



**PATIENT PRESENTING CLINICAL SIGNS**

Rossi Cole History: Presented on 12-13-2021 for shaking and vomiting for more than 24 hours. Unresponsive to Cerenia. Recheck today for Vomiting, Shaking, Anorexia. Cerenia.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Bloodwork normal.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Beagle X 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 were noted.

**SEX** No overt pathology associated with the residual prostate.

Neutered Male Aortic trifurcation was normal.

**AGE** 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 4.9 cm in length. The right kidney measured 5.7 cm in length.

**WEIGHT** *Adrenal Glands*

28.8 Lbs. The left adrenal gland as normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm length x 0.68 caudal pole width.

**INTERPRETED BY** The definitive right adrenal gland was not overtly visualized.

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

**IMAGING** *Spleen*

**PERFORMED BY** The spleen was not distinctly visualized potentially owing to splenic volume contraction secondary to dehydration and/or mild displacement.

Crystal Hill

**HOSPITAL NAME** *Liver*

Village Centre AH The liver exhibited potential for mild generalized enlargement. 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 hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Kunnath The gallbladder was non distended in size with mild echogenic, nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder or peripheral inflammation.

**INVOICE**

13054

*Gastrointestinal*

**DATE** The stomach presented intact yet mild subjective prominent wall layering with mild retained echogenic non-shadowing ingesta/chyme. The gastric body wall measured 0.60 cm.

12/14/21



**PATIENT**

Rossi Cole

The duodenum presented intact yet subjective wall layering without evidence of duodenal mechanical/metabolic ileus. The duodenum wall measured 0.42 cm. The jejunum and ileum were sonographically unremarkable without evidence of jejunoileal mechanical/metabolic ileus to the level of the colon.

**SPECIES**

Canine

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

**Pancreas**

**BREED**

Beagle X

The left pancreatic limb, pancreas base and proximal to mid right pancreatic limb exhibited mild prominent size with nonhomogeneous to mixed echogenic parenchyma.

**Free Abdomen**

**SEX**

Neutered Male

An unspecified hypoechoic subjectively solid mass lesion was present in the right cranial abdomen subjectively medial to the right kidney in the area of the distal right pancreatic limb and right adrenal gland. This unspecified mass lesion measured approximately 4.6 cm x 3.2 cm. Regional primarily right cranial to generalized cranial peritonitis exhibiting echogenic to hyperechoic mesentery and concurrent mild peritoneal free fluid was present. No overt lymphadenopathy noted.

**AGE**

12.5 Years

**ULTRASONOGRAPHIC FINDINGS**

- Probable mixed pattern pancreatitis
- Unspecified mass lesion in the area of distal right pancreatic limb and right adrenal gland-associated regional to generalized mid to cranial abdominal peritonitis
- Gastroduodenitis pattern with mild retained non-shadowing gastric ingesta/chyme
- Mild gallbladder debris (non-mucocele)

**WEIGHT**

28.8 Lbs.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The unspecified mass lesion may indicate sectorial moderate to active pancreatitis associated with the distal right pancreatic limb. Although the possibility of primary right adrenal pathology such as neoplasia may be possible. It is somewhat concerning given the lack of reported lab work abnormalities typically associated with active pancreatitis. Assessment for evidence of cranial abdominal subxiphoid pain or discomfort associated with pancreatitis recommended, if not done. Empirically, hospitalization with aggressive pancreatitis protocol with as needed gastrointestinal support and analgesia would be appropriate. Ideally, sonographic reassessment of the unspecified mass/lesion in 3-4 days, pending clinical response to therapy recommended. Advanced imaging (i.e., abdominal CT) may be indicated in this case.

**IMAGING PERFORMED BY**

Crystal Hill

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Village Centre AH

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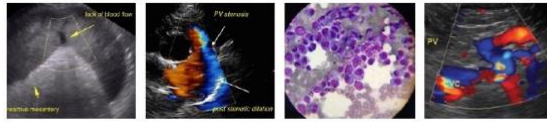
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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