



**PATIENT**

Sparky Williams

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

MN

**AGE**

12

**WEIGHT**

23

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Megan Larson

**HOSPITAL NAME**

Yorkville AH

**REFERRING VET**

Dr. Palumbo

**INVOICE**

13335

**DATE**

2/14/22

**PRESENTING CLINICAL SIGNS**

Patient is being hosp for pancreatitis with support care. Patient is on IV fluids with oral Metronidazole and Gabapentin. Patient was not eating up until 2/14 am. sparky had a small amount of food around 7am 2/14. Elevations on bloodwork

Abnormal PE/Chem/CBC/UA Results: Attached Diagnostic Profile from 2/12 and 2/14

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The apical urinary bladder wall thickness measured 0.43 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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. The urethra was normal in structure and tone to a depth of 3.0 cm.

No overt pathology was noted in the area of the residual prostate.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.85 cm in length. The right kidney measured 5.3 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 0.76 cm width at the caudal pole and 0.52 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 0.67 cm width at the caudal pole and 0.78 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 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



<b>PATIENT</b>	was non-distended in size with mild, nondependent yet nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.
Sparky Williams	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy primarily in the area of the gastric antrum and pylorus. The pylorus wall width measured 0.53 cm. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
<b>BREED</b>	
Cocker Spaniel	The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for segmental to generalized mildly prominent mucosa layer. The duodenum wall width measured 0.43 cm.
<b>SEX</b>	
MN	Normal visible colon wall layers were present with semi-formed feces in lumen. The descending colon wall width measured 0.22 cm.
<b>AGE</b>	<b><i>Pancreas</i></b>
12	The pancreas exhibited generalized mild enlargement with normal contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Areas of asymmetrical capsule contour were noted. No signs of active inflammation or neoplasia. Intermittent discreet hypoechoic pancreatic nodules were present. The nodules did not distort the pancreatic capsule. An example measured 0.59 cm in diameter.
<b>WEIGHT</b>	
23	
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy or peritoneal effusion was present.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Megan Larson	<b><i>Primary Findings</i></b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Prominent to heterogeneous pancreas exhibiting intermittent discreet parenchymal nodules</li> <li>• Vacuolar hepatopathy pattern</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Mild chronic renal changes</li> <li>• Gastritis / gastroenteritis</li> </ul>
Yorkville AH	
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Palumbo	The appearance of the pancreas is suggestive of chronic to chronic active inflammation with areas of parenchymal remodeling and suspected likely indistinct areas of nodular hyperplasia. Potential for pancreatic neoplastic criteria is considered a less likely differential diagnosis at this time.
<b>INVOICE</b>	
13335	
<b>DATE</b>	Likewise, the appearance of the liver is suggestive of benign hepatopathy / hepatomegaly with occult hepatic neoplasia considered an unlikely differential diagnosis.
2/14/22	Empirically, continued therapy for chronic to chronic active pancreatitis with as-needed hepato-gastrointestinal support would be appropriate. If continued or recurrent clinical signs, recheck sonogram to assess for progressive inflammatory pancreatic or hepato-gastrointestinal changes is



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recommended. Potentially, assuming normal clotting status, hepato-pancreatic FNA could be considered for screening cytology.

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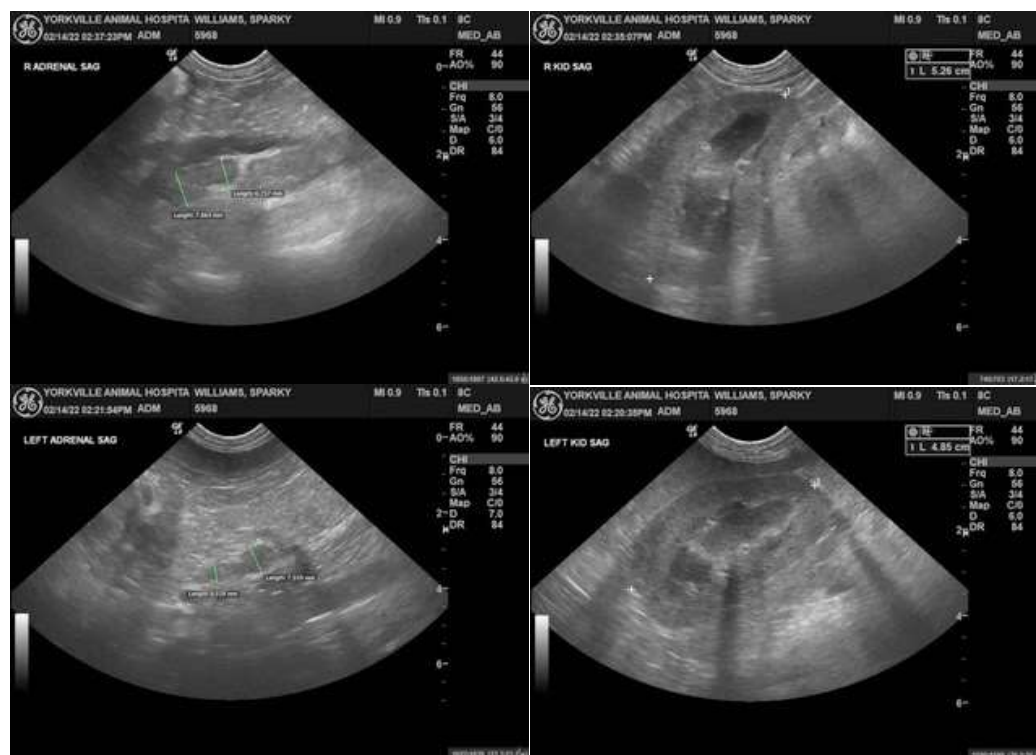
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
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