



**PATIENT**

Ebony Davies

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

14.7 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Maggiulli

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Maggiulli

**INVOICE**

36425

**DATE**

3/24/22

**PRESENTING CLINICAL SIGNS**

P presents BAR, ht and lungs are wnl, abdomen tense and slightly distended, mm:pink/slightly tacky, OU lenticular sclerosis, 2/4 tarter, BCS 8/9, no other remarkable findings. IVC placed at rDVM on 3/22 dental extraction on 3/17

Abnormal PE/Chem/CBC/UA Results: 3/21 cPL STRONG Positive 3/17 bw- 18.4 wbc, granulocytes 15.5, HCT 44%, PLT 193, BUN 38, CREA 0.7, TP 7.9, GLU 570 distended abdomen with atypical palpation BCS 8/9 2/4 tarter In house 3/24- EPOC- BICARB 12.9, CL 102, CRE 2.37, GLU 450, K+ 2.5, NA 129, BUN 44

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney is within normal limits in size for the patient's weight (approximately 4.90 cm) and the capsule is smooth. However, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. There is no evidence of nephroliths or pyelectasia. The surrounding mesentery is hyperechoic, however, this is attributed to Ebony's pancreatitis.

The right kidney measures 4.90 cm, which is within normal limits for the patient's weight. The capsule is smooth, however, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is hyperechoic, which is attributed to Ebony's pancreatitis.

**Adrenal Glands**

The left adrenal gland measures 0.53 cm at the caudal pole, 0.53 cm at the cranial pole, and 1.30 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.57 cm at the cranial pole, 0.54 cm at the caudal pole, and 2.00 cm in length (high end of normal reference range). No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**Liver**

Severe hepatomegaly, as well as marked, diffuse hyperechogenicity.

The gallbladder is dilated; this may be due to Ebony not having eaten if she was fasted or if she has been anorexic. It may also be dilated secondary to cholecystitis. The latter is suspected based on the dilated (4.7 mm) and mildly tortuous cystic duct. There are no signs of an obstruction. Cholestasis cannot be excluded.

A small amount of echogenic material/debris (sludge) is present within the lumen.



**PATIENT**

Ebony Davies

**Gastrointestinal**

Severe ileus of the stomach is noted with a large amount of fluid and gas. The mesentery surrounding the stomach is markedly hyperechoic.

**SPECIES**

Canine

The small intestinal wall thickness is within normal limits. A few loops of bowel in the region surrounding the stomach are mildly dilated and filled with fluid and gas, however, the definition of the wall layers is preserved. The ileo-cecal-colic junction is unremarkable. The colonic wall is not thickened and mural detail is well defined. There are no obvious signs of a mass, infiltrative disease, foreign body, or an obstruction.

**BREED**

Chihuahua X

**Pancreas**

The right limb of the pancreas is diffusely and moderately hypoechoic. The surrounding mesenteric fat is severely hyperechoic and there is a loss of detail (“fuzzy”) of the entire region. These abnormalities are attributed to saponification and the severe inflammation associated with active pancreatitis. There are no overt signs of neoplasia.

**SEX**

Spayed Female

The left limb of the pancreas is severely heterogeneous with both hypo- and hyperechoic foci, as well as anechoic regions. Ventral to the heterogeneous parenchyma is a well delineated, encapsulated anechoic structure, which is consistent with a cyst, rather than edema. There is no evidence of an abscess. The appearance of the parenchyma of the left limb is highly suggestive of a very severe case of acute pancreatitis. The cystic portion of the pancreas measures 1.64 cm. The entire diameter measures 2.6 cm (including the cyst). The entire length measures 3.93 cm. The surrounding mesentery is severely hyperechoic.

**AGE**

8 Years

**WEIGHT**

14.7 Pounds

**Other**

Lymph nodes: No abnormalities are observed, however, lymphadenomegaly may be overlooked.

Abdominal effusion is not visualized.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Heart**

A brief video clip of the heart was submitted. No pericardial or pleural effusion is identified. No major abnormalities observed with the myocardium or contractility of the heart and there are no signs of neoplasia.

**IMAGING PERFORMED BY**

Dr. Maggiulli

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Willamette VH

- Severe acute pancreatitis, with a possible pseudocyst.
- High index of suspicion for diabetes mellitus or diabetic ketoacidosis secondary to pancreatitis.
- A severe ileus of the stomach is present, with dilation and accumulation of fluid and gas. This may be causing additional discomfort, nausea and gastroesophageal reflux.

**REFERRING VET**

Dr. Maggiulli

- The marked hyperechogenicity of the liver is highly suggestive of vacuolar hepatopathy, which may be due to stress, secondary hepatitis due to ascending inflammation from acute pancreatitis, hepatic lipidosis as a result of diabetes mellitus, as well as cholestasis. There are no obvious signs of neoplasia. The dilated gallbladder, and tortuous and dilated cystic duct are consistent with signs of cholecystitis.

**INVOICE**

36425

**DATE**

3/24/22



**PATIENT**

Ebony Davies

- The cranial pole of the right adrenal gland is at the high end of the normal reference range. This may be due to adrenal hyperplasia secondary to stress.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis is strongly recommended to evaluate for ketonuria and glucosuria.

A urine culture and sensitivity would also be ideal.

**BREED**

Chihuahua X

Insulin therapy may also be required while acute pancreatitis is being treatment.

Antiemetics are strongly recommended, in addition to analgesics.

