



**PATIENT PRESENTING CLINICAL SIGNS**

Topanga Daggett Vomiting started last night after eating, vomited multiple times overnight. Bloody diarrhea started this morning. No interest in eating today.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: cPL consistent with pancreatitis

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Border Collie Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX**

FS

**AGE**

4.5yr

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 5.8 cm in length. The right kidney measured 6.2 cm in length.

**WEIGHT**

18.9kg

The area of the aortic trifurcation was free of pathology.

*Adrenal Glands*

**INTERPRETED BY**

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

The bilateral adrenal glands were normal in position exhibiting subjective mild flattened appearance. The left adrenal gland measured 0.47 cm width at the caudal pole and 3.4 cm length. The right adrenal gland measured 0.42 cm width at the caudal pole and 2.9 cm length.

*Spleen*

**IMAGING PERFORMED BY**

Jenna Walsh CVT

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.

**HOSPITAL NAME**

Wilvet Salem

*Liver/Gallbladder*

**REFERRING VET**

Dr. Mikhaleva

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 with mild echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**INVOICE**

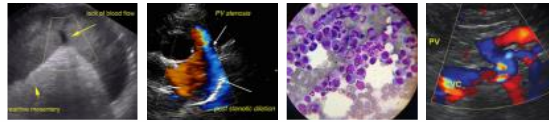
12983ag

*Gastrointestinal*

**DATE**

02/15/2023

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with very minor retained pyloric fluid was present.



**PATIENT**

Topanga Daggett

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-obstructive jejunal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

**SPECIES**

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Soft to liquid fecal matter was present in the colon lumen with lumen dilation.

**BREED**

Border Collie Mix

**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SEX**

FS

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**AGE**

4.5yr

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenterocolitis pattern
- Sonographically unremarkable pancreas
- Subjective borderline flattened adrenal glands-nonspecific

**WEIGHT**

18.9kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

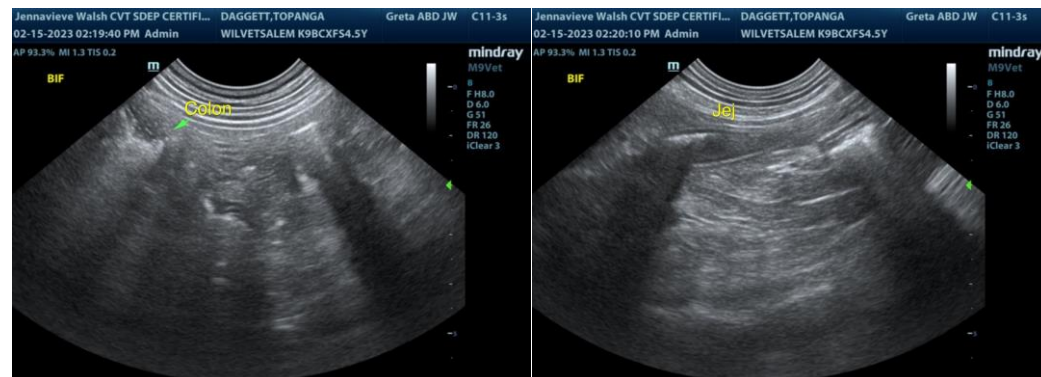
No evidence of gastroenterocolic foreign material or GI obstructive pattern was present. The spec cPL may be secondary or reactive owing to GI inflammation although potential for low-grade pancreatitis may present sonographically normal. No evidence of significant or active pancreatitis as a primary contributing factor. Dietary indiscretion / food hypersensitivity, enterotoxic insult, infectious disease, acute hemorrhagic diarrhea syndrome, IBD, dysbiosis or occult Addison's disease are all potentials. Empirical therapy should prove beneficial. A resting cortisol level to rule out occult Addison's disease is recommended.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

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**PATIENT**

Topanga Daggett

**SPECIES**

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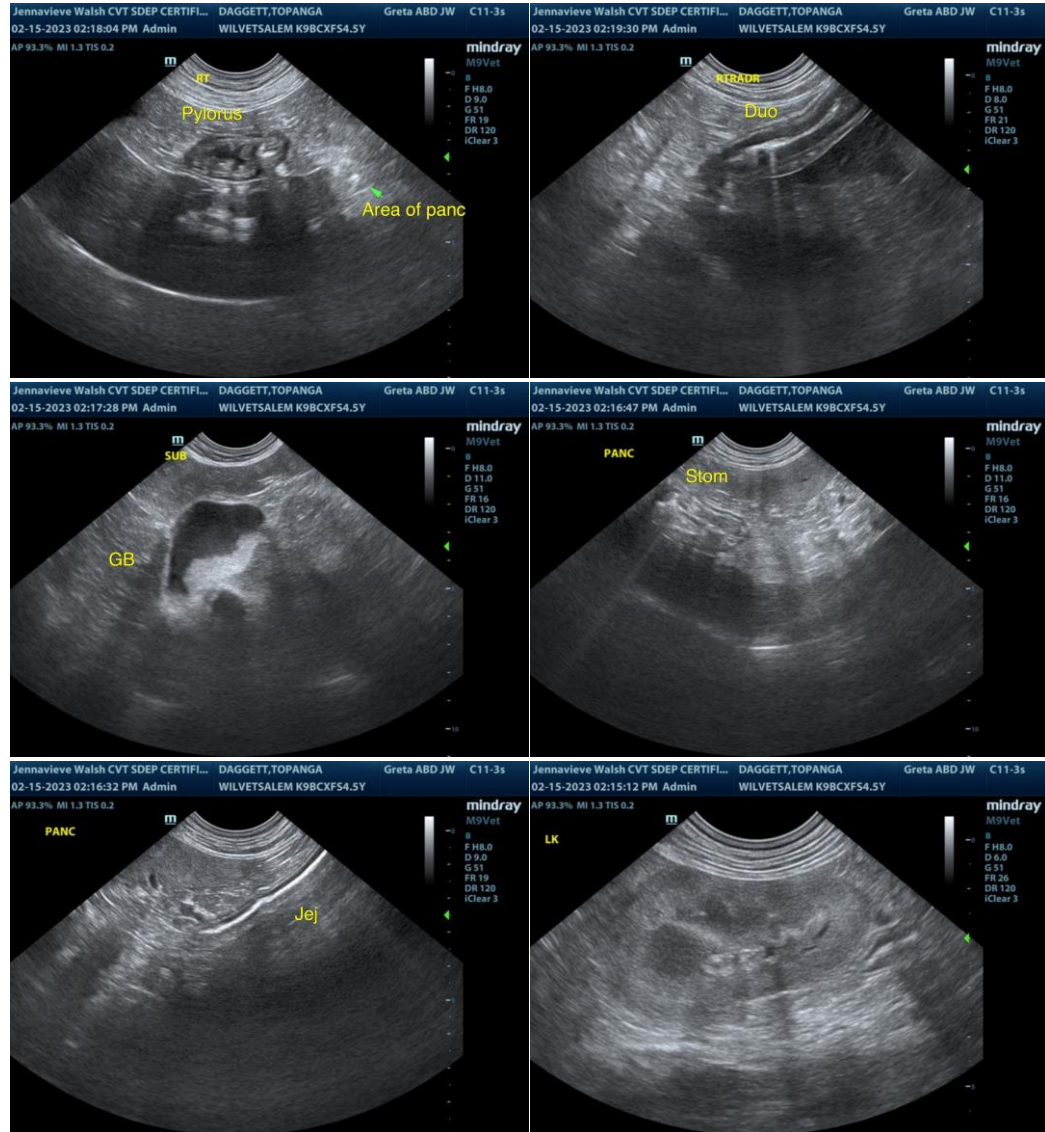
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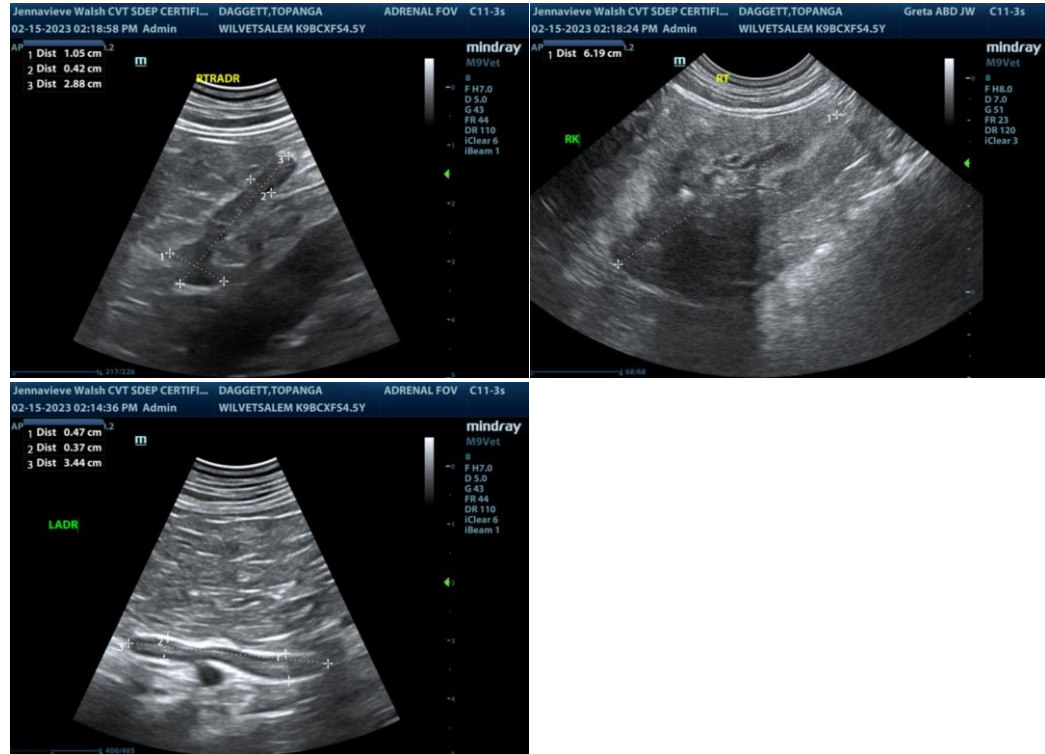
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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