



PATIENT

Savannah Kopsho

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8 years

WEIGHT

34.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis
McCormick-Rantz

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis
McCormick-Rantz

INVOICE

12868

DATE

12/21/21

PRESENTING CLINICAL SIGNS

Savannah stopped eating her food normally last Tuesday. She is a known scavenger and very food motivated. She is grazing and eating about 1/2 to less of what she normally eats. They have been enticing her to eat by softening her food, deli meat, and eggs. Recently, she has only been eating about 1 to 2 pieces of kibble. She has been eating and vomiting a lot of grass, it is coming back up in a stacked, brick like form. Vomiting is happening daily with the last one today being the eggs she ate. She is not having diarrhea just small amounts of stool. Mom isn't sure if it's stomach related or dental related as she yelped last night eating her bedtime treat but Mom was able to touch her gums and mess with her mouth with no problem. She is not on any medications besides Heartgard for prevention and there isn't anything they know she could have gotten into. She is known to bring in wildlife but hasn't recently. The lethargy started a couple of days ago. Physical Exam: Lethargic; MM/sclera/skin icteric
Abnormal PE/Chem/CBC/UA Results: 12/20/2021 Snap cPL: Abnormal CBC WBC: 17.2 Neutrophils: 14.36 Chem ALT: 3232 ALKP: 5958 GGT: 68

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 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 5.2 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

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 normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or



PATIENT	nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Savannah Kopsho	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas and retained fluid. The ventral gastric body wall width measured 0.73 cm.
BREED	
Labrador Retriever	The upper duodenum exhibited intact yet prominent wall layering adjacent to the pancreas. The mid to descending duodenum, as well as the jejunum and ileum to the level of the colon, were sonographically unremarkable. The upper duodenum wall width measured 0.54 cm.
SEX	
FS	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
8 years	Diffuse enlargement of the pancreas base and right pancreatic limb with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.
WEIGHT	
34.4 lbs.	
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Suspected pancreaticoduodenal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Mavis McCormick-Rantz	<i>Primary Findings</i>
HOSPITAL NAME	<ul style="list-style-type: none"> • Acute pancreatitis with associated regional peripancreatic reactive to inflamed mesentery • Hepatopathy - subjectively acute, reactive or inflammatory hepatopathy secondary to pancreatitis suspected • Gastroduodenitis • Suspect pancreaticoduodenal lymphadenopathy
Lanier AH	
REFERRING VET	
Dr. Mavis McCormick-Rantz	
INVOICE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
12868	Potential for pancreatic neoplasia, occult hepatic neoplasia, or emerging upper gastrointestinal mural neoplasia, which may present in a similar sonographic manner as pancreatitis, hepatitis, and gastroduodenitis, is possible yet considered less likely.
DATE	
12/21/21	Hospitalization with therapy for pancreatitis with as-needed hepato-gastrointestinal support is recommended. Recheck sonogram would be Ideal in 3-5 days to reassess the appearance of the pancreas, liver, and upper gastrointestinal tract pending clinical response to therapy. Assuming normal



PATIENT

Savannah Kopsho

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8 years

WEIGHT

34.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis
McCormick-Rantz

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis
McCormick-Rantz

INVOICE

12868

DATE

12/21/21

clotting status, hepatopancreatic FNA for screening cytology using a 25-gauge needle could be considered if persistent signs of pancreatitis or progressive increase in hepatic enzymes are noted.





PATIENT

Savannah Kopsho

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8 years

WEIGHT

34.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mavis
McCormick-Rantz

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis
McCormick-Rantz

INVOICE

12868

DATE

12/21/21



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