**SEX**

Spayed Female

A nasogastric tube is suggested (even if it does not remain in place) to decompress the stomach due to the large amount of fluid in the stomach. This will improve her comfort level.

**AGE**

8 Years

Referral to a 24-hour clinic with an intensivist and/or internist is recommended, if possible. If this is not an option, an internal medicine consult is recommended so that Ebony may be stabilized as quickly as possible.

**WEIGHT**

14.7 Pounds

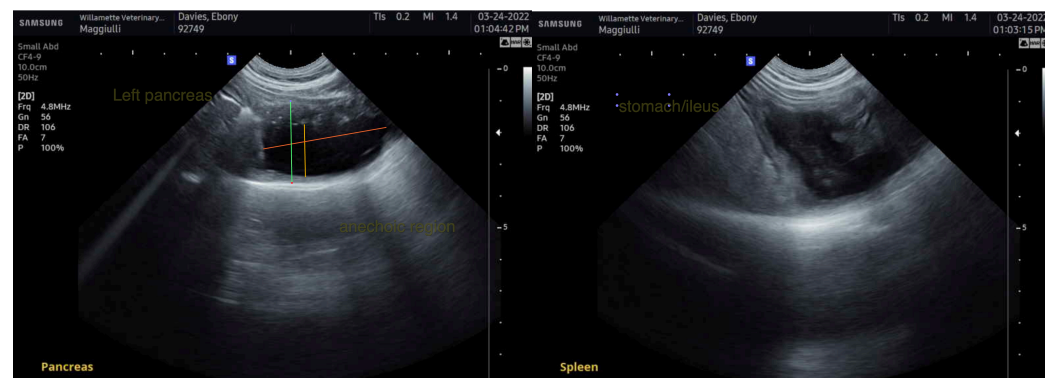


**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Maggiulli



**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Maggiulli

**INVOICE**

36425

**DATE**

3/24/22



**PATIENT**

Ebony Davies

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

14.7 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Maggiulli

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

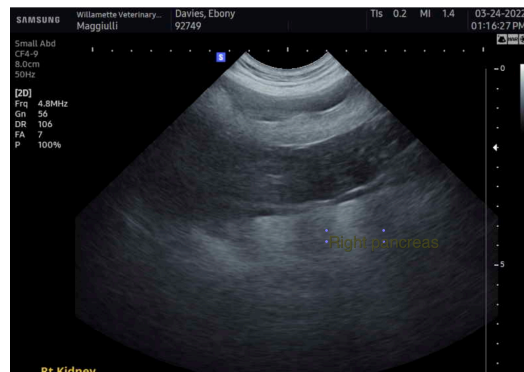
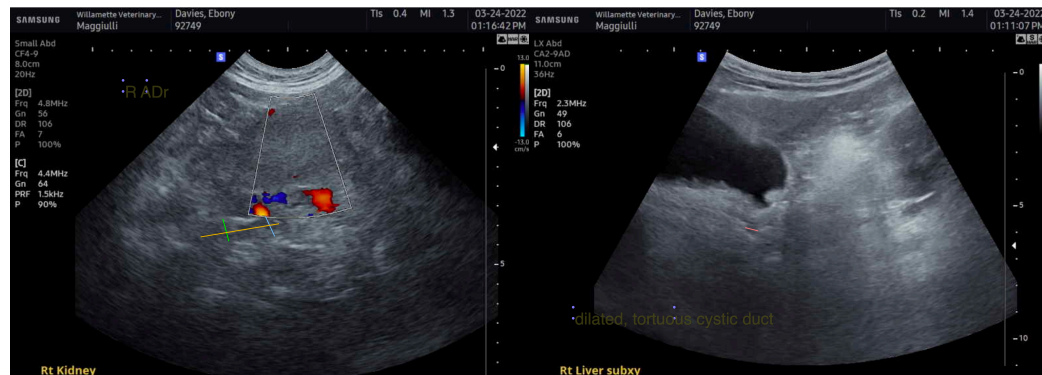
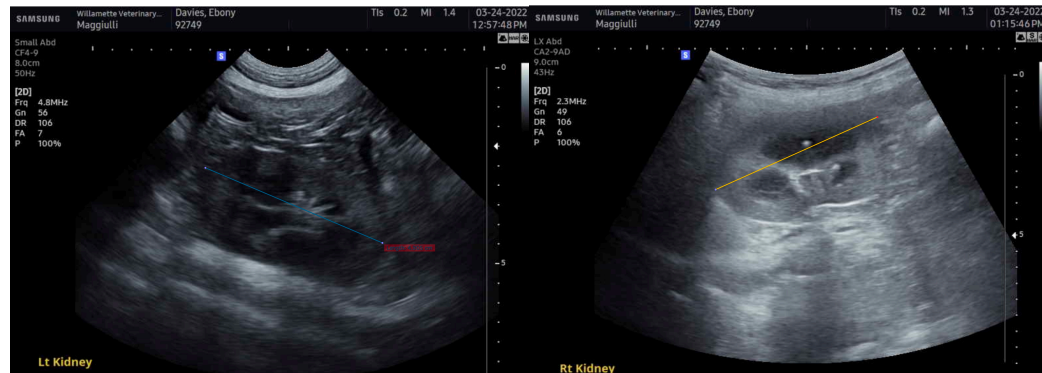
Dr. Maggiulli

**INVOICE**

36425

**DATE**

3/24/22



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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)