



PATIENT

Wolfgang Watkins

SPECIES

Canine

BREED

German Shepherd

SEX

MI

AGE

3yr

WEIGHT

36.9kg

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

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Hospital

INVOICE

22893

DATE

11/09/2025

PRESENTING CLINICAL SIGNS

History of pancreatitis requiring hospitalization a couple months ago. Presented for vomiting, inappetance and lethargy and now has developed hemorrhagic diarrhea in clinic.

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia, mild ALT elevation, mild tbili elevation, hemoconcentration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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 8.7 cm in length. The right kidney measured 8.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.2 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 0.60 cm width 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/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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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 stomach exhibited moderate distension with anechoic fluid with no overt evidence of obstruction to pyloric outflow or mechanical pyloric outflow obstruction.

The small intestine presented overall intact wall layering exhibiting mildly thickened duodenum wall and subjective mildly prominent duodenojejunal submucosa layer. Generalized empty intestine lumen with minor segmental non-obstructive jejunal ileus.

Normal visible colon wall layers were present with primarily empty lumen with segmental mild soft fecal matter.

Pancreas

The pancreas was prominent in size with mild asymmetrical capsule contour and non-homogenous mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy was present.

Minor caudal abdomen free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate to significant hypomotile stomach with patent pylorus
- Enterocolitis pattern accentuated by duodenitis / colitis
- Prominent nonhomogeneous hypoechoic pancreas
- Minor caudal abdomen effusion
- Sonographically normal liver / GB - mild benign hepatopathy

Secondary

- Benign prostatic hyperplasia, minor potential prostatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistent to recurrent pancreatitis with concurrent gastroenterocolitis and metabolic gastric ileus is probable. Dietary intolerance / indiscretion, infectious disease, primary inflammatory bowel, dysbiosis, occult parasitism, less likely occult Addison's Disease or GI neoplasia as contributing factors all potentials. No signs of mechanical GI or post hepatic obstruction. Gastric evacuation and supportive care for pancreatitis / gastroenterocolitis is recommended. A GI panel and screening cortisol level are warranted. Recheck if persistent clinical signs.



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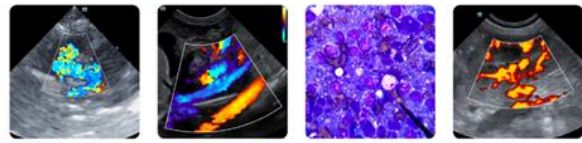
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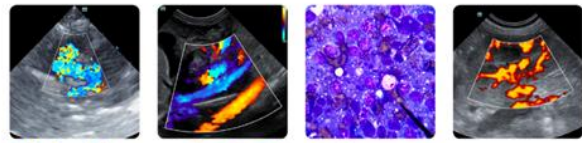
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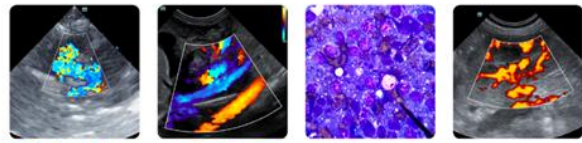
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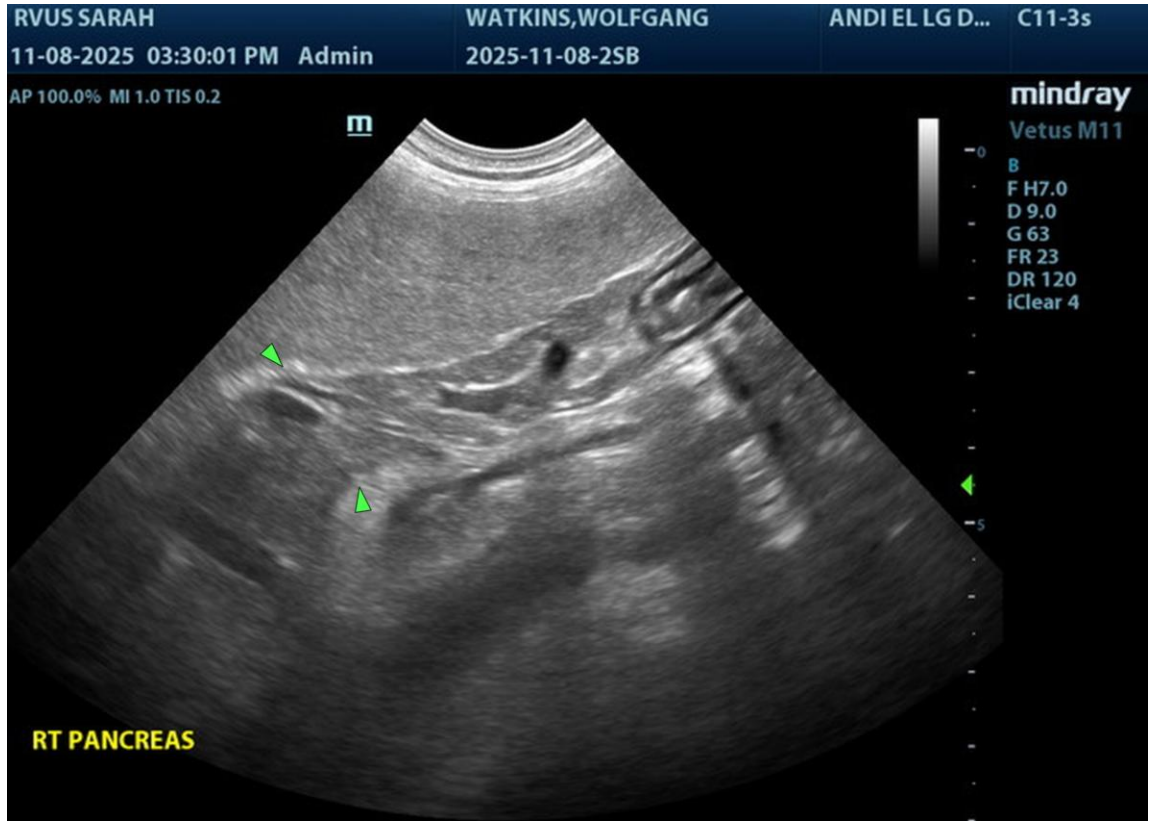
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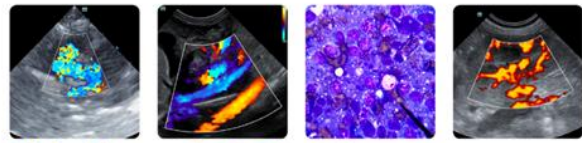
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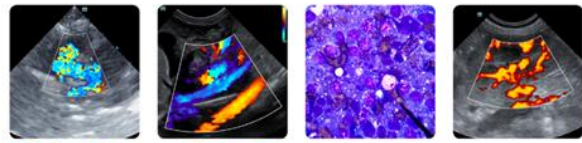
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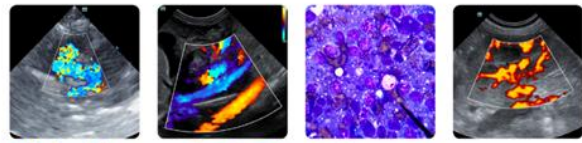
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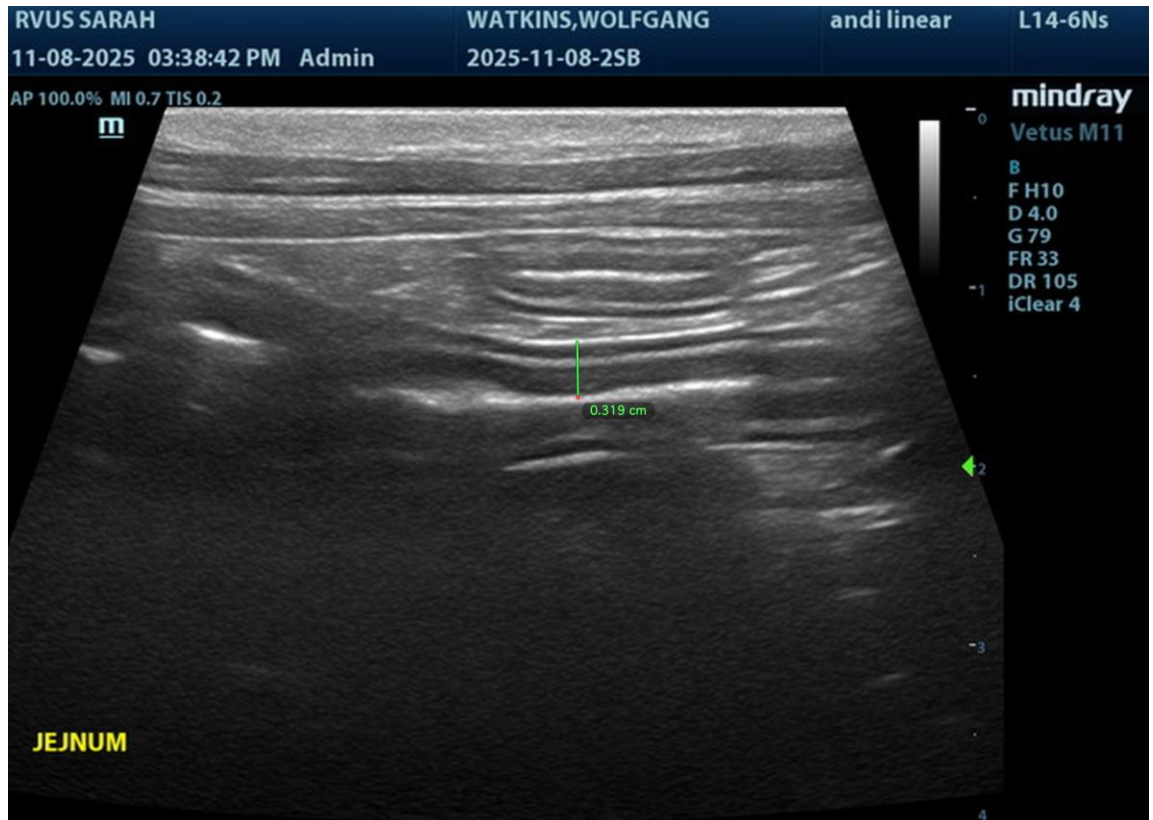
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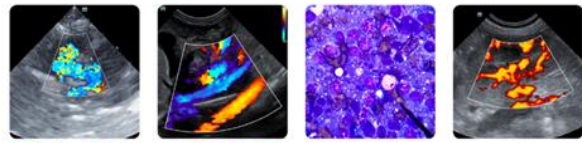
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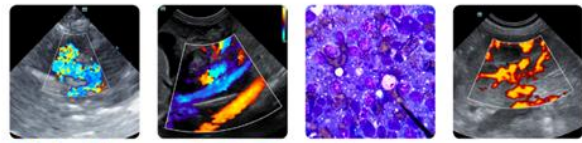
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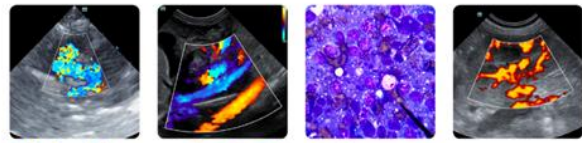
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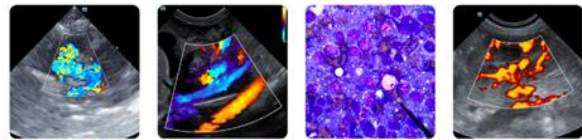
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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