



PATIENT

Jack Leonard

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

10 years

WEIGHT

16.40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

12582

DATE

11/10/21

PRESENTING CLINICAL SIGNS

Patient went to Oradell Animal Hospital last night after vomiting 5 times; the first time the patient vomited food and the other 4 times were bile. That labwork done at Oradell came back normal; the kidney values, liver values and blood counts are normal. They gave Vetsulin insulin (6 units twice daily), Cerenia 16mg, Prilosec 20mg, and Gabapentin 100mg. The owner says that Jack has been lethargic and is still not wanting to eat. The owner also said Jack vomited another 2 times after being home from Oradell thus why he came here, to the Ridgefield Park Animal Hospital. Jack is drinking and urinating normally and the last time Jack defecated was last night and no diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.72 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small cortical cysts were present in the left kidney. The left kidney measured 5.5 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

Left adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.81 cm width at the caudal pole and 0.56 cm width at the cranial pole.

The right adrenal gland was prominent in size with subjective maintained symmetrical capsule contour and mild nonhomogeneous parenchyma. The right adrenal gland measured 1.1 cm width at the caudal pole and 0.97 cm width at the cranial 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/ 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



PATIENT	hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Jack Leonard	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach exhibited moderate to marked distention with retained anechoic fluid. Sonographically unremarkable wall layering was present, without evidence of mechanical pyloric outflow obstruction. The pylorus wall width measured 0.33 cm.
BREED	
Havanese	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum exhibited generalized corrugation with prominent duodenal walls owing to prominent duodenal mucosa. The duodenum wall width measured 0.50 cm. The jejunum wall width measured 0.23 cm.
SEX	
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10 years	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to non-formed feces was present in the colon lumen with lumen dilation.
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Pancreas</i> Diffuse enlargement of the pancreas 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. Mild localized free fluid was present around the abnormal pancreas.
IMAGING PERFORMED BY	<i>Free Abdomen</i> Small pockets of scant peritoneal free fluid were present.
Dr. Paul Kim	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Ridgefield Park AH	<i>Primary Findings</i>
REFERRING VET	<ul style="list-style-type: none"> • Pancreatitis with regional peritonitis - subjective moderate active pancreatitis • Mild hepatomegaly - subjectively benign, reactive / metabolic / vacuolar hepatopathy suspected • Hypomotile stomach • Generalized enteritis with moderate to marked duodenitis
Dr. Paul Kim	<ul style="list-style-type: none"> • Bilateral prominent adrenal glands • Bilateral chronic renal changes with left kidney cortical cysts
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DATE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
11/10/21	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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The bilateral prominent adrenal glands were of unclear clinical significance. Full adrenal work up, if clinical suspicion for hyperadrenocorticism, is recommended. Screening blood pressure would be warranted.

SPECIES

Canine

Hospitalization with aggressive therapy for moderate active pancreatitis and secondary regional peritonitis with gastroenteritis and concurrent gastro-hypomotility is recommended.

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A minor potential for pancreatic neoplasia is possible, yet thought less likely. Sonographic reassessment of the pancreas and GI tract would be ideal in 3-5 days, or pending clinical response to therapy.

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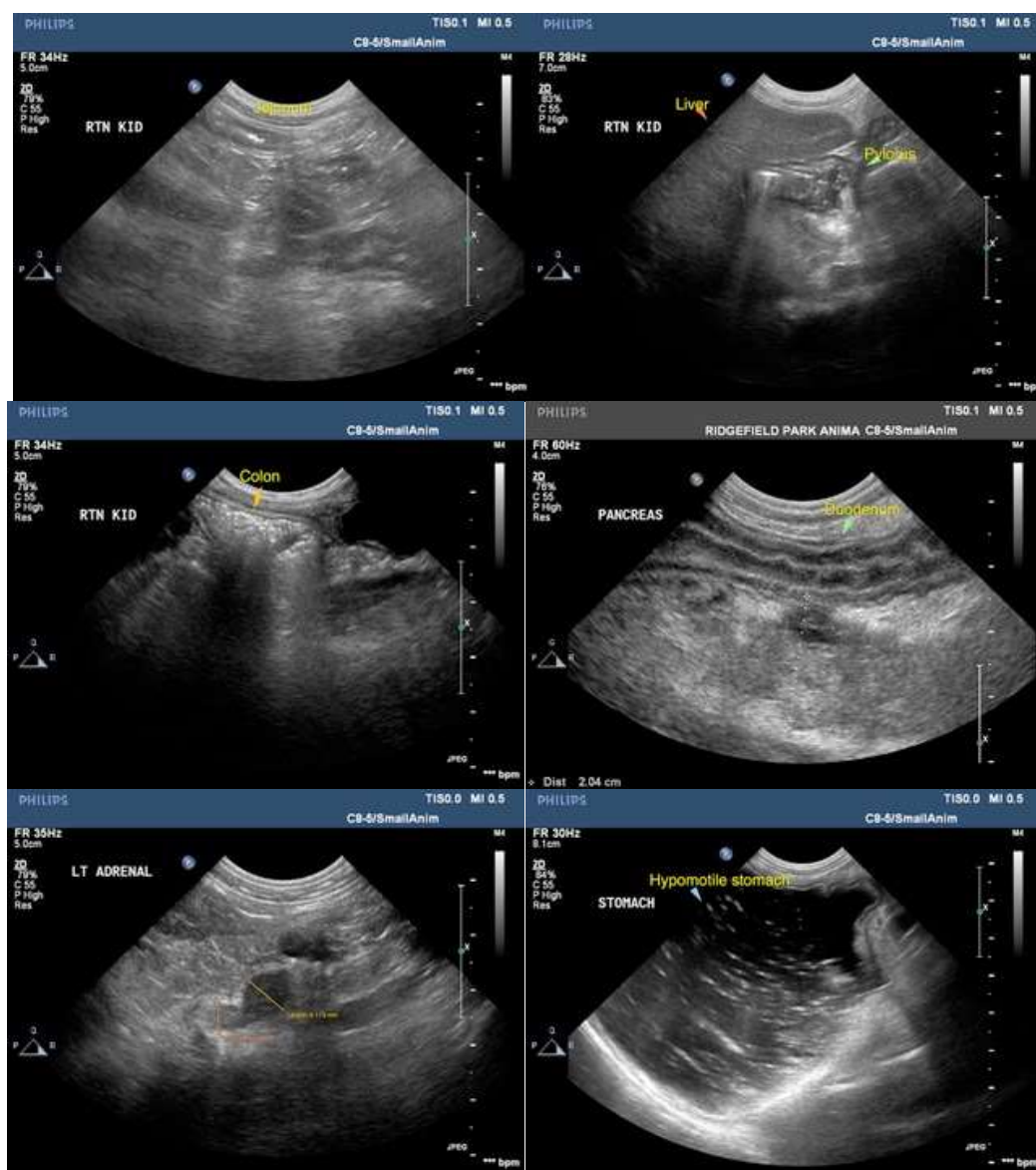
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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