



PATIENT

Domo Ly

SPECIES

Canine

BREED

Cockapoo

SEX

MN

AGE

7 years

WEIGHT

8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet
Hospital

REFERRING VET

Dr. Monica

INVOICE

15824

DATE

1/12/23

PRESENTING CLINICAL SIGNS

Diagnosed with IMTP a couple years ago and has been on prednisone ever since. Recently diagnosed with diabetes mellitus, poorly controlled. Has now presented with abdominal distension, and lethargy.

Abnormal PE/Chem/CBC/UA Results: Moderate ALP elevation at 700 and mild bilirubin elevation. Elevated amylase and lipase. Inflammatory leukogram. Hyperglycemia with glucosuria, no ketones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate was free of overt pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelectasia. Possible pinpoint incidental medullary mineral was noted. The left kidney measured 4.4 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.4 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to regional periadrenal increased omental artifact.

Spleen

The spleen was normal in size with mild capsule asymmetry, exhibiting decreased splenic parenchyma echogenicity with moderate coarse echotexture. Multiple to diffuse pinpoint hyperechoic splenic foci were noted. No splenic masses were noted. Possible, although not definitive, soft tissue echo was noted in the area of the splenic vein. Possible, although not definitive, reduced splenic vascularity was noted on Power Doppler.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance. Normal hepatoportal vascular volume was present without evidence of congestion. The gallbladder was non-distended in size containing primarily



PATIENT anechoic content with mild nonorganized, mobile echogenic luminal debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid and luminal gas.

The duodenum exhibited intact, variably prominent wall layering with mild upper to mid duodenal corrugation. No obstructive pattern was noted. The jejunum and ileum to the level of the colon were sonographically normal.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

Diffuse enlargement of the pancreas base and right pancreatic limb with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Regional peripancreatic to generalized hyperechoic mesentery and mild volume primarily anechoic peritoneal free fluid was noted.

Free Abdomen

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Severe active possibly necrotizing pancreatitis with regional peripancreatic to generalized peritonitis
- Associated hepatopathy and gastroduodenitis
- Mild gallbladder debris (non-mucocele)
- Hypoechoic mild irregular spleen with diffuse hyperechoic parenchyma foci, possible although not definitive emerging splenic vein thrombus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic foci are nonspecific yet most suggestive of benign criteria i.e., pinpoint areas of splenic microinfarction, fibrosis, or mineralization. Clotting status is recommended to assess for hypercoagulable state.

Potential for pancreatic neoplastic criteria, which may present in a similar sonographic manner as severe inflammation, cannot be definitively excluded yet is thought less likely. Regardless, the significance of pancreatic pathological changes warrants a very guarded to possibly unfavorable prognosis. Aggressive therapy for pancreatitis, which may include as-needed gastrointestinal support, analgesia, plasma expanders, and antibiotic therapy with close monitoring, is recommended.



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Peritoneal effusion analysis, cytology, +/- C/S if evidence of inflammatory cells may be considered for further assessment. Recheck sonogram may be considered in 3-5 days pending clinical response to therapy.

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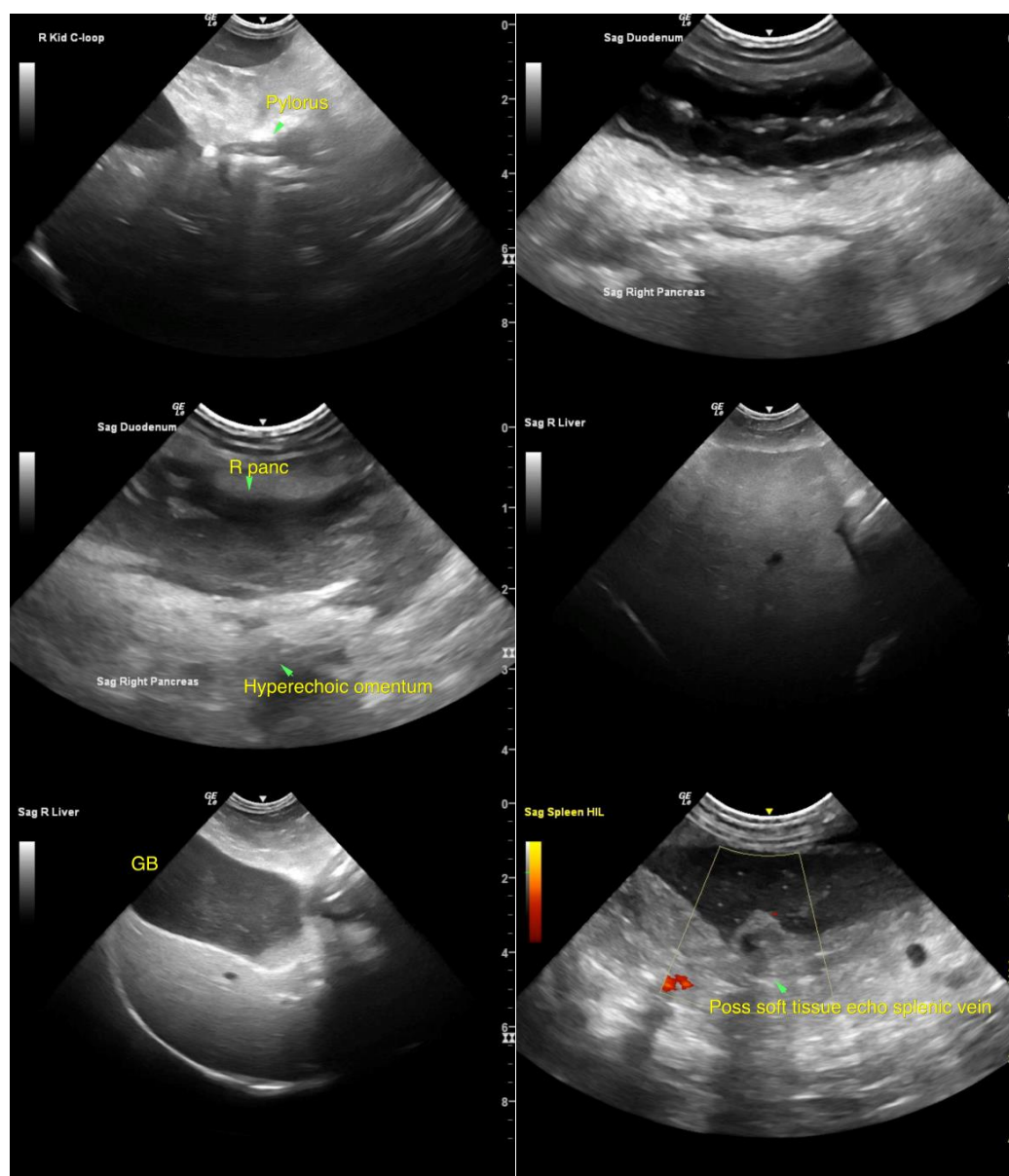
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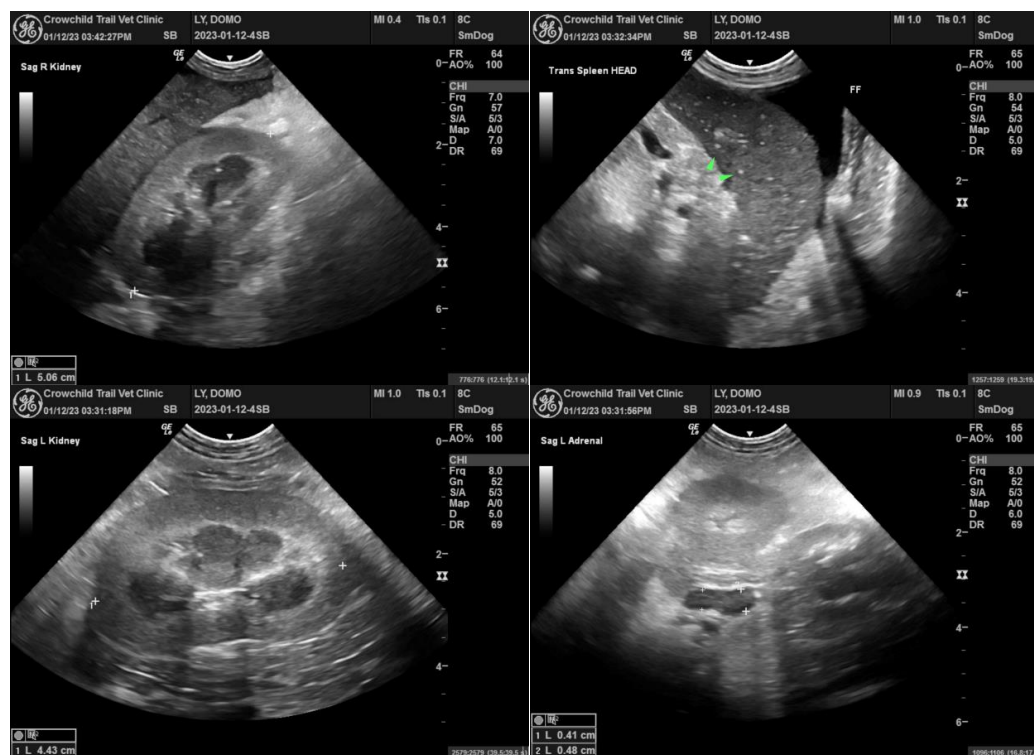
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com