

**PATIENT**

Opie Schreck

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

9 Years

WEIGHT

45 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joy

INVOICE

20091

DATE

12/15/22

PRESENTING CLINICAL SIGNS

History: Reoccurring vomiting and ADR. Multiple episodes diagnosed as pancreatitis on cPL and other BW/symptoms. Patient treatment was NPO, IV LRS, cerenia each episode. Currently taking Metronidazole and Apoquel. Was fasted for 12 hours prior to this scan.

Abnormal PE/Chem/CBC/UA Results: Positive cPL tests in November and December. Discomfort on cranial abdominal palpation. Dehydration.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone and cystourethral junction 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.

The area of the residual prostate appeared normal and free of pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.1 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 2.1 cm length x 0.60 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 2.4 cm length x 0.56 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

The liver exhibited subjective mild 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.

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

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering with a normal wall layer ratio. The stomach appeared to be mild distended with luminal gas and potential minor retained

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nonshadowing pyloric ingesta. No overt evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.30 cm.

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The small intestine presented primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio. A segment of mid abdominal jejunum exhibited mural hypertrophy with discernable wall layering maintained, primarily secondary to subjective thickened submucosa and muscularis layer. The thickened segment of jejunum measured up to 0.84 cm in wall width. By comparison, normal appearing jejunum measured 0.32 cm. No evidence of mechanical obstruction or overt small intestinal foreign material.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present in the cranial abdomen around the pancreas. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). Mild regional hyperechoic mesentery was noted around the thickened jejunum. No evidence of omental masses or peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

- Segmentally thickened jejunum with associated regional periintestinal mild hyperechoic mesentery- suggestive of emerging jejunal mural mass
- Sonographically unremarkable stomach with minor retained pyloric chyme and mild gas distention
- Heterogenous pancreas- not overtly consistent with significant or active pancreatitis. Minor remodeling owing to previous inflammatory episode or low grade to chronic pancreatitis possible.
- Subjective mild hepatomegaly- benign
- Gallbladder debris (non-mucocele)
- Early age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INVOICE**

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The segmentally thickened jejunum may indicate inflammatory or potential infiltrative neoplastic etiologies. Laparotomy with full thickness biopsies and potential for resection anastomosis is warranted, assuming no evidence of pathology on three view chest radiographs. No overt evidence of intraabdominal or periintestinal metastasis.

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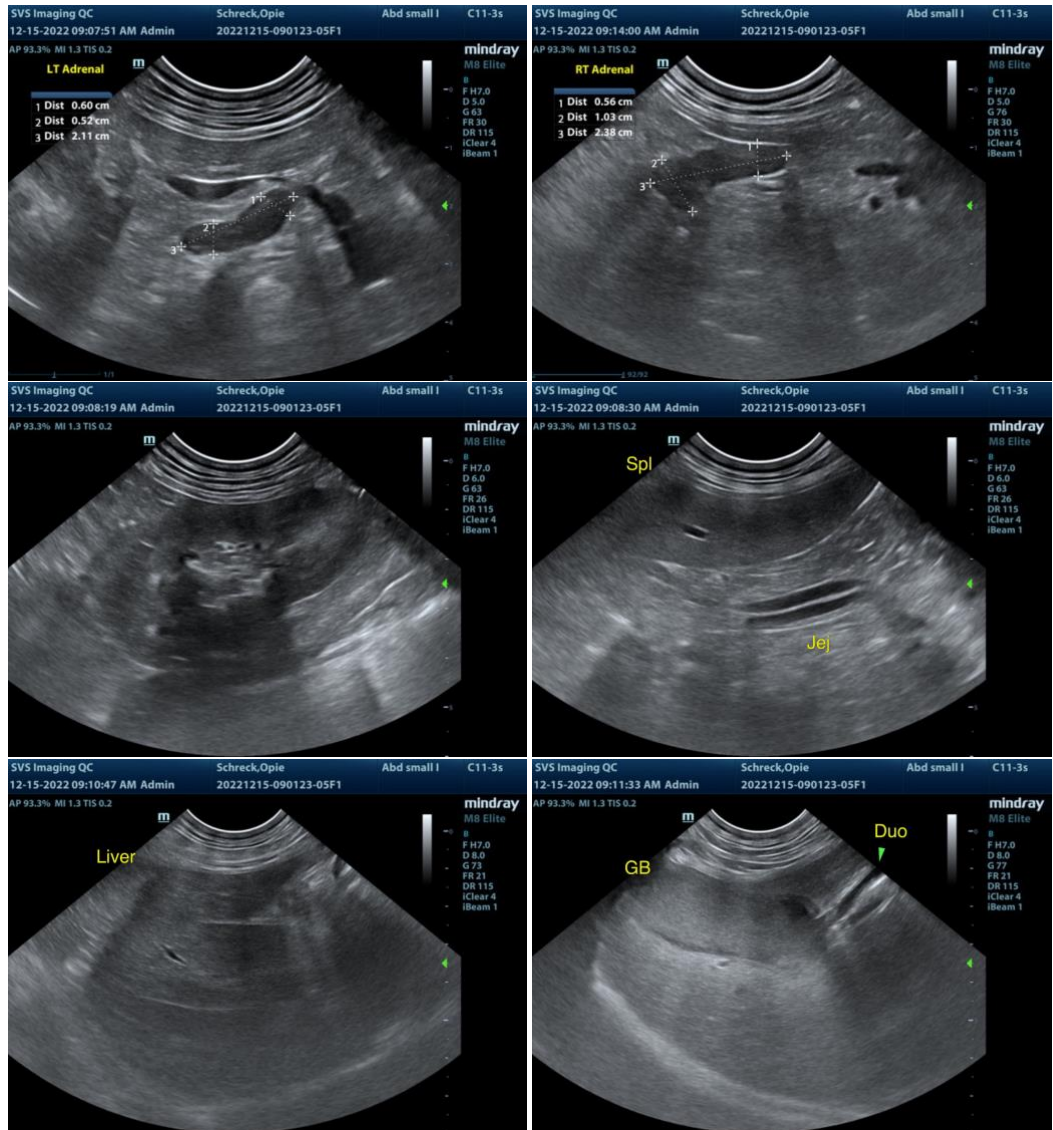
Dr. Joy

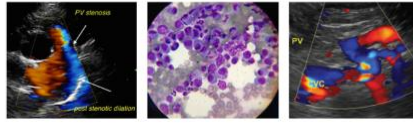
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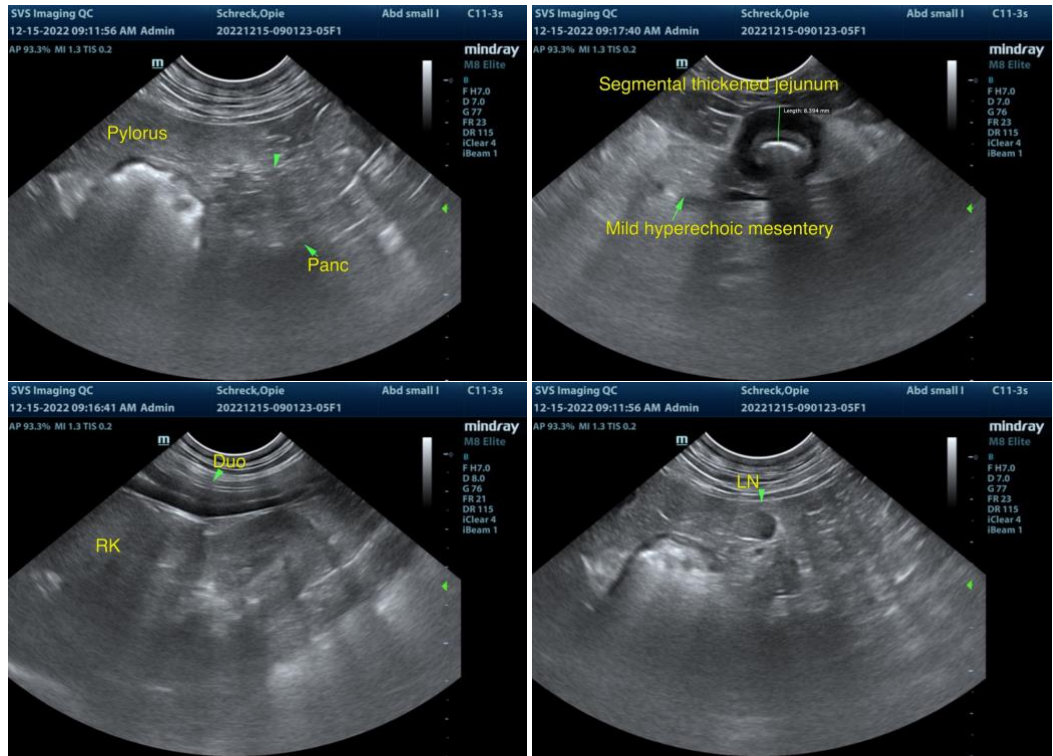
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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