



PATIENT

Agnes Scholle

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

11 years

WEIGHT

16.2 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Rhode Island Animal
 Medical Center

REFERRING VET

Rachel Rogoff, DVM

INVOICE

15393

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History of pancreatitis, borborygmus, mucous - like diarrhea, vomits occasionally.

Current meds: ID Lowfat Diet. Cerenia 16 mg 1/2 tab SID. Pepto Bismol SID PRN.

Abnormal PE/Chem/CBC/UA Results: Spec cPL 214, TL 100, Cobalamin 883.

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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Very scant left kidney pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 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 0.45 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.33 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing focally congealed, hyperechoic gallbladder debris in the caudal lumen, as well as nondependent, nonorganized debris in the area of the



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gallbladder neck. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, nonshadowing ingesta / chyme without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental hyperechoic duodenojejunal mucosal speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.33 cm width.

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The colon walls were sonographically unremarkable. The colon contained generalized semi-formed to soft fecal matter. The descending colon wall width measured 0.12 cm.

Pancreas

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The pancreas base and subjective proximal left pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and regional, mildly reactive, peripancreatic mesentery. No overt evidence of neoplasia. The right pancreatic limb was normal in size and contour with mild heterogeneous to mixed echogenic parenchyma.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Chronic to chronic active pancreatitis pattern with regional peripancreatic reactive mesentery
- Overtly normal gastrointestinal tract with gastric ingesta / chyme and mild nonspecific segmental small bowel mucosal speckling
- Potential low-grade colitis
- Gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the normal cobalamin levels without evidence of overt enterocolic mural pathology, chronic to chronic active pancreatitis is suspected to be the primary clinical player in this patient.

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The mild segmental duodenojejunal mucosal speckling, however, may suggest some degree of concurrent low-grade enteritis / inflammatory enteropathy.

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Suspect recent meal ingestion, given the presence of gastric ingesta / chyme, although some degree of metabolic gastric hypomotility could be considered if documented NPO.

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Continued dietary therapy with potential low-fat hydrolyzed diet trial if available. As-needed GI support and empirical therapy for chronic active pancreatitis would be reasonable. Ursodiol is recommended if evidence of cholestasis.

