



**PATIENT**

Bella Werley

**SPECIES**

Canine

**BREED**

Pug

**SEX**

FS

**AGE**

10

**WEIGHT**

22

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Ascot

**INVOICE**

12855

**DATE**

12/18/21

**PRESENTING CLINICAL SIGNS**

re check for extensive pancreatitis since being on therapy patient has improved significantly e/d/u/d normally Current meds IVF LRS Unasyn, Vetsulin 3 units SQ

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 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 4.7 cm in length. The right kidney measured 4.7 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 0.53 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.65 cm width at the cranial 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 presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic luminal content with very minor echogenic luminal debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.35 cm.



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.38 cm.
Bella Werley	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	The left and right pancreatic limb exhibited persistent generalized subjective mild enlargement and swollen contour with hypoechoic to mildly mixed echogenic parenchyma compared to adjacent mildly reactive peripancreatic omentum.
Pug	
<b>SEX</b>	<b>Free Abdomen</b>
FS	No overt lymphadenopathy was present. No free fluid was noted.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Persistent yet subjective improved active pancreatitis pattern, regional mild peripancreatic reactive mesentery without overt peritonitis</li> <li>Hepatomegaly exhibiting generalized parenchyma hyperechogenicity - vacuolar / metabolic / reactive (diabetic) hepatopathy suspected, potential for hepatitis, cholangiohepatitis, or lipodosis given recent pancreatitis possible, hepatic neoplasia is considered an unlikely differential diagnosis</li> <li>Minor gallbladder debris - likely incidental, potentially owing to recent fasting or mild nonclinical cholestasis</li> <li>Gastric ingesta - post prandial presentation or potential mild gastric hypomotility if documented NPO</li> </ul>
22	
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Jenn	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Rockaway AH	Continued as-needed therapy for improved yet persistent pancreatitis is recommended. Monitoring of hepatic enzyme levels +/- concurrent hepatosupportive medications are suggested.
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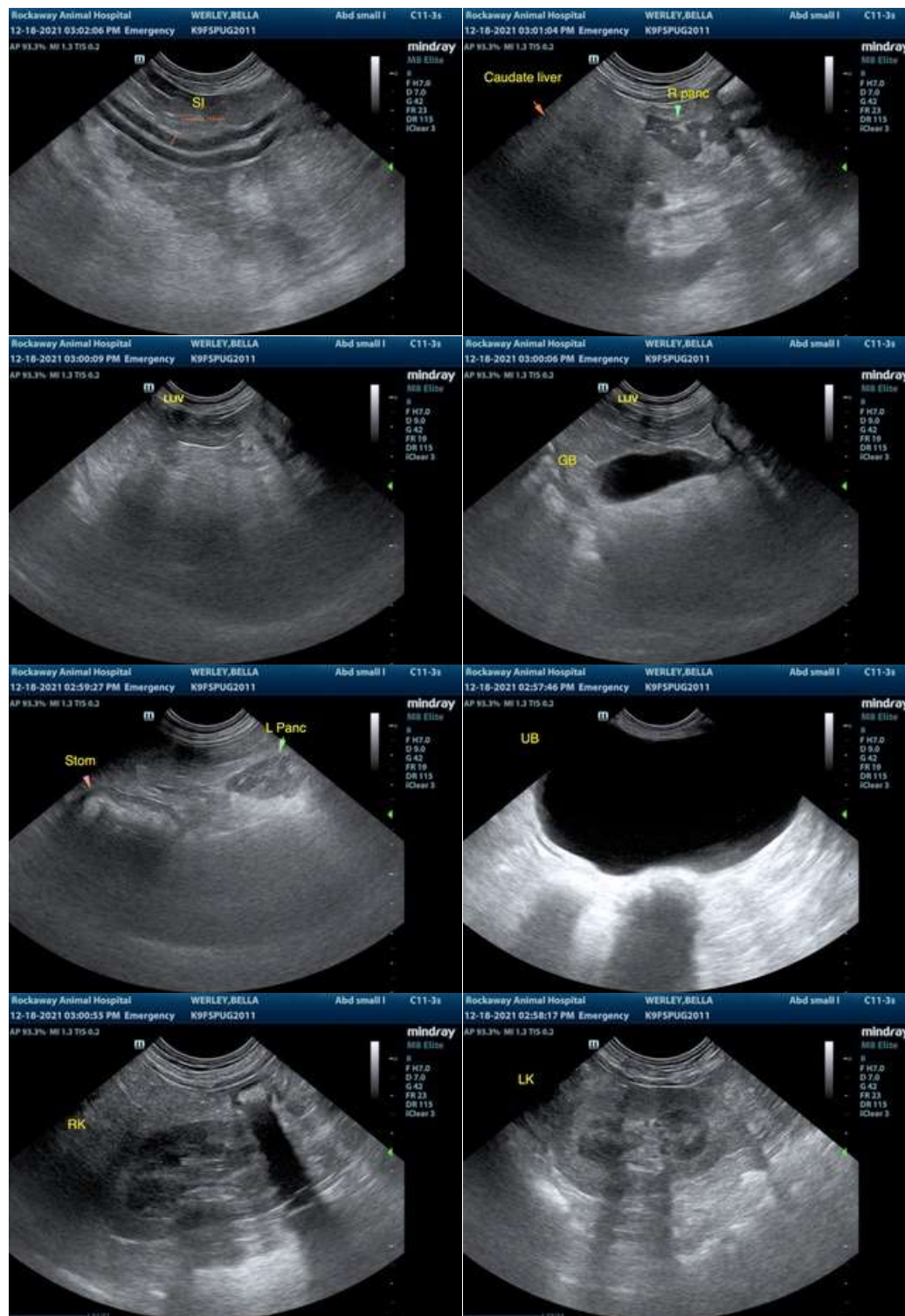
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Bella Werley

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.

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**info@SonoPath.com**

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