



**PATIENT PRESENTING CLINICAL SIGNS**

Odin Salas pancreatitis consumed cookies

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were noted.

**BREED**

Pointer

**SEX**

Male

**AGE**

5 Months

**WEIGHT**

45

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

26129

**DATE**

10/7/21

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.96 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measured 0.37 cm at the cranial pole and 0.39 cm at the caudal pole.

**Spleen**

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.

**Liver**

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.

**Gastrointestinal**

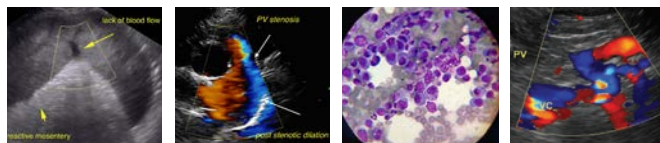
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.43 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.46 cm.

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

**Pancreas**

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.



**PATIENT**

**Free Abdomen**

Odin Salas

Intermittent enlarged mid abdominal mesenteric lymph nodes were present. Example measured 3.0 cm x 0.93 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

**SPECIES**

Canine

No effusion.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Pointer

- Pancreatitis – subjectively mild
- Gastroenteritis
- Intermittent mild mesenteric lymphadenopathy – immunologic immaturity, reactive hyperplasia, or minor lymphadenitis likely.

**SEX**

Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

5 Months

Medical therapy for mild pancreatitis with as-needed gastrointestinal support is suggested. No evidence of mechanical gastrointestinal obstruction or foreign material. Recheck sonogram may be considered to reassess for progressive inflammatory pancreatic, lymphatic or gastrointestinal changes pending clinical response to therapy or if persistent signs of pancreatitis/gastroenteritis.

**WEIGHT**

45

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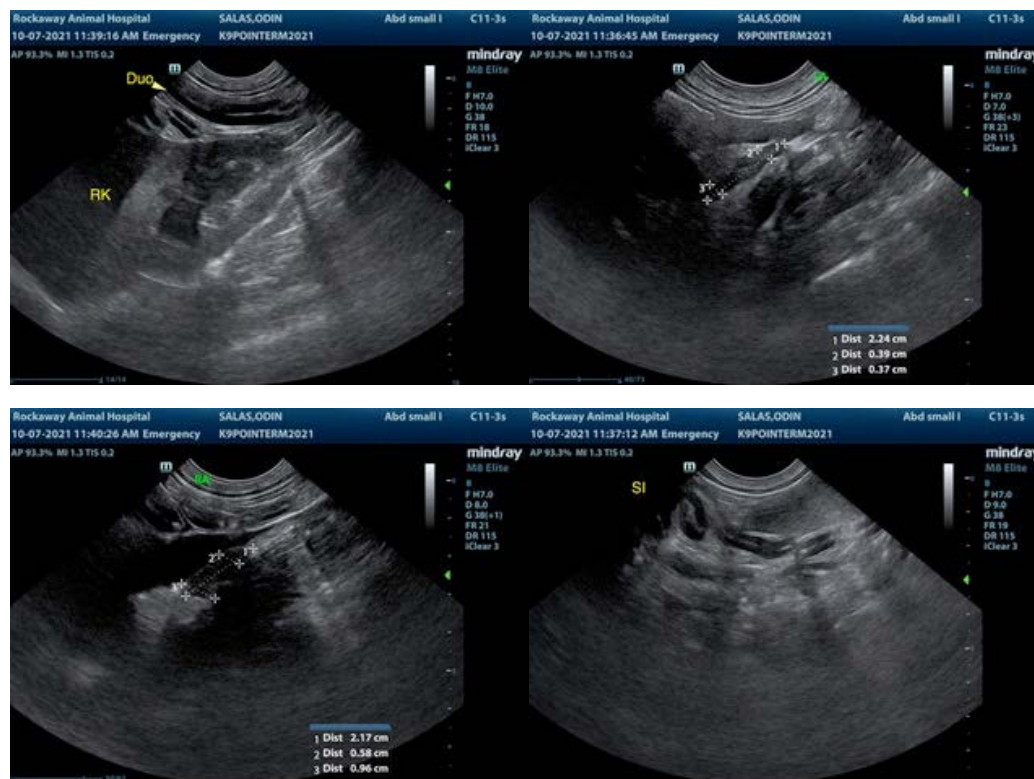
Dr. Maniar

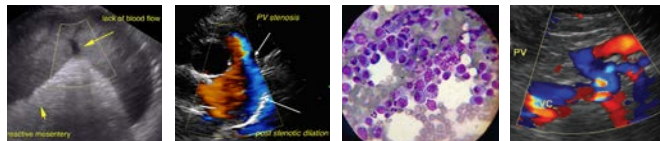
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## PATIENT

Odin Salas

## SPECIES

Canine

## BREED

Pointer

## SEX

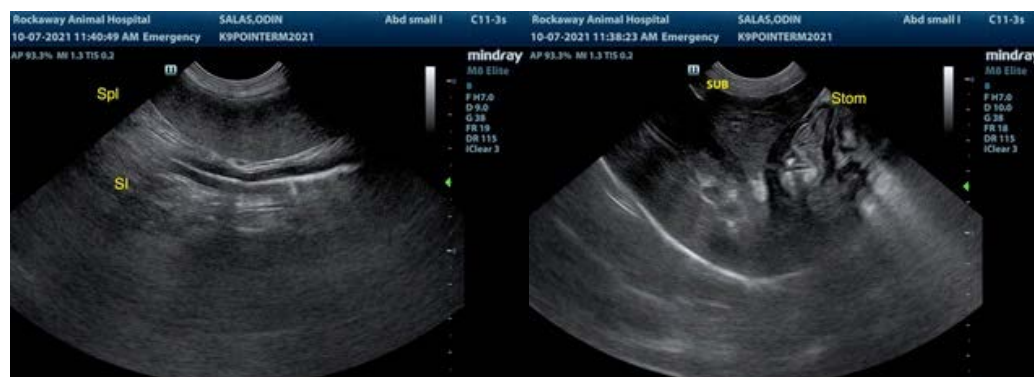
Male

## AGE

5 Months

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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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