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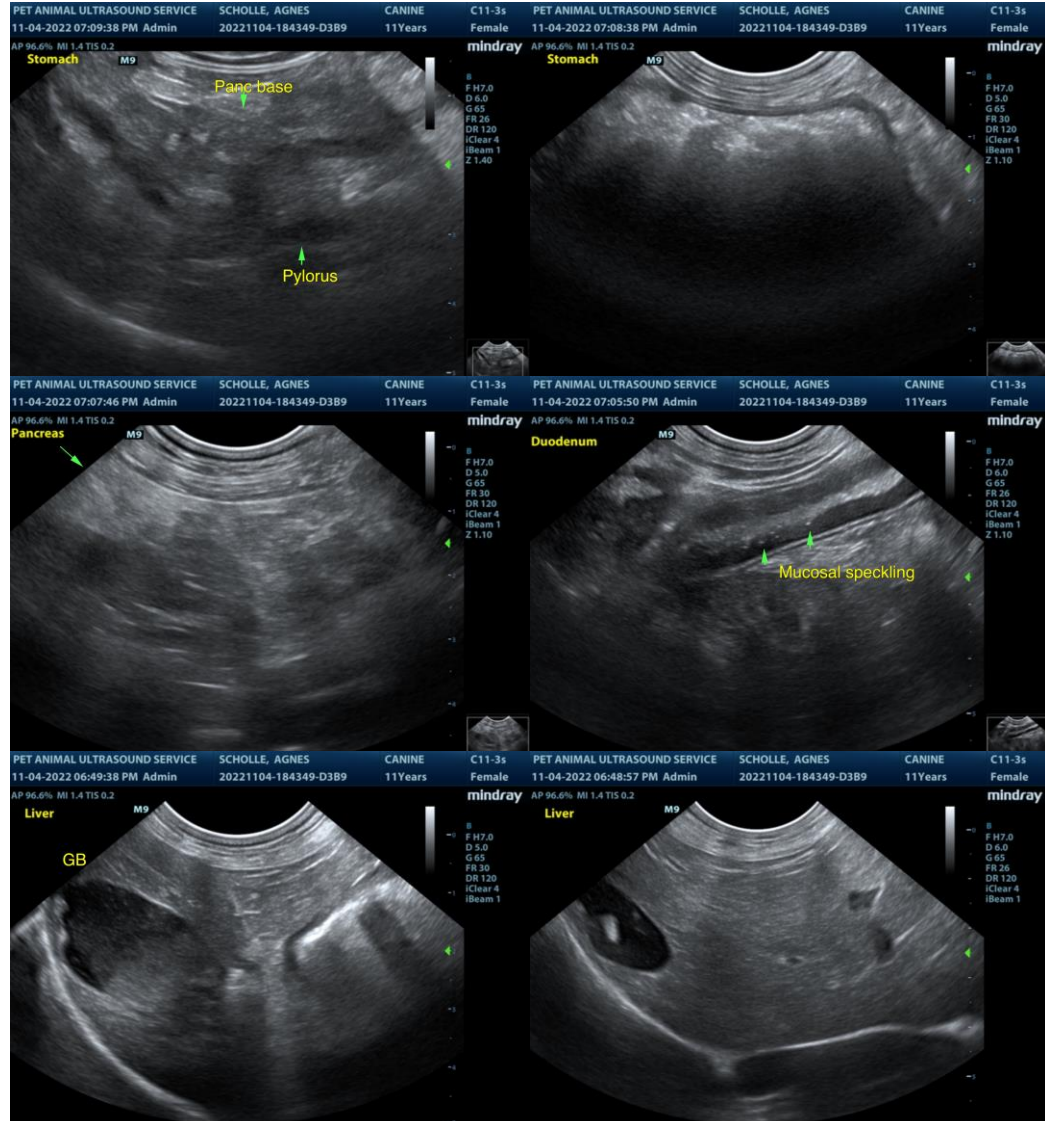
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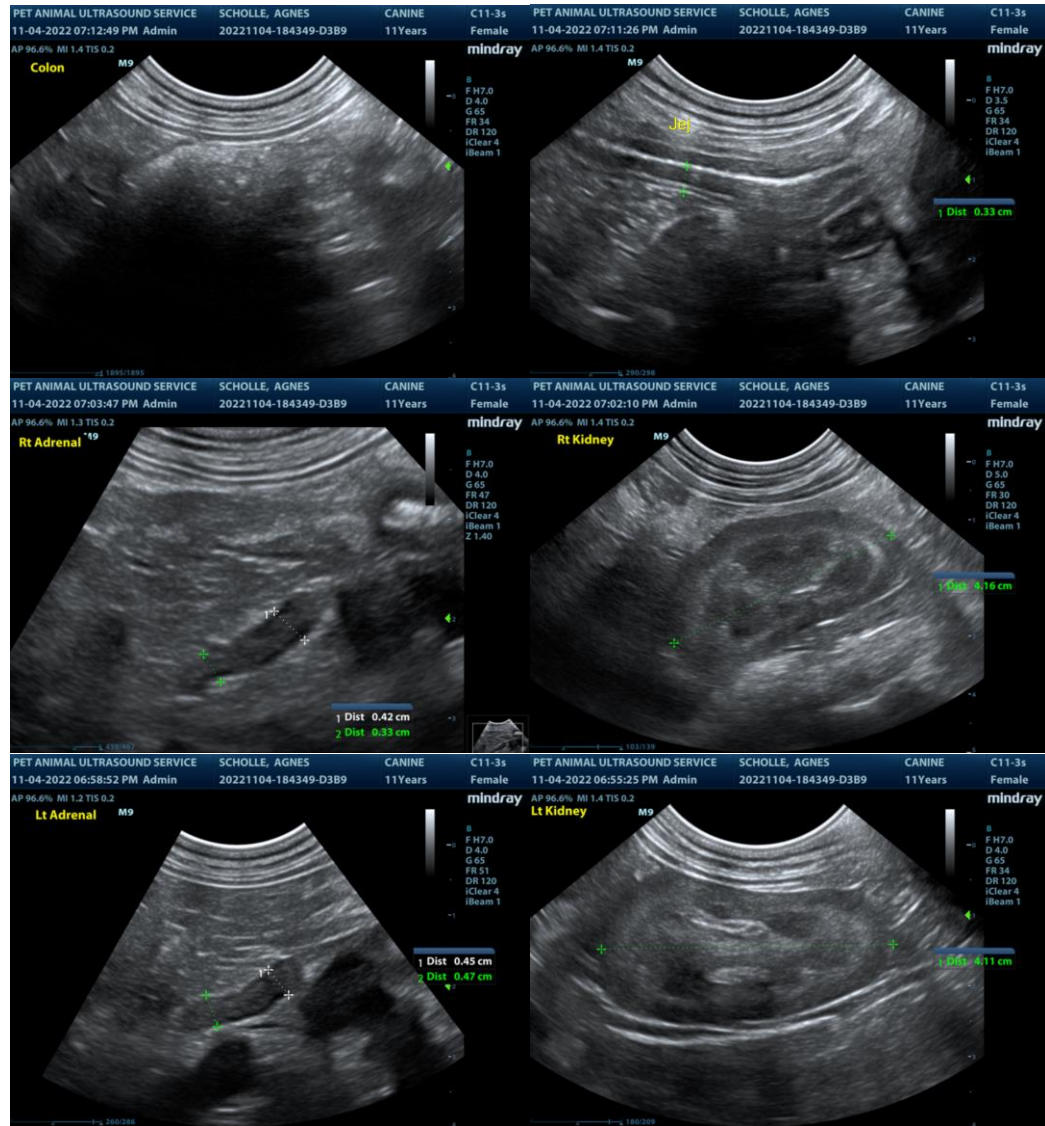
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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