



**PATIENT**

Rocky Rivera

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

NM

**AGE**

15

**WEIGHT**

13.5

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

12732

**DATE**

12/4/21

**PRESENTING CLINICAL SIGNS**

pancreatitis flare up anorexia, lethargy, diarrhea, hx cardiac dz no change Current meds oral Cerenia, Metro

**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 was noted.

No overt pathology associated with the residual prostate was present.

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 4.1 cm in length. The right kidney measured 3.8 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 0.59 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 0.59 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/ Gallbladder**

The liver was subjectively normal in size, 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine exhibited generalized intact yet prominent wall layering with a maintained 1:3 muscularis / mucosa ratio. Segmental areas of jejunal ileus were present. Focal area of asymmetrical



<b>PATIENT</b>	variable hypoechoic mural hypertrophy associated with the unspecified Intestine was present in the subjective mid-abdomen. The intestinal wall in this area measured up to 1.3 cm with potential expansion into the surrounding omentum. Associated peri intestinal reactive mesentery was also present.
Rocky Rivera	
<b>SPECIES</b>	
Canine	Normal visible colon wall layers were present with semi-formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
Shih Tzu	Diffuse enlargement of the pancreas 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. Regional peripancreatic reactive to inflamed mesentery was present. The potential for adhesions was noted.
<b>SEX</b>	
NM	
<b>AGE</b>	<b><i>Free Abdomen</i></b>
15	Small pockets of scant peritoneal free fluid were present. No overt lymphadenopathy was noted.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13.5	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Acute pancreatitis with associated peritonitis</li> <li>• Acute gastroenterocolitis with segmental asymmetrical hypoechoic mural hypertrophy - consistent with emerging intestinal mural mass, small intestinal vs. large intestinal location possible</li> <li>• Mild hepatic parenchymal remodeling - suspect reactive hepatopathy</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Jenn	In addition to confirmed active moderate pancreatitis, concern for emerging intestinal mural mass suggestive of neoplasia is warranted. Significant inflammation associated with the segmental intestine or segmental granulomatous enteritis or potential necrosis are also possible. This area of the intestine appears to be accessible to FNA cytology. Assuming normal clotting status, FNA of the segmental intestinal thickening for cytology may be considered. Reassessment of the intestinal tract following therapy for active moderate pancreatitis could also be considered. A guarded to potentially unfavorable prognosis is indicated.
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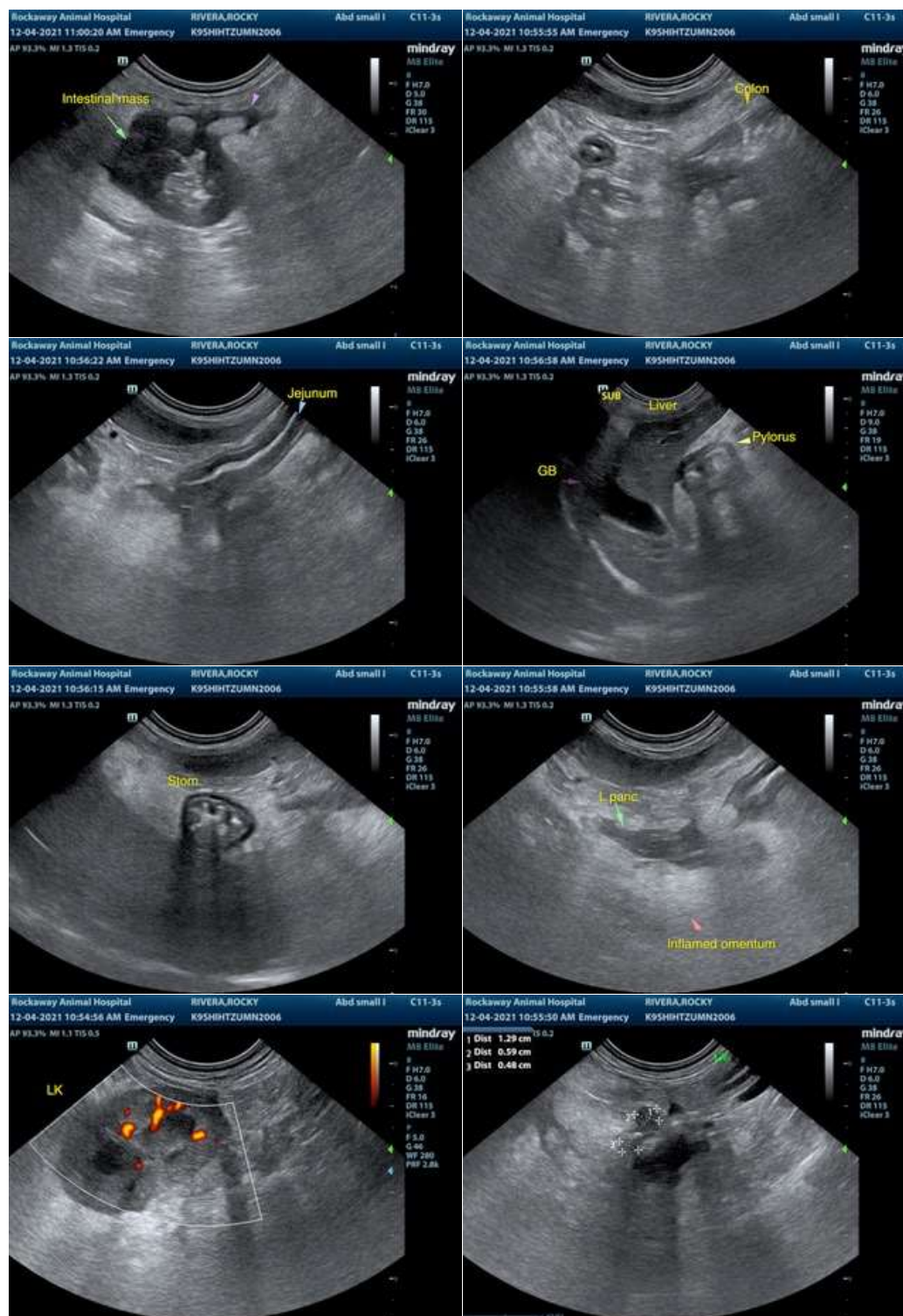
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Rocky Rivera

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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