



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zoey Sood	–Recurrent episodes of suspect pancreatitis, with inappetence, lethargy, and abdominal discomfort Abnormal PE/Chem/CBC/UA Results: most recent bloodwork 10/21/21 - Spec cPLI 756 (0-200) - Historic elevations in amylase and lipase
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b><i>Urinary System</i></b>
Pug X	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.
<b>SEX</b>	
FS	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	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. The left kidney measured 4.5 cm in length. The right kidney measured 3.9 cm in length.
6 years	
<b>WEIGHT</b>	<b><i>Adrenal Glands</i></b>
11.3 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.2 cm length x 0.77 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b><i>Spleen</i></b>
R. McKenzie Daniel, DVM, DABVP	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
<b>IMAGING PERFORMED BY</b>	<b><i>Liver/ Gallbladder</i></b>
Crystal Hill	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	
Snelgrove VS	
<b>REFERRING VET</b>	
Dr. Perit	
<b>INVOICE</b>	<b><i>Gastrointestinal</i></b>
12437	The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, echogenic ingesta with distal acoustic shadowing, resulting in gastric distention. The gastric body wall width measured 0.39 cm.
<b>DATE</b>	
10/25/21	



**PATIENT**

Zoey Sood

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental digesta / chyme was present. No signs of ileus, obstruction, or foreign material were noted. The duodenum wall width measured 0.35 cm. The jejunum wall width measured 0.34 cm.

**SPECIES**

Canine

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

**Pancreas**

**BREED**

Pug X

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**Free Abdomen**

**SEX**

FS

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6 years

**Primary Findings**

- Sonographically unremarkable gastrointestinal tract with moderate gastric ingesta
- Sonographically unremarkable pancreas

**WEIGHT**

11.3 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of gastric ingesta is suspected to correlate with post prandial presentation. Correlation with the most recent meal ingestion is suggested. If documented NPO, some degree of nonobstructive metabolic gastric stasis or delayed gastric emptying could be considered. No overt sonographic evidence of active pancreatitis was noted. However, low-grade or chronic pancreatitis which may present as sonographically normal may be possible.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

Concurrently, potential for chronic, structurally insignificant inflammatory gastroenteropathy, which may at times result in elevated pancreatic enzymes and Spec cPL, may be considered if a history of gastrointestinal signs. Empirical supportive therapy including as-needed GI support, as well as dietary therapy (bland limited antigen or hydrolyzed diet), is suggested.

**IMAGING PERFORMED BY**

Crystal Hill

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**PATIENT**

Zoey Sood

**SPECIES**

Canine

**BREED**

Pug X

**SEX**

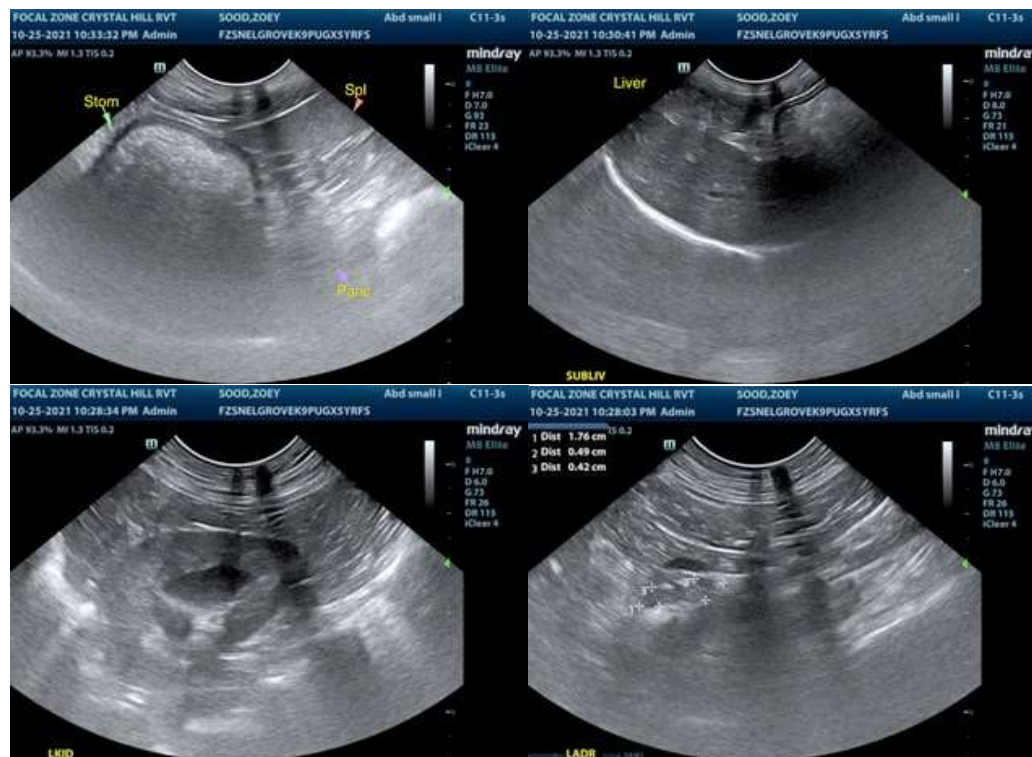
FS

**AGE**

6 years

**WEIGHT**

11.3 kg



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

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**DATE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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