



PATIENT PRESENTING CLINICAL SIGNS

Morgan Lamb History: Hx of pancreatitis, previous ultrasound 5-17-21 Dx w/presumptive pancreatitis 12-3-22. abnormal on Snap Cpl Just finished antibiotics and has not responded. Primary Question/Differential to Be Answered in This Exam Pancreatitis, and other causes of abdominal pain.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Scottish Terrier

The urinary bladder presented mild variable thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Ventral apical urinary bladder wall measured 0.4 cm width. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to depth of 2.0 cm exhibited normal tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment, which may indicate cellular debris/protein crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal.

SEX

Spayed Female

AGE

14 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

18 Pounds

Normal size and margination were present in the left kidney, the right kidney was mildly subnormal in size compared to the left kidney. 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 in the left kidney. Mild pyelectasia was noted in the right kidney. A solitary thinly walled caudal cortical cyst was noted in the right kidney, containing anechoic fluid. Pinpoint areas of medullary mineral were present. The left kidney measured 4.9 cm in length. The right kidney measured 4.2 cm in length.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Jenna Walsh, CVT

The left adrenal gland was normal in size, the right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Nonhomogenous nonmineralized right adrenal parenchyma was noted. The left adrenal gland measured 2.5 cm in length x 0.71 cm width in the caudal pole. The right adrenal gland measured 4.0 cm in length x 1.1 cm width in the caudal pole.

HOSPITAL NAME

Willakenzie AC

Spleen

REFERRING VET

Dr. DeWall

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. Intermittent discrete hyperechoic nodules were noted, consistent with probable benign myelolipomas.

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12/14/22

Liver



PATIENT

Morgan Lamb

The liver exhibited subjective mild enlargement with normal 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.

SPECIES

Canine

The gallbladder was non distended in size with mild nondependent yet nonorganized to variably echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

BREED

Scottish Terrier

Gastrointestinal

The stomach presented intact moderate to variably thickened gastric walls. Ventral gastric wall measured 0.7 cm in width. The stomach contained a mild amount of retained anechoic fluid. A solitary nonobstructive pyloric polyp was noted, measuring 1.3 cm in diameter.

SEX

Spayed Female

The small intestine presented intact mildly prominent wall layering owing to propensity for generalized mildly prominent intestinal mucosa, exhibiting intermittent nonspecific mucosal speckling, which may be seen with underlying intestinal inflammation. The duodenum wall measured 0.5 cm. The jejunum wall measured 0.40 cm.

AGE

14 Years

Normal visible colon wall layers were present with apparent formed feces in lumen.

WEIGHT

18 Pounds

Pancreas

The left limb of the pancreas was mildly prominent in size with nonhomogenous mildly hypoechoic parenchyma. The right pancreatic limb was subjectively normal in size with maintained symmetrical capsule contour and nonhomogenous mildly hyperechoic parenchyma.

INTERPRETED BY

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(Canine and Feline)

Free Abdomen

Generalized, primarily perihepatic to perigastric mild hyperechoic mesentery was noted. No overt lymphadenopathy was noted. Intermittent small pockets of scant peritoneal free fluid were noted.

IMAGING PERFORMED BY

Jenna Walsh, CVT

ULTRASONOGRAPHIC FINDINGS

Primary Findings

HOSPITAL NAME

Willakenzie AC

- Variably echogenic to prominent pancreas- suggestive of mixed pattern inflammation, i.e., chronic to chronic active possible focal active pancreatitis

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- Moderately thickened stomach with nonobstructive pyloric polyp- suspect generalized gastroenteritis

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- Mild hepatomegaly, exhibiting mild parenchymal remodeling- subjectively benign
- Gallbladder debris (non-mucocele)

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- Generalized primarily peripancreatic to perigastric hyperechoic mesentery, intermittent scant peritoneal free fluid

- Mild irregular to enlarged right adrenal gland- nonspecific, age-related variant, mild benign hyperplasia, adenomatous change, potential for emerging neoplasia cannot be excluded



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HOSPITAL NAME

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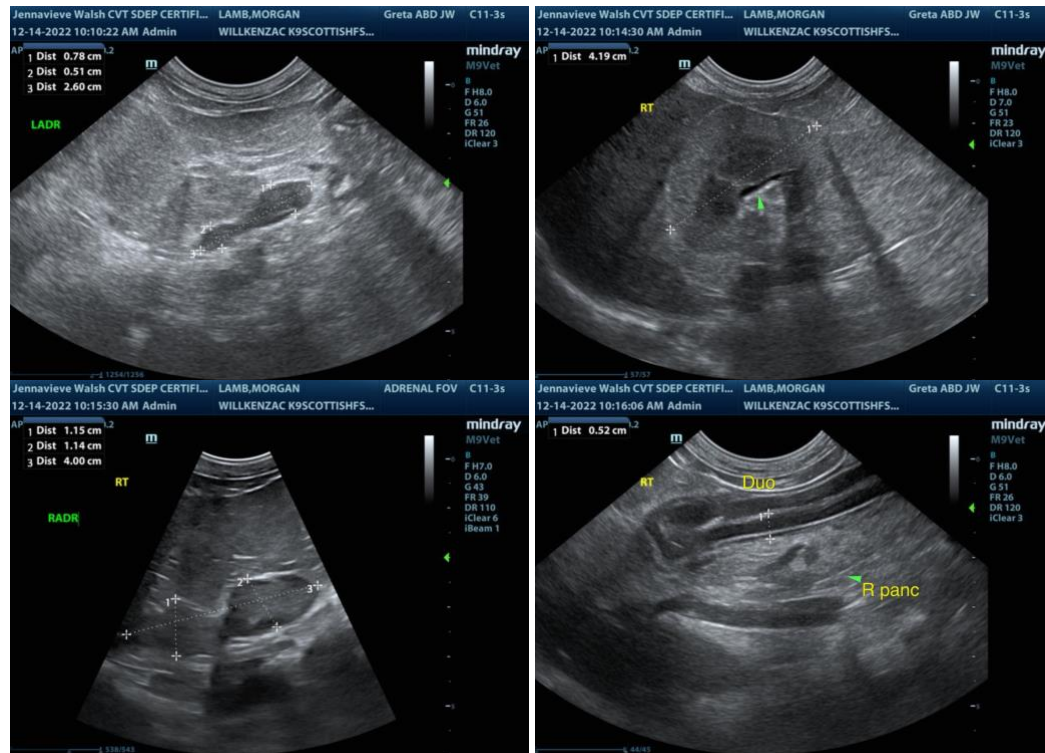
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Secondary Findings

- Benign splenic changes
- Mild cystitis pattern with mild urinary bladder sediment
- Bilateral chronic renal changes with left kidney cortical cyst and minor right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging infiltrative gastric or gastrointestinal neoplasia, which may present in similar sonographic manner as inflammatory criteria cannot be definitively excluded. No overt evidence of pancreatic neoplastic criteria. Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to an emerging right pheochromocytoma. Full CBC/chemistry panel and urinalysis is recommended if not done. Empirically, hospitalization with pancreatitis/gastroenteritis protocol, assessment of clinical response and potential recheck sonogram pending clinical impression of the patient would be reasonable.





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HOSPITAL NAME

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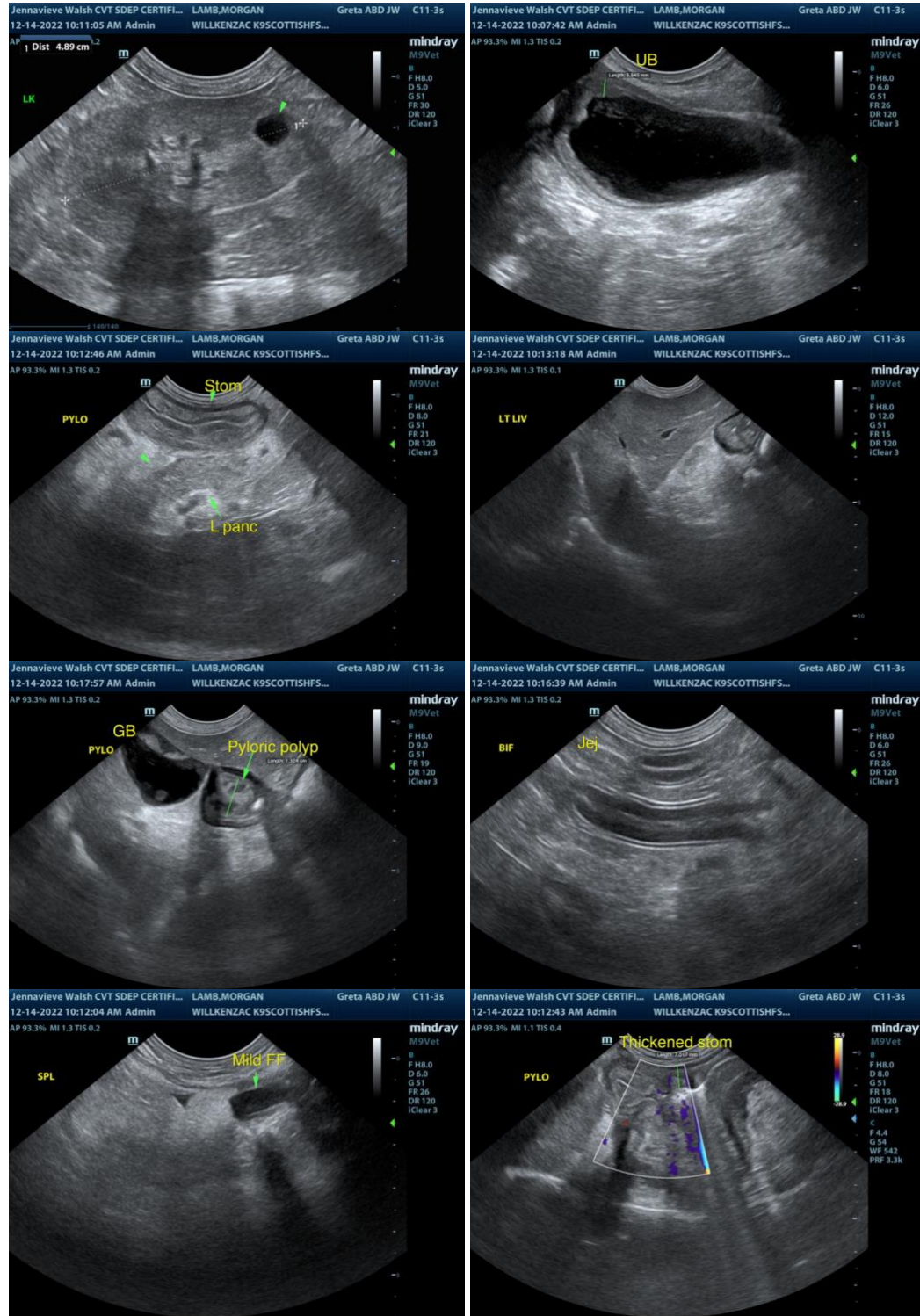
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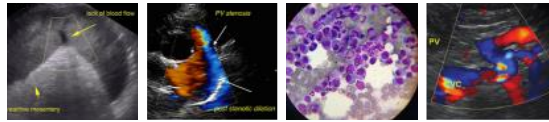
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Morgan Lamb

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.

SPECIES

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info@SonoPath.com

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