



PATIENT PRESENTING CLINICAL SIGNS

Lady Kaye Vomiting, lethargic at home. R/o pancreatitis vs other. Current meds: amoxicillin, metronidazole, cerenia
Abnormal PE/Chem/CBC/UA Results: ^LE's, AST 351, ALT 2264, Alk Phos 2681, T Bili 8.1

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pug

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.

SEX

Spayed Female

The left kidney has a normal shape and size (5.0 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.

AGE

9 Years

The right kidney has a normal shape and size (5.4 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.

WEIGHT

28 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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.

INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.53 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

IMAGING PERFORMED BY

Jessica Miller

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

HOSPITAL NAME

Glen Rock VH

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.

REFERRING VET

Dr. Stekler

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 bile duct is visualized and appears mildly tortuous and prominent at 0.57 cm.

INVOICE

39900

Gastrointestinal

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.

DATE

7/27/22



PATIENT

Lady Kaye

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.60 cm. Jejunum wall measured 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

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.

BREED

Pug

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 mild to moderate pancreatitis.

SEX

Spayed Female

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 omentum is slightly hyperechoic near the right limb of the pancreas.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

28 Pounds

- Prominent, hypoechoic right limb of the pancreas with focal inflammation – The pancreatic changes are most consistent with mild to moderate 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.

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- 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.
- Mild dilation of the bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

IMAGING PERFORMED BY

Jessica Miller

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Glen Rock VH

There is a focal area in the right limb of the pancreas that appears hypoechoic with surrounding hyperechoic mesentery, consistent with mild to moderate pancreatitis.

REFERRING VET

Dr. Stekler

The gallbladder appears mildly distended with a mildly distended and tortuous bile duct. This could be consistent with a post-hepatic partial biliary obstruction, causing the elevation in bilirubin. Additionally, there could be a concurrent hepatopathy present, as the dilation is relatively mild.

INVOICE

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If clotting parameters persist, recommend a fine needle aspirate of the liver as well as treatment for pancreatitis, and consider adding Ursodiol to the regimen. If the liver values and bilirubin continue to right, recommended repeat imaging of the gallbladder in approximately 48 hours (sooner if not doing well) to reevaluate the level of distention of the biliary tract.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Additionally, you could consider screening for Leptospirosis, evaluating the history for any



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hepatotoxins, etc. If values continue to climb despite medical treatment, surgical evaluation for a liver biopsy and evaluation of the biliary tract may need to be considered.

SPECIES

Canine

BREED

Pug

SEX

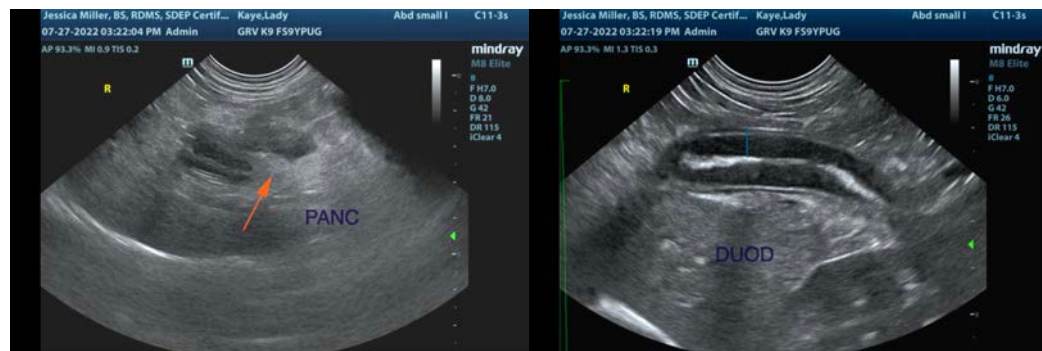
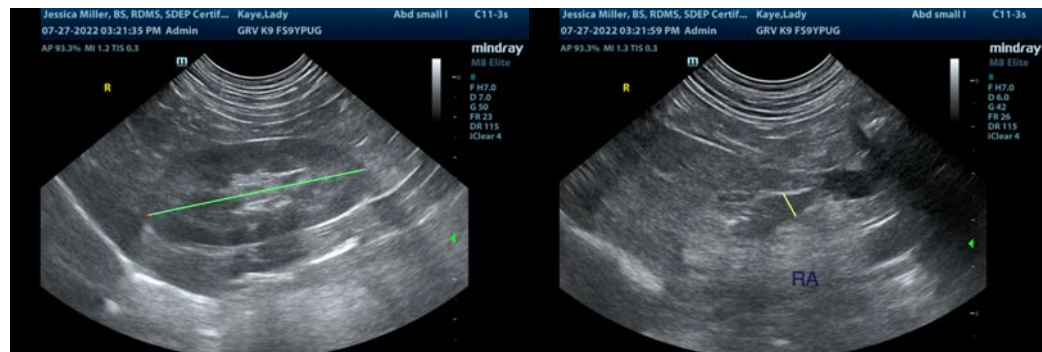
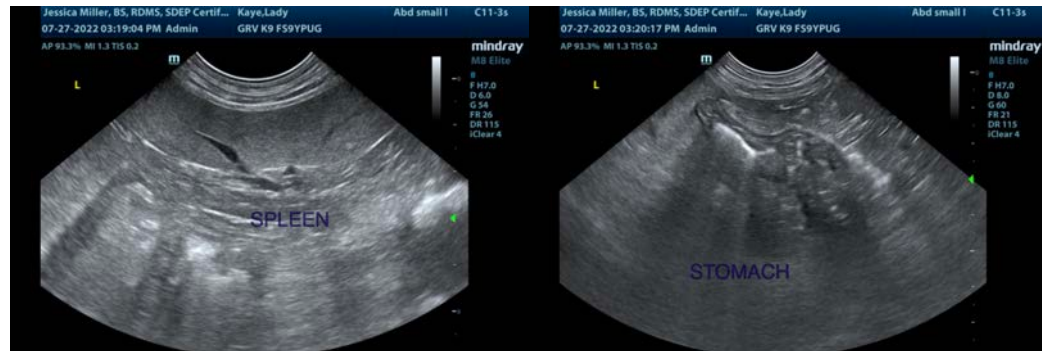
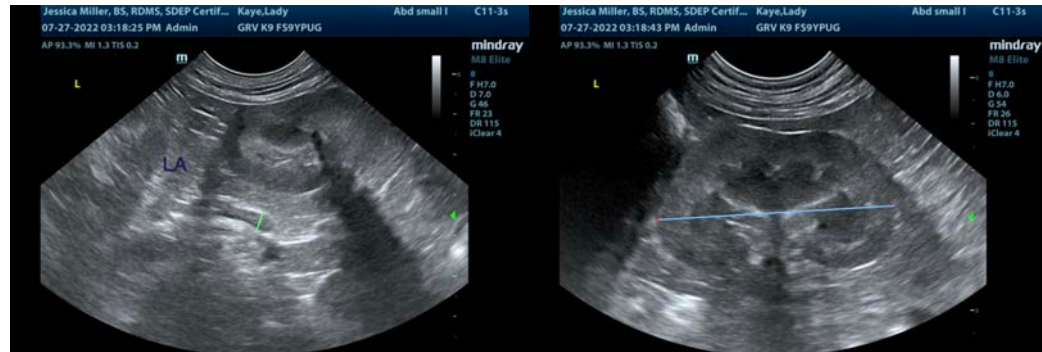
Spayed Female

AGE

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WEIGHT

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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.

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

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