



PATIENT	PRESENTING CLINICAL SIGNS
Evee Clearwater	Azotemia, CPL abn. Current meds: Unasyn, Insulin
SPECIES	Abnormal PE/Chem/CBC/UA Results: CPL abn, Glu >600, serum ketones 2+, WBC 22, BUN 140, Creat 6.3, Phos 12.3
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Pitbull	Urinary System
SEX	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.
Intact Female	
AGE	The area of the aortic trifurcation was free of pathology.
9 years	
WEIGHT	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. No evidence of pelvic dilation was present. The left kidney measured 8.3 cm in length. The right kidney measured 7.9 cm in length.
57.5 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.85 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 2.7 cm length x 0.76 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	The spleen exhibited subjective generalized enlargement yet maintained symmetrical capsule contour. Subtle mildly nonuniform splenic parenchyma heterogeneity was present. No distinct splenic masses or nodules were noted.
HOSPITAL NAME	Liver/ Gallbladder
Newton Vet	The liver exhibited generalized enlargement yet maintained symmetrical hepatic capsule contour. Nonuniformly echogenic hepatic parenchyma was diffusely present with intermittent, non-expansive, subtly hypoechoic intraparenchymal nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Kim	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall measured 0.48 cm width.
INVOICE	
12785	
DATE	
12/10/21	



PATIENT	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. Mild duodenal corrugation was present. No evidence of mechanical obstruction or loss of intestinal wall layering was noted. The duodenum wall width measured 0.56 cm.
Evee Clearwater	
SPECIES	
Canine	
BREED	Pancreas
Pitbull	The pancreas exhibited generalized enlargement with swollen to mild asymmetrical contour and nonuniformly hypoechoic parenchyma compared to adjacent omentum.
SEX	
Intact Female	Free Abdomen
AGE	No overt lymphadenopathy was present. Mid to cranial abdominal primarily perihepatic to peripancreatic reactive mesentery along with small pockets of scant peritoneal free fluid.
9 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
57.5 lbs.	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Active pancreatitis with regional to cranial abdominal reactive mesentery / peritonitis • Hepatomegaly exhibiting nonuniform echogenic to Intermittent hypoechoic nodular parenchyma - metabolic / reactive hepatopathy (diabetic hepatopathy), vacuolar hepatitis, inflammatory hepatopathy / hepatitis possible, hepatic neoplasia cannot be excluded yet considered a less likely differential diagnosis • Nonspecific splenomegaly - subjectively benign, reactive hyperplasia, hematopoiesis, or secondary splenitis suspected • Gastroenteritis • Bilateral nephropathy
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Shari Reffi, CVT	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Newton Vet	The presentation of the bilateral kidneys was not consistent with end-stage nephropathy. However, potential primary nephropathy and hepatic parenchymal disease vs. secondary hepatorenal effects owing to active pancreatitis may be possible. Minor potential for pancreatic neoplastic criteria cannot be definitively excluded, yet thought less likely.
REFERRING VET	
Dr. Kim	
INVOICE	Hospitalization with aggressive medical therapy for active pancreatitis with as-needed hepatic, gastrointestinal, and renal support is recommended. Assessment of clinical response including monitoring of azotemia with further renal staging including urine C/S, given the likelihood of glucosuria +/- UPC is suggested. Recheck sonogram may be considered to assess for progressive hepatosplenic, pancreatic, or gastrointestinal inflammation, as well as a reassessment of the kidneys if continued or progressing lab work abnormalities or potential clinical signs suggestive of pancreatitis, continue despite empirical pancreatic therapy.
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BREED

Pitbull

SEX

Intact Female

AGE

9 years

WEIGHT

57.5 lbs.

INTERPRETED BY

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(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

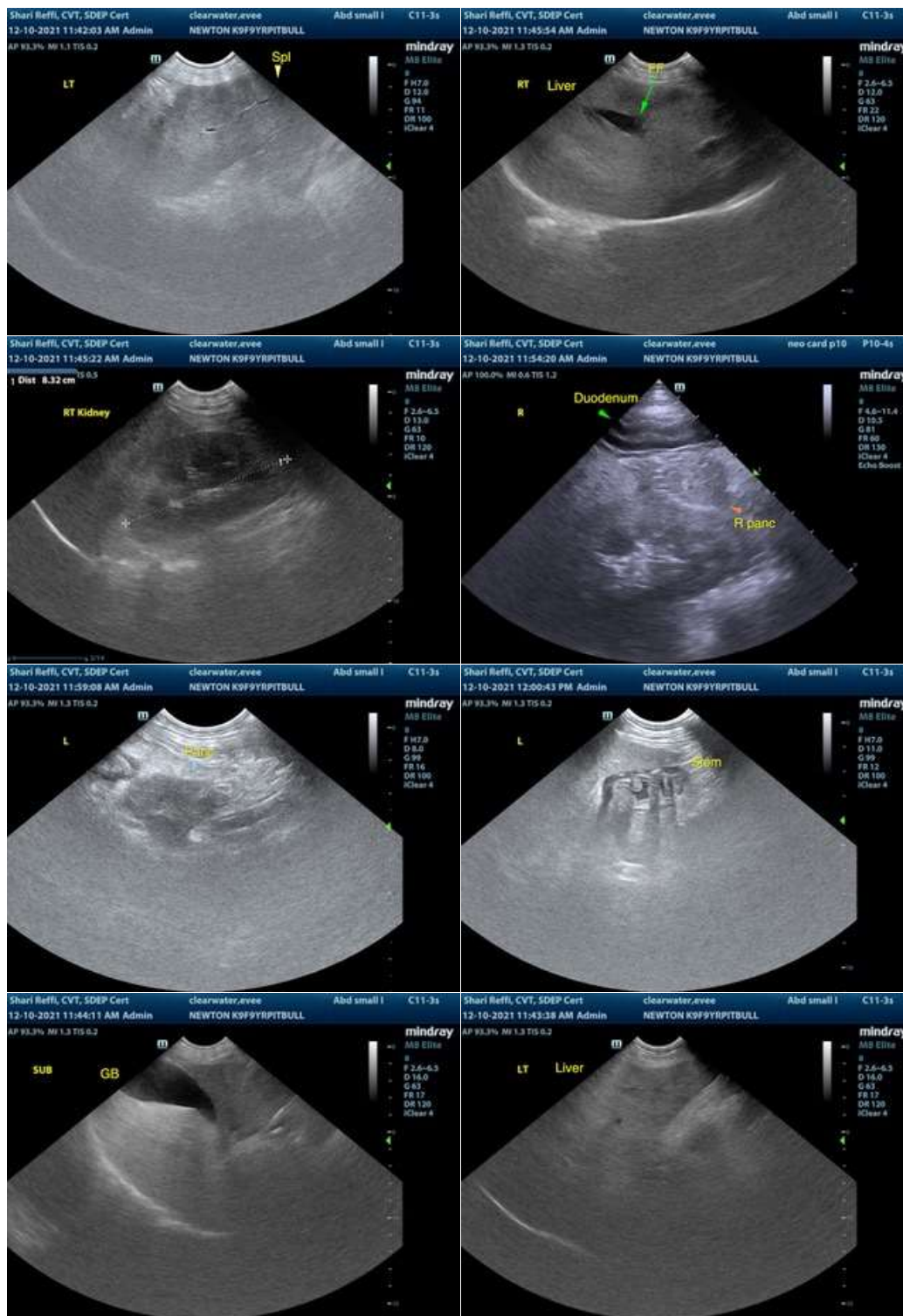
Dr. Kim

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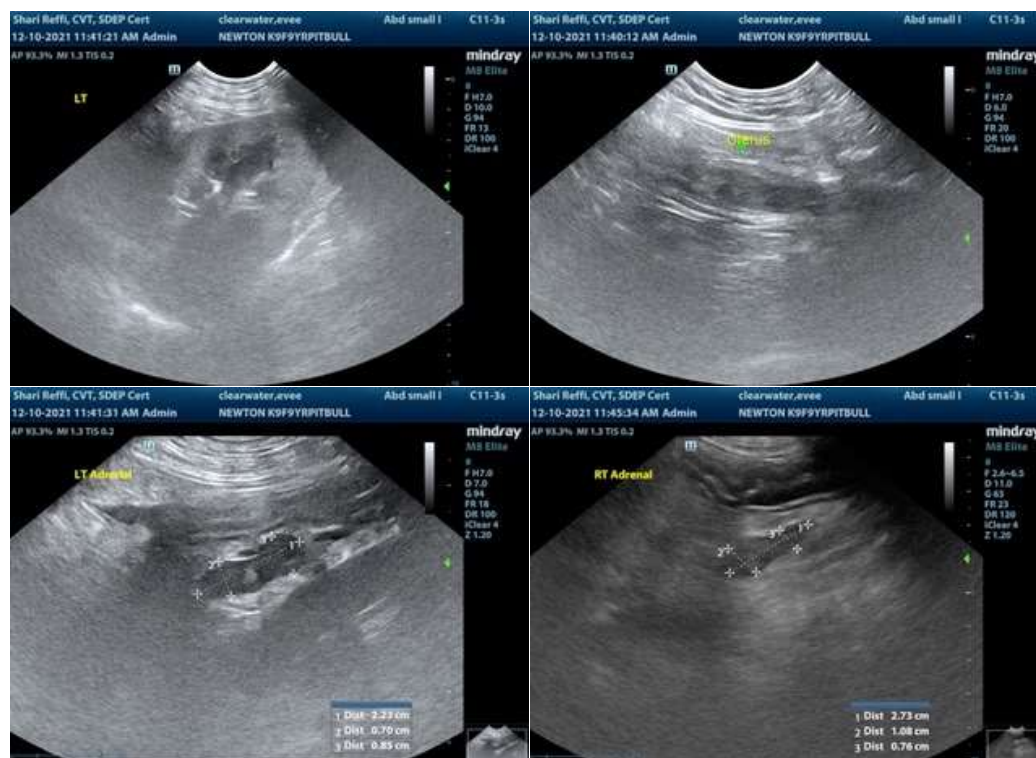
Dr. Kim

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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