



PATIENT

Rosie Dupras

SPECIES

Canine

BREED

Border Collie

SEX

F/S

AGE

10

WEIGHT

52.2 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kellie Pesola

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Kellie Pesola

INVOICE

16246

DATE

2/21/23

PRESENTING CLINICAL SIGNS

not eating and vomiting for 2 days - lethargic (actual age unknown) unable to even keep water down

Abnormal PE/Chem/CBC/UA Results: superficial pyoderma, dehydration, bladder stones / UTI leukocytosis neutrophilia with left shift, low, K, Cl, elevated TP/ glob/ albumin mild elevation in Tbili/ cholesterol hospitalized -on iv fluids cefazolin cerenia famotidine still anorexic but no vomiting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Potential for possible minor luminal polyploid changes is possible, although lack of urine distention prohibited full evaluation of the urinary bladder walls. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Suspect accumulated calculi and mineral in the dependent lumen is possible with a definitive calculus measuring 0.5 cm in diameter. The total area of urinary bladder mineral measured approximately 1.6 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 6.2 cm in length. The right kidney subjectively measured 6.3 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 0.55 cm width at the caudal pole and 0.64 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Nondisruptive, hyperechoic nodules, consistent with benign myelolipomas, were present throughout the medial parenchyma. Potential for segmental areas of medial capsule fibrosis was noted. No evidence of splenic neoplasia was noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. 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



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gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal. No overt evidence of post hepatic obstructive criteria was noted.

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy primarily involving the gastric antrum and body. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas and very minor retained anechoic pylorus fluid.

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The duodenum exhibited intact prominent wall layering with mild duodenal ileus. The visualized jejunum was sonographically normal. No evidence of intestinal obstructive pattern or foreign material was noted.

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

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Pancreas

Mild irregular hypoechoic tissue was present in the area of the pancreas base and right pancreatic limb adjacent to the subjective duodenum and subjectively caudal to the stomach. Surrounding hyperechoic omentum was present.

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Free Abdomen

No overt evidence of associated or generalized peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspect active pancreatitis with mild regional peripancreatic peritonitis
- Likely secondary associated gastroduodenitis
- Cystic calculi with concurrent cystitis
- Subjective mild hepatomegaly - benign, sonographically unremarkable gallbladder

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Secondary Findings

- Mild chronic renal changes
- Benign splenic nodules with potential for medial capsule fibrosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically, the hypoechoic tissue is most likely consistent with pancreatic inflammation in conjunction with the patient history. The potential of ill-defined hypoechoic to swollen lymphadenopathy or ill-defined mass is possible yet thought less likely in conjunction with the patient's clinical signs.

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Aggressive therapy for pancreatitis with as-needed gastrointestinal support is recommended with potential recheck sonogram if clinically indicated. Urine C/S on a sterile urine sample is recommended.



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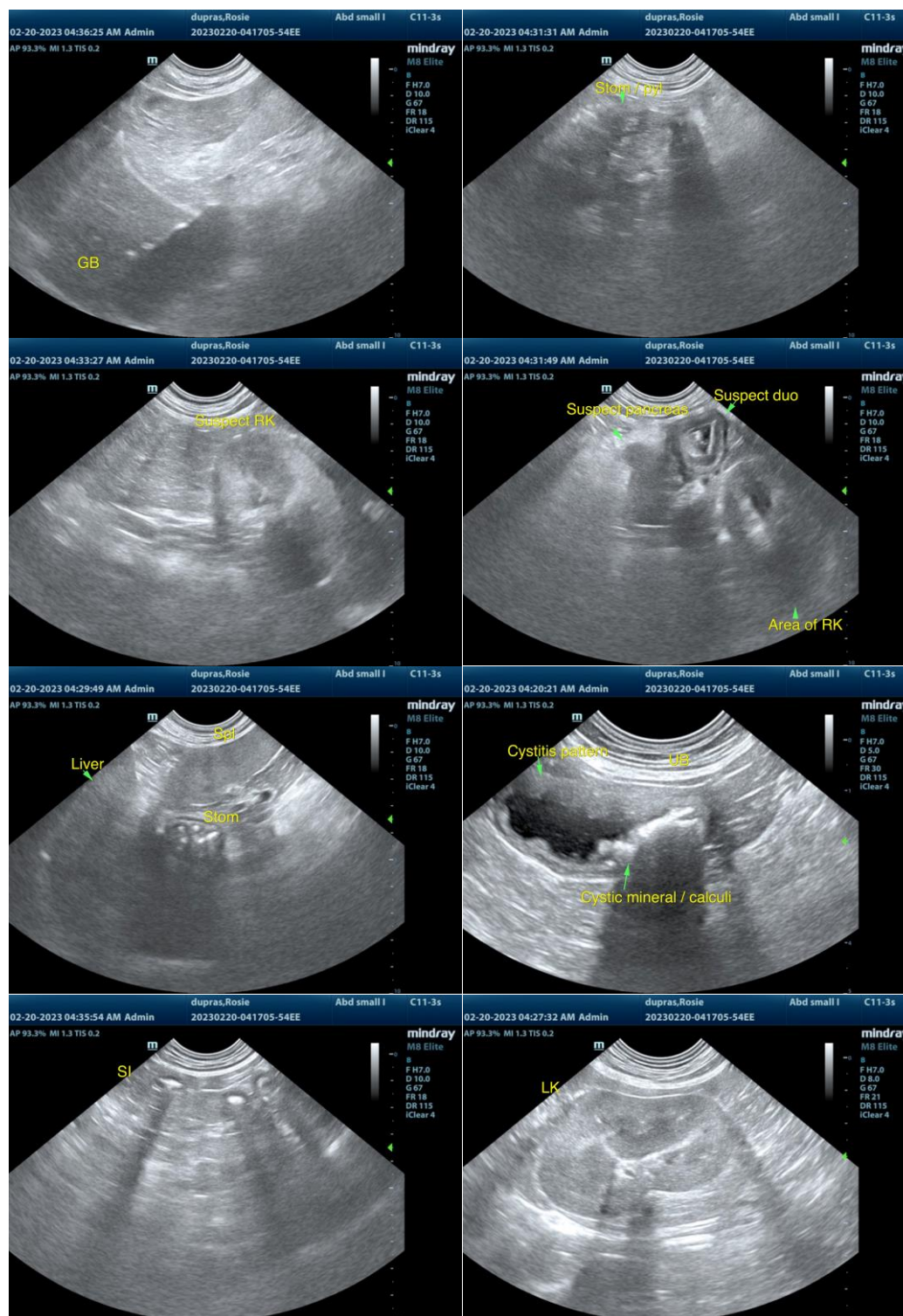
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com