



**PATIENT PRESENTING CLINICAL SIGNS**

PJ Greco Had been seen at Eclipse on memorial day, presumed pancreatitis, treated symptomatically Physically uncomfortable at home per o.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE mild decrease muscle mass CBC/Chem: wnl, spec cPL 30 UA: unremarkable, just dilute.

**BREED**

Morkie

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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**

14

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**WEIGHT**

13.4

The left kidney is slightly irregular in shape (likely due to previous infarct), measuring 3.96 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, or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (3.65 cm) with pinpoint non-obstructive nephroliths. 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.

**Adrenal Glands**

**IMAGING PERFORMED BY**

Chelsea Pastor

The left adrenal gland is normal in size measuring 0.81 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.

**HOSPITAL NAME**

Fredon Animal  
Hospital

The right adrenal gland is normal in size measuring 0.64 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**

**REFERRING VET**

Dr. Linda Grau

The spleen was not clearly visualized.

**Liver**

**INVOICE**

43355

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.

**DATE**

6/21/23

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.



**PATIENT** *Gastrointestinal*

PJ Greco The stomach contains minimal luminal contents. 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 masses or focal lesions were observed.

**SPECIES**

Canine 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. Jejunum wall measures 0.24 cm. Duodenum wall measures 0.45 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Morkie

**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.

**AGE**

14

**Pancreas**

The left limb of 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 mild pancreatitis.

**WEIGHT**

13.4

**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 mesentery appears severely hyperechoic and patchy in the left cranial abdomen, in the region of the pancreas and several bowel loops.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Chelsea Pastor

- Prominent, mottled pancreas with severely hyperechoic and patchy mesentery in the left cranial abdomen – The pancreatic changes are most consistent with mild 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.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- 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.

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

43355

**DATE**

6/21/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is significant mesenteric inflammation visualized in the left cranial abdomen. The left pancreas appears somewhat prominent and patchy in this region, but the inflammation appears severe in comparison to the appearance of the pancreas in that region. These changes are consistent with pancreatic inflammation, but continued monitoring is warranted to make sure there is not an abnormal bowel loop or some other source of inflammation in the region. Recommend empirical treatment for pancreatitis and repeat imaging in 48-72 hours (sooner if not doing well) to reassess the region. The spleen was difficult to visualize on today's exam. No pathology was noted in the region of the spleen.



**PATIENT**

PJ Greco

The changes observed associated with the kidneys are consistent with age related renal disease. Recommend a blood pressure, urinalysis and culture as a baseline.

**SPECIES**

Canine

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

**BREED**

Morkie

**SEX**

Neutered Male

**AGE**

14

**WEIGHT**

13.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

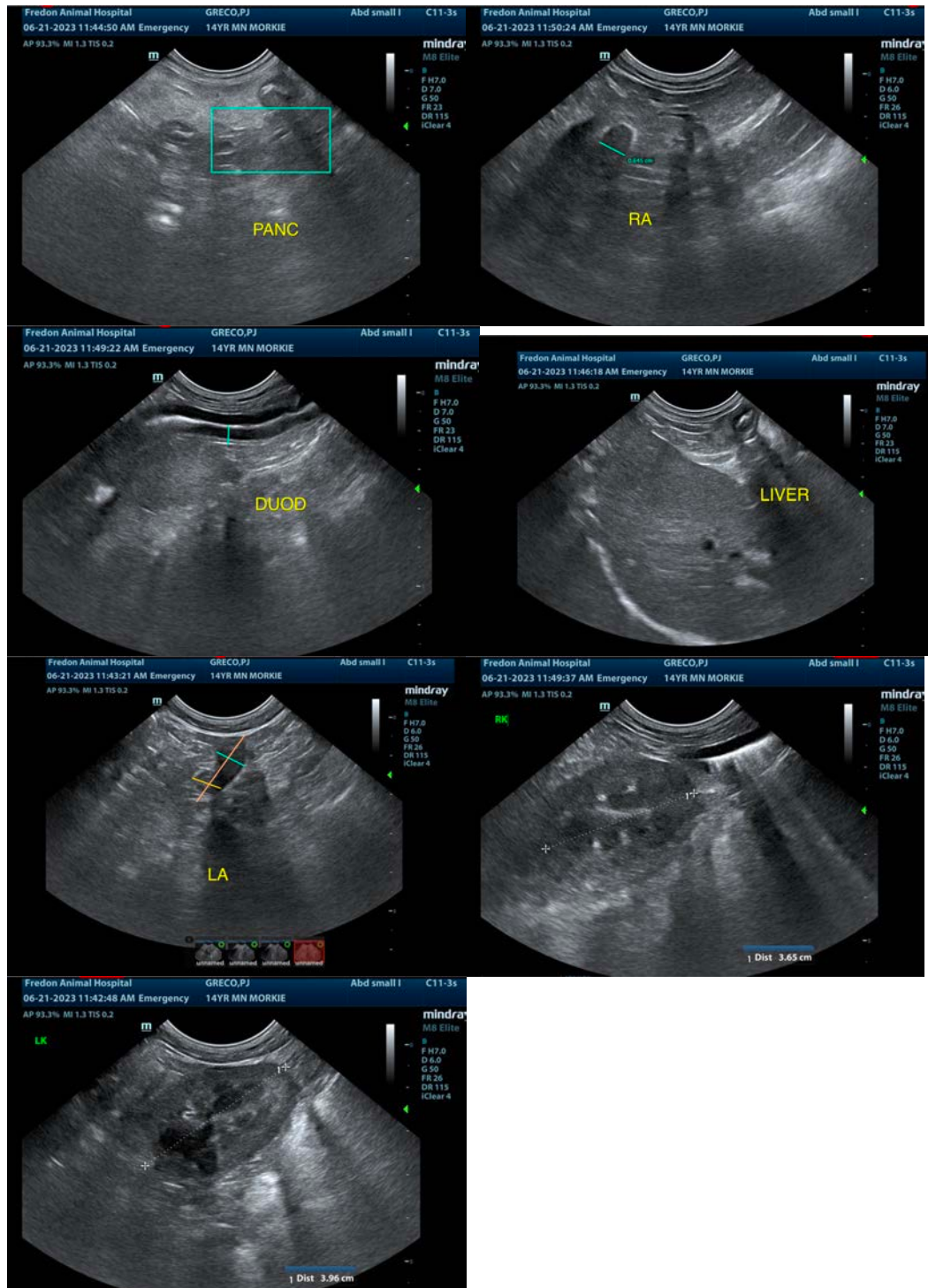
Dr. Linda Grau

**INVOICE**

43355

**DATE**

6/21/23





**PATIENT**

PJ Greco

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.

**SPECIES**

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)

**BREED**

Morkie

info@sonopath.com

**SEX**

Neutered Male

**AGE**

14

**WEIGHT**

13.4

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

43355

**DATE**

6/21/23