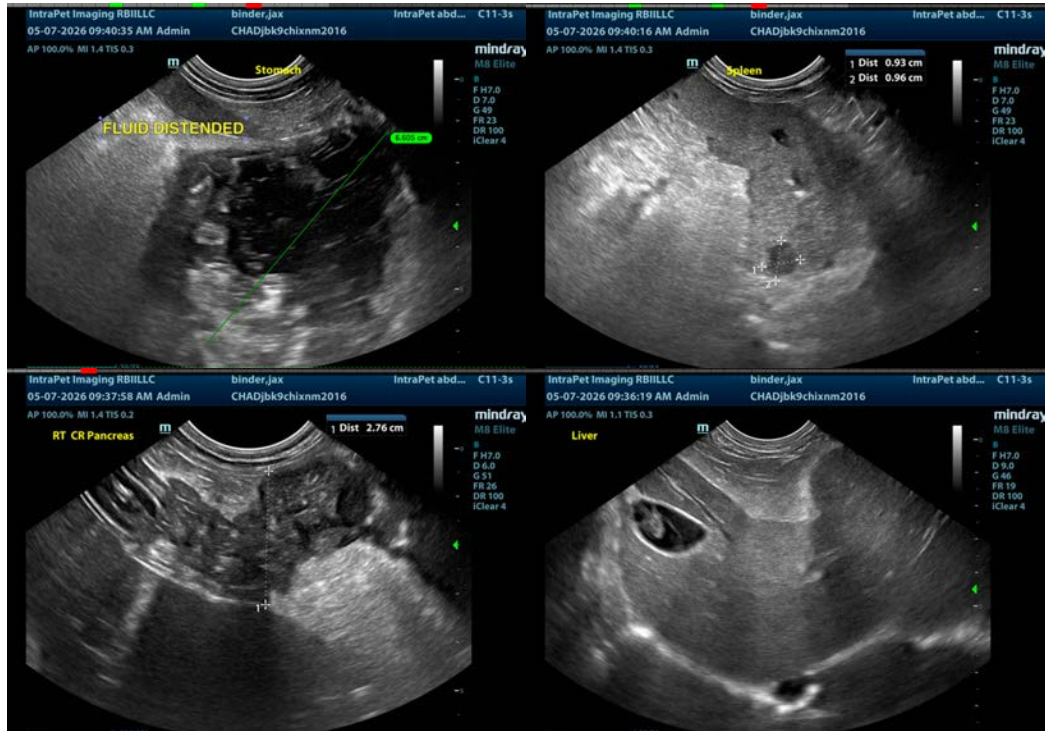

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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