


PATIENT

 Toby Paws of All Kinds
Rescue

SPECIES

Canine

BREED

 Australian Cattle Dog
Mix

SEX

Neutered male

AGE

9 years

WEIGHT

54 lbs

INTERPRETED BY

 Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

99343

DATE

4/4/22

PRESENTING CLINICAL SIGNS

Pancreatitis, HGE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Prostate

The prostate is homogenous and within normal limits for a neutered male.

Kidneys

The **left** kidney measures 6.19 cm. 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. Mineralizations of the diverticulae are present, without evidence of nephroliths or pyelectasia. A small, anechoic structure, consistent with a cyst, is present in the cortex. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 6.15 cm. 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. Mineralizations of the diverticulae are present, without evidence of nephroliths or pyelectasia.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.64 cm at the cranial pole, 0.76 cm at the caudal pole and 2.78 cm in length. The caudal pole is rounder and more "plump", however, there is no evidence of a mass. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.47 cm at the cranial pole, 0.46 cm at the caudal pole and 2.42 cm in length. No abnormalities are noted with the gland's 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.



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Liver

There are no obvious signs of hepatomegaly. Liver borders are smooth and sharp. The liver has a coarse, granular echotexture, but appears to be within normal limits in echogenicity. Occasional hypoechoic nodules of variable size are observed scattered throughout the parenchyma. No abnormalities are observed with the hepatic vessels visualized. The mesentery surrounding the liver is mildly to moderately hyperechoic.

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous, i.e. there are no signs of an obstruction. The duodenal papilla does not show any abnormalities.

Gastrointestinal

A large amount of fluid and gas are present within the lumen, consistent with an ileus.

The gastric wall is within normal limits in thickness and the wall layers are well defined. The mesentery surrounding the stomach is moderately to markedly hyperechoic.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

A large amount of gas is also present in the transverse colon.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

The **right limb** is mildly coarse, but diffusely hypoechoic compared to the surrounding mesentery, which is moderately hyperechoic. These findings are highly suggestive of active pancreatitis. Overt signs of neoplasia are not noted.

The left limb is not well visualized due to the large amount of gas in the intestinal tract in the surrounding area.

Other

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Sonographic signs suggestive of acute pancreatitis are present with the right limb. The left limb is difficult to evaluate due to the large amount of gas in the surrounding gastrointestinal tract.



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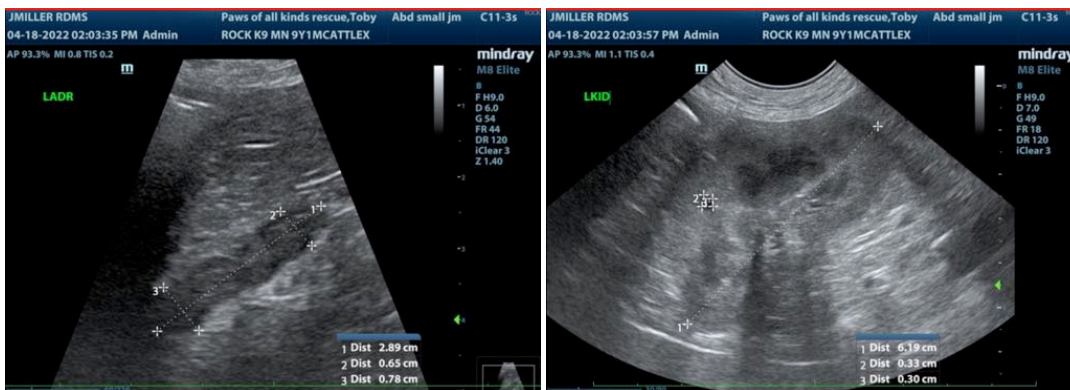
- The significant ileus of the stomach is attributed to Toby's pancreatitis.
- The hepatic changes are suggestive of a reactive hepatopathy, for example, secondary to pancreatitis, as well as nodular regeneration. The latter is a benign, age-related change often observed in senior patients.
- Mild degenerative changes of both kidneys, which are suggestive of age related degeneration. The cyst in the left kidney is not considered clinically significant.
- The caudal pole of the left adrenal gland is mildly enlarged, rounder and more "plump". The latter may be due to adrenal hyperplasia secondary to stress, chronic illness, or the development of a benign adenoma. Hyperadrenocorticism (HAC) is considered less likely based on the absence of clinical signs. Sonographic results should be correlated with clinical signs, i.e., further diagnostics are not necessary as Toby is not demonstrating clinical signs of HAC. There is no evidence of a mass.
- Acute hemorrhagic diarrhea syndrome; there are no abnormalities to suggest neoplasia on the ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment of pancreatitis should be pursued, including analgesia for visceral pain, intravenous fluids and other supportive care.

Passing of a nasogastric tube may be considered to decrease nausea and discomfort associated with the ileus.

A low fat, easily digestible diet that is mildly to moderately restricted in fibre is recommended to help decrease gas and bloating.





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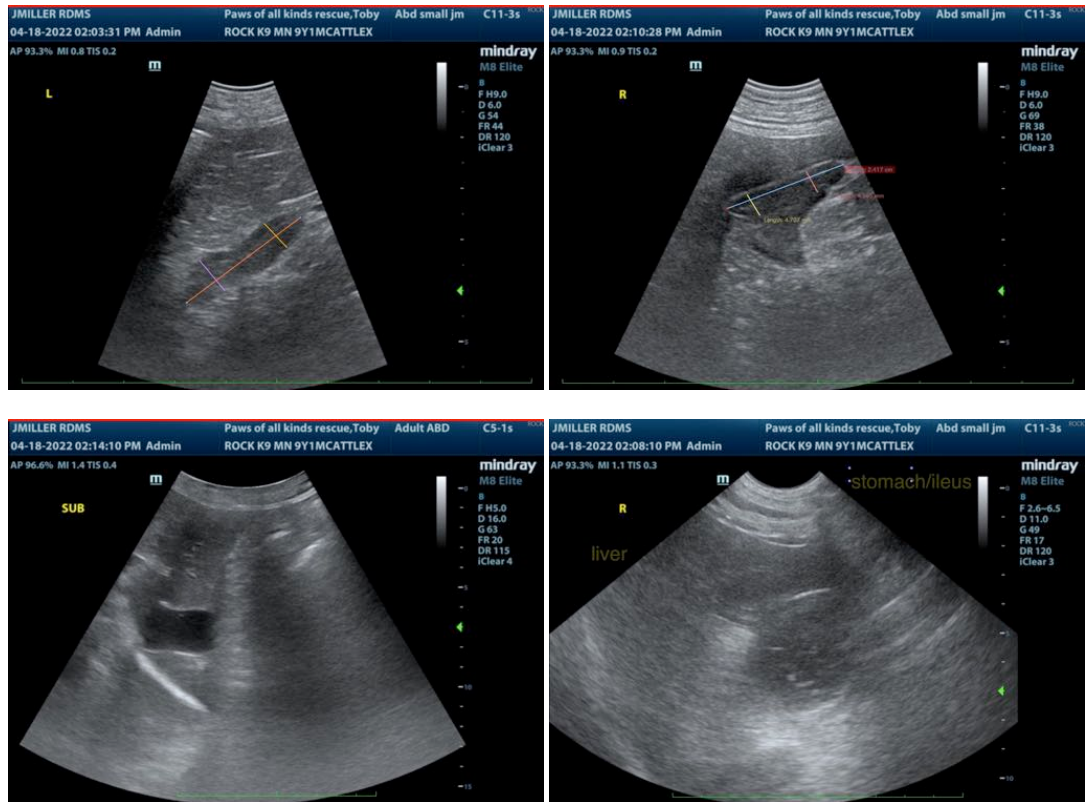
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Lisa.Carioto@sonopath.com