



PATIENT

Charm King

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Spayed Female

AGE

13 Years

WEIGHT

24.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Doyle

INVOICE

21244

DATE

2/23/23

PRESENTING CLINICAL SIGNS

History: Pt presented for vomiting and diarrhea 3 days ago and hospitalized for pancreatitis. Abnormal PE/Chem/CBC/UA Results: Radiographs showed moderate hepatomegaly. Marked elevation in liver/biliary enzymes, hyperbilirubinemia, bilirubinemia, and proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was 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 corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.5 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No adrenal tumors were present. The left adrenal gland measured 2.4 cm length x 0.62 cm width in the caudal pole. The right adrenal gland measured 2.0 cm length x 0.61 cm width in the caudal pole.

Spleen

A mildly expansive heterogenous focally cystic macronodule was noted in the subjective caudal spleen, measuring 2.6 cm in diameter. The nodule resulted in symmetrical distortion of the regional splenic capsule without evidence of parenchymal escape. Generalized mild splenic parenchyma heterogeneity was noted.

Liver

Generalized enlarged liver was noted with areas of capsule asymmetry and moderate to marked nonhomogenous to mixed echogenic hepatic parenchyma, exhibiting intraparenchymal nodule changes. An example of liver nodule measured 1.6 cm in diameter.

The gallbladder was mildly distended in size with primarily anechoic content with mild to moderate nonorganized variably hyperechoic gallbladder debris. No overt evidence of peripheral gallbladder inflammation. 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 contained mild nonshadowing gastric ingesta/chyme.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental nonshadowing ingesta/chyme.



PATIENT Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Charm King **Pancreas**

SPECIES The pancreas was irregularly enlarged with asymmetrical contour and nonhomogenous to mixed echogenic parenchyma with pancreas base mass lesion. The pancreas mass lesion measured approximately 3.5 cm in diameter.

Canine

Free Abdomen

BREED

Regional, enlarged cranial abdominal 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.

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Regional peripancreatic hyperechoic omentum was noted. Scant pockets of cranial abdominal peritoneal free fluid were noted.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Nonspecific mildly expansive splenic macronodule/small mass

13 Years

- Hepatomegaly, exhibiting moderate to marked heterogenous nonuniform to nodular parenchyma

WEIGHT

- Irregular enlarged pancreas with pancreatic base mass lesion

24.8 Pounds

- Gastroenteritis pattern with mild gastric and segmental intestinal ingesta/chyme

- Cranial abdominal hypoechoic to enlarged mesenteric lymphadenopathy- reactive lymphadenitis, potential for early neoplastic criteria

INTERPRETED BY

- Distended gallbladder with moderate debris, not overtly consistent with mucocele criteria

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Primary concern for pancreatic or possible multicentric hepatopancreatic +/- splenic and regional lymph node neoplasia is warranted, although significant mixed pattern pancreatitis with concurrent severe hepatobiliary inflammatory disease and benign splenic nodule to small mass, i.e., hyperplasia, hematopoiesis, splenitis is possible