



**PATIENT**

Cleopatra Ivans

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

114.8 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Branchville Country Vet

**REFERRING VET**

Dr. Talbot-Valerio

**INVOICE**

12843

**DATE**

12/7/21

**PRESENTING CLINICAL SIGNS**

History: Hx of diarrhea. on 10/19 presented with fever, due to BW suspected thrombocytopenia so started Pred immunosuppressive dose and Doxy, 11/5 ran second course of doxy . On 12/6 presented with vomiting and lethargy - stopped all meds, started cerenia and torb (seemed painful on abdominal palpation). refused water last night but slept well.

Abnormal PE/Chem/CBC/UA Results: 10/19 WBC 6,000, platelets low 78, snap 4DX neg 11/5 WBC 20,700, platelets 428 11/24 WBC 21,800, platelets 471 12/6 WBC 18,800 with incr neuts,, platelets 645 12/6: ALT 163, ALKP 1660 (Pred??), trig 893, amylase 1253, Precision PSL 737 high.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted. Aortic trifurcation was normal.

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 7.6 cm in length. The right kidney measured 7.8 cm in length.

**Adrenal Glands**

The left adrenal gland exhibited subnormal size and flattened appearance. The left adrenal gland measured 2.6 cm in length x 0.32 cm caudal pole width.

The right adrenal gland was indistinctly visualized potentially owing to concurrent subnormal size in addition to patient size and body condition. No overt pathology in the area of the right adrenal gland.

**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 presented enlarged in size. 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 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. Mild retained echogenic fluid and chyme were present in the stomach. The gastric body wall measured 0.49 cm.



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The duodenum exhibited intact yet subjective mild prominent wall layering with subtle duodenal corrugation. The duodenum wall measured 0.58 cm. The visualized jejunum and ileum to the level of the colon were sonographically unremarkable. No overt evidence of small intestinal mechanical/metabolic ileus. The jejunum wall measured 0.40 cm.

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

***Pancreas***

**BREED**

Rottweiler

The pancreas was prominent in size with mild swollen capsule contour. The left limb, right limb, and base of the pancreas presented hypoechoic to mildly non-homogeneous parenchyma compared to adjacent regional peripancreatic to cranial abdominal reactive mesentery. No overt evidence of neoplasia.

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***Free Abdomen***

Intermittent mid to cranial mesenteric 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. An example of lymph node size was 1.4 cm in diameter.

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No effusion was present.

***Other***

**WEIGHT**

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A rapid view of the heart revealed no evident pathology.

**ULTRASONOGRAPHIC FINDINGS**

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R. McKenzie Daniel,  
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- Pancreatitis with regional peripancreatic reactive mesentery
- Gastroduodenitis with mild gastric stasis
- Hepatopathy- subjectively benign, metabolic/reactive/vacuolar hepatopathy with some contribution to ALP elevation owing to prednisone, inflammatory hepatopathy given the concurrent ALT elevation. No overt evidence of neoplastic criteria.
- Subnormal left adrenal gland- suspect owing to prednisone therapy
- Focal to intermittent mesenteric lymphadenopathy- hyperplasia, reactive lymphadenitis suspected, not overtly consistent with neoplastic criteria

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical therapy for pancreatitis with as needed gastrointestinal support recommended. Potential for structurally insignificant enterocolonopathy given the history of diarrhea may be possible. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Bland to hydrolyzed diet trial over time may prove beneficial given the history of diarrhea. Broad spectrum deworming suggested even if fecal testing is negative.

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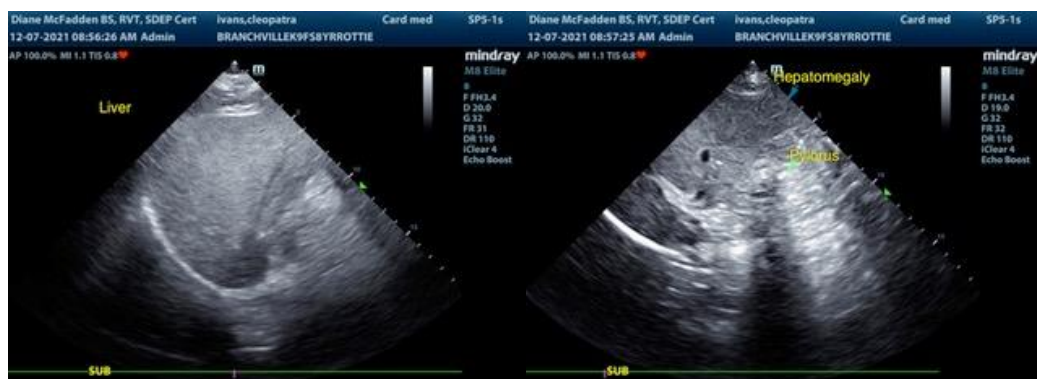
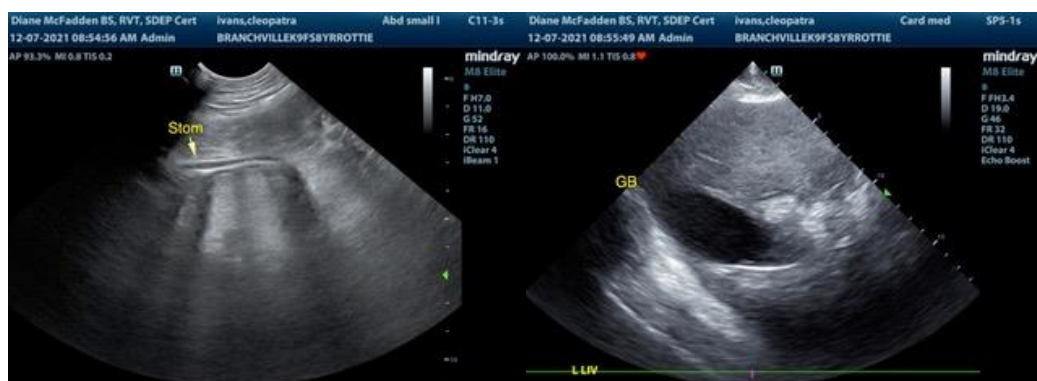
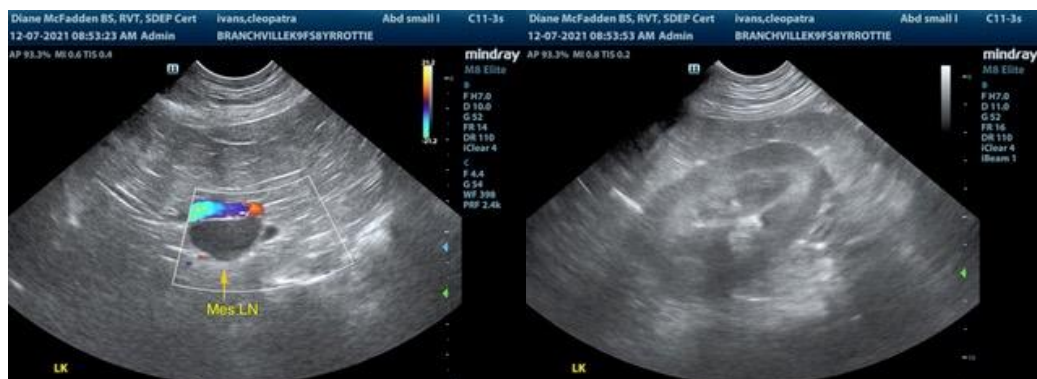
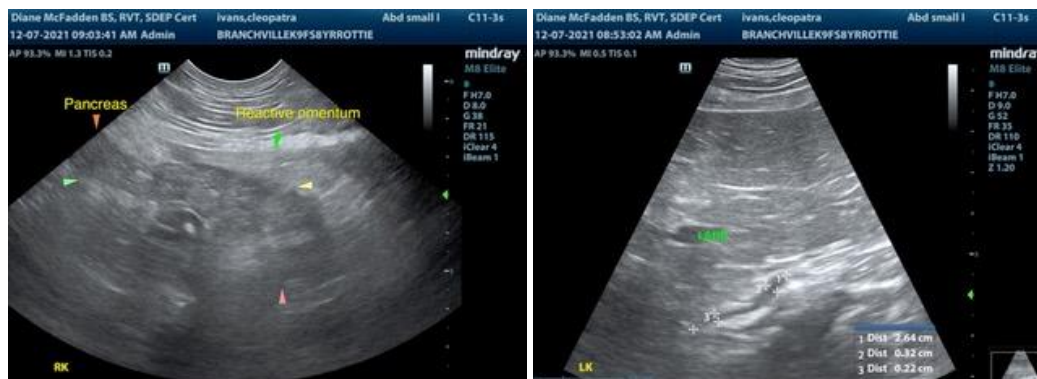
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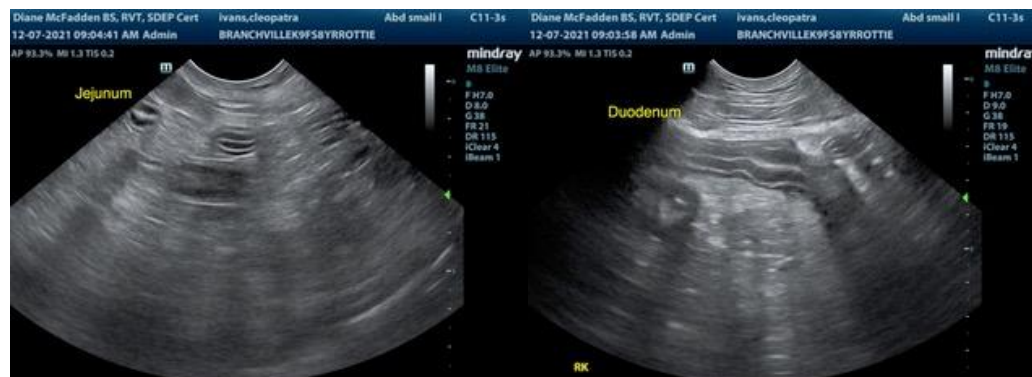
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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