



**PATIENT**

Mafe Fernandez

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

27kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Westwood Regional

**REFERRING VET**

Dr. Gabriel

**INVOICE**

33610

**DATE**

12/20/21

**PRESENTING CLINICAL SIGNS**

Vomiting, anorexia. Distended abdomen. X-ray shows mass. Current meds: cerenia, famotidine, metronidazole, amoxicillin

Abnormal PE/Chem/CBC/UA Results: MCHC 38.0, Neutrophils 13.83, Lymphocytes 1.03, Platelets 504, Creatinine 2.0, Phos 8.7, TP 8.9, Glob 6.0, ALP 342, Total Bili 1.3, Lipase 3864, CPL positive

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral were present in both kidneys. Cranial right kidney cyst measured 2.3 cm length. The right kidney measured 6.8 cm. The left kidney measured 5.6 cm with a small cortical cyst measuring 2.3 cm length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.45 cm at the caudal pole. The left adrenal gland measured 0.45 cm at the cranial pole and 0.56 cm 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 generalized enlargement with symmetrical yet rounded to swollen hepatic contour. Generalized mild increased hepatic parenchyma echogenicity was noted, exhibiting moderate coarse echotexture and evidence of parenchymal remodeling as well as intermittent discreet hypoechoic parenchymal nodules. The gallbladder was normal in size with mild sectorial gallbladder wall edema as well as mild non-dependent yet non-organized luminal debris. The common bile duct was normal.

**Gastrointestinal**

The stomach presented intact yet prominent wall layering, primarily in the area of the pylorus with mild retained echogenic chyme as well as focal shadowing echo in the pylorus. This echo was non-specific, yet may correlate with medication if clinically indicated. The echo measured approximately 0.74 cm in diameter.

The duodenum presented intact yet prominent wall layering. Duodenum wall measured 0.59 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable.

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



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**Pancreas**

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The mid to left pancreas exhibited marked enlargement and parenchymal swelling. The parenchyma in the mid to left pancreas was markedly hypoechoic, exhibiting mild non-uniform echogenicity, yet without evidence of mineralization. Associated regional mid to cranial abdominal peritonitis exhibited by non-uniform increased mid to cranial, primarily perihepatic mesentery along with small pockets of scant free fluid. Potential for likely adhesions and omental saponification suspected.

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**ULTRASONOGRAPHIC FINDINGS**

- Severe pancreatopathy exhibiting generalized hypoechoic to swollen parenchyma, associated regional primarily peripancreatic peritonitis with suspect adhesions and potential omental saponification.
- Hepatomegaly exhibiting generalized mild non-uniform increased parenchyma echogenicity with intermittent discreet hypoechoic parenchymal nodules
- Gallbladder wall edema with mild luminal debris
- Gastroduodenitis with probable gastric stasis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the pancreas may include severe pancreatitis, necrosis, abscess, or neoplasia. Potential for neoplasia deriving from the caudal gastric body wall cannot be definitively excluded, yet thought less likely. Concurrent metabolic/reactive/vacuolar hepatopathy with parenchymal remodeling and areas of nodular to regenerative hyperplasia, hematopoiesis, chronic inflammatory hepatopathy suspected, while the possibility of hepatic neoplasia cannot be definitively excluded.

Assuming normal clotting status, pancreatic and hepatic parenchymal FNA warranted for screening cytology +/- culture and sensitivity if clinically indicated. Empirically, aggressive therapy for significant pancreatitis with as needed hepato-gastrointestinal support recommended. Ideally, recheck sonogram of the pancreas in 3-5 days pending clinical response is recommended. Guarded prognosis.

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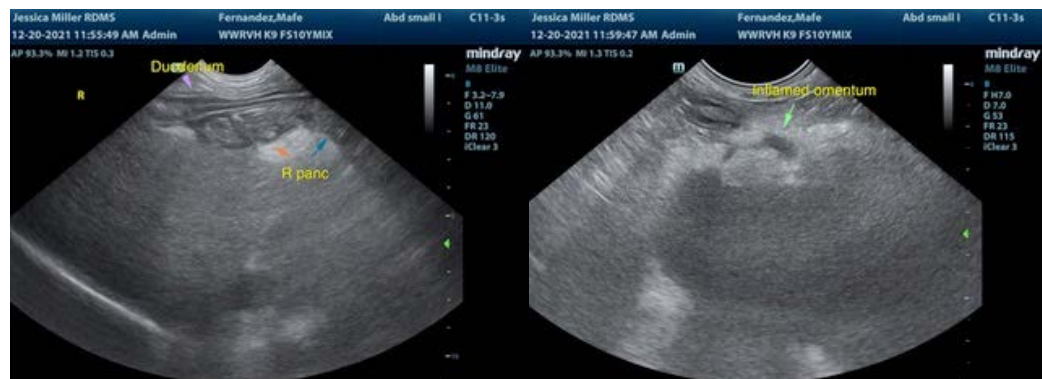
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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