



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Lily Albright  
**SPECIES** Canine  
**BREED** Collie Cross  
**SEX** Spayed Female  
**AGE** 12 years  
**WEIGHT** 31.8 kg

**History:** Presented at our hospital for AUS. Started with on and off diarrhea for two weeks post food change, now NE/ND, and seems painful in abdomen. Seems to not want to lay down. Losing weight, took to rdvm last week, saw bladder stone on xray per owner, gave SQF and oral meds. Rec AUS. Previous Health Concerns: mild UTI when seen at rdvm Current Medications: Gabapentin, Prednisone, was prev on antibiotic, and probiotic Appetite/When did they eat last: yesterday morning Diet: was on Beneful chicken, switched to beef, dh started so switched to wet food (rx but not sure what kind) Vomiting/Diarrhea: did have dh but last two were formed  
**Abnormal PE/Chem/CBC/UA Results:** rdvm bloodwork: NEU 12.32; EOS 0.01; BASO 0.12; ALB 3.9; ALKP 264; CPL negative rdvm rads: large bladder stone, likely struvite based on prev UA's. rdvm UA: blood 250; wbc 33/hpf; rbc 26/hpf; nsEPI 1-2/hpf

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately filled. The wall is smooth and regular measuring 1.1 mm. A small to moderate amount of free floating sediment is present. A single cystolith is also noted, measuring 1.6 cm. There is no evidence of a polyp or a mass.

The left kidney is within normal limits in size for the patient's weight (7.21 cm) and the capsule is smooth. 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 moderately hyperechoic. Very nice blood flow is noted.

The right kidney is within normal limits in size for the patient's weight (7.30 cm) and the capsule is smooth. 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 moderately to markedly hyperechoic, however, this appears to be associated with the pancreas.

**Adrenal Glands**

The left adrenal gland measures 0.36 cm at the cranial pole. The caudal pole measures 0.47 cm and 3.07 cm in length. No abnormalities are noted with the gland's overall echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable. The adrenal gland overall appears flattened and thinner than normal, which may be due to the administration of prednisone.

The right adrenal gland is partially visualized. The cranial pole measures 0.35 cm and the caudal pole measures 0.32 cm. and 2.22 cm in length. It, too, appears flattened and thinner than normal. No abnormalities are noted with the gland's overall echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

Mild splenomegaly is noted, however, no abnormalities are observed with its echotexture or echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

**DATE**

3/24/22



<b>PATIENT</b>	<b>Liver</b>
Lily Albright	There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is diffusely granular, albeit mildly. The liver is diffusely hyperechoic, i.e., the liver and spleen are isoechoic. No abnormalities are observed with the hepatic vessels.
<b>SPECIES</b>	
Canine	A small to moderate amount of echogenic material is visualized within the gallbladder. Some of the sludge appears inspissated and nodular, for example, one of the "nodules" measures 0.89 cm x 1.4 cm in length. The biliary system is otherwise within normal limits.
<b>BREED</b>	
Collie Cross	<b>Gastrointestinal</b>
<b>SEX</b>	
Spayed Female	The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.
<b>AGE</b>	
12 years	The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The duodenum is within normal limits in thickness (0.42 cm); however, fogging of the mucosa and muscularis are present. The colonic wall is within normal limits and mural detail is maintained. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.
<b>WEIGHT</b>	
31.8 kg	<b>Pancreas</b>
<b>INTERPRETED BY</b>	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The left limb is heterogeneous with multiple hyperechoic foci dispersed haphazardly throughout its parenchyma. Differential diagnoses include fibrosis due to previous episodes of pancreatitis, and/or ischemia.
<b>IMAGING PERFORMED BY</b>	
Erin Wicks	The right limb of the pancreas is hypoechoic with a surrounding mesentery that is severely hyperechoic. These findings are highly suggestive of active pancreatitis.
<b>HOSPITAL NAME</b>	
Shores VEC	<b>Other</b>
<b>REFERRING VET</b>	
Dr. Lupole	Lymph nodes: No obvious abnormalities observed.
<b>INVOICE</b>	
	Abdominal effusion is not visualized.
<b>DATE</b>	
3/24/22	<b>ULTRASONOGRAPHIC FINDINGS</b>
	<ul style="list-style-type: none"> <li>• Acute pancreatitis is suspected particularly of the right limb.</li> <li>• A single cystolith and sediment are present within the bladder. There are no obvious signs of an obstruction.</li> <li>• Very mild degenerative changes of both kidneys are observed, suggestive of age related degeneration.</li> <li>• Both adrenal glands appear normal in echogenicity and echotexture, however, they are thinner and flatter than what is usually expected. These findings are attributed to the administration of prednisone.</li> </ul>



**PATIENT**

Lily Albright

- Splenomegaly is most likely secondary to the sedation administered to perform the ultrasound. However, splenitis secondary to systemic inflammation cannot be excluded. There are no signs of neoplasia.

**SPECIES**

Canine

- Hepatomegaly and diffuse hyperechogenicity of the liver are highly suggestive of a vacuolar hepatopathy, which is attributed to the administration of prednisone. There are no signs of neoplasia. The presence of sludge in the gallbladder is most likely clinically insignificant; however, the client should be asked whether Lily is demonstrating signs of gastroesophageal reflux. Signs of cholecystitis are not appreciated.

**BREED**

Collie Cross

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

A urine culture and sensitivity is recommended.

**AGE**

12 years

Ideally, hospitalization, IV fluids and analgesics, as well as antiemetics, are recommended for the treatment of pancreatitis. If declined, oral analgesics and antiemetics are recommended, in addition to an easily digestible, relatively restricted fiber diet to help decrease bloating and cramps.

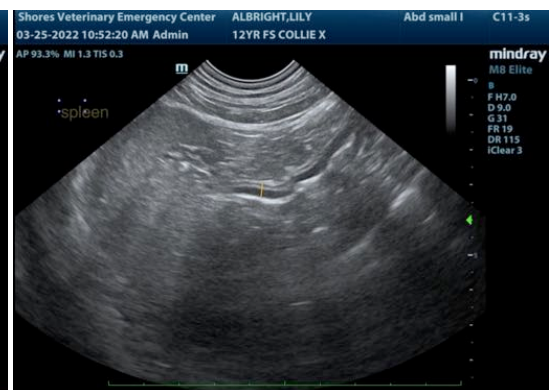
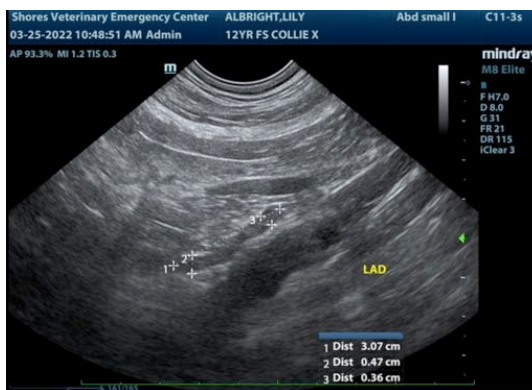
**WEIGHT**

31.8 kg

Avoid non-steroidal anti-inflammatories.

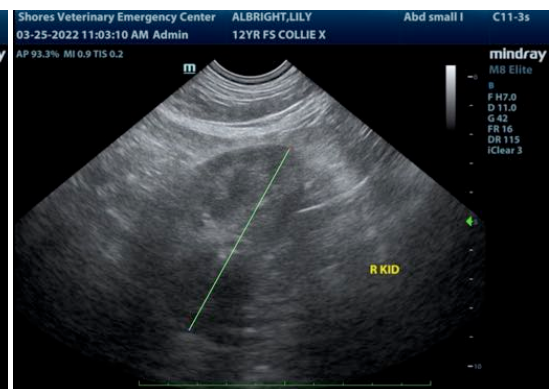
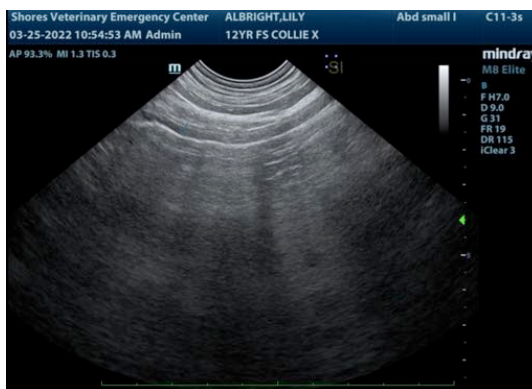
**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM



**IMAGING PERFORMED BY**

Erin Wicks



**HOSPITAL NAME**

Shores VEC

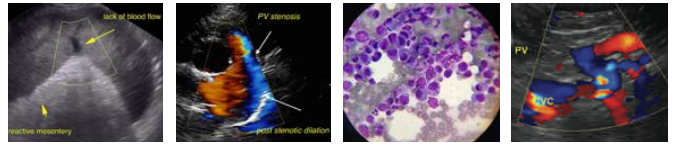
**REFERRING VET**

Dr. Lupole

**INVOICE**

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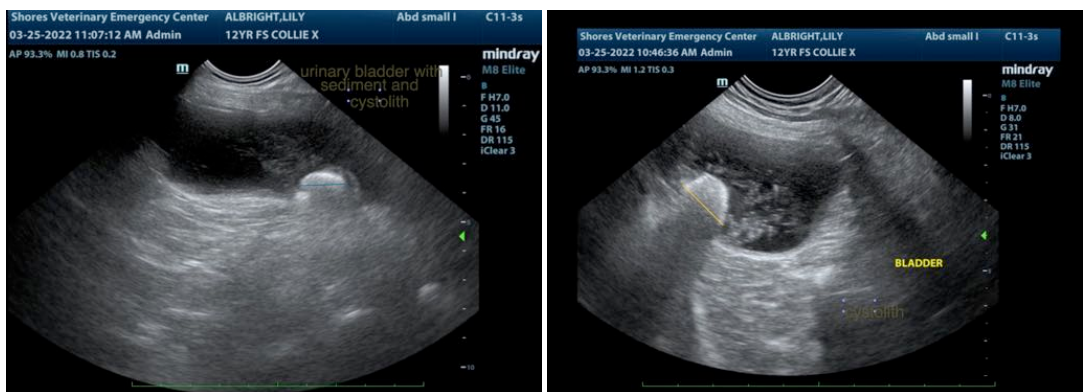
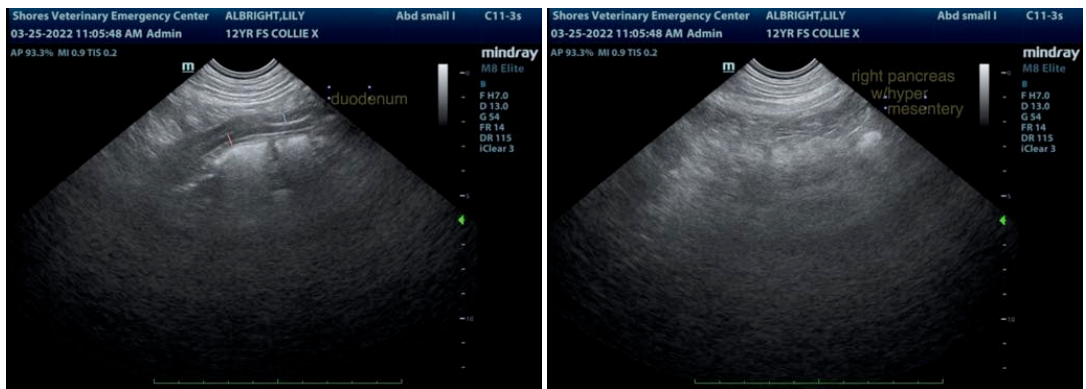
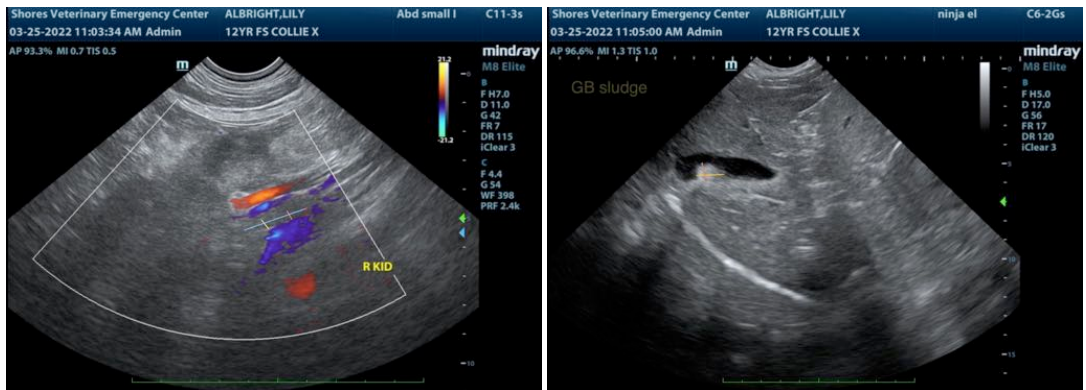
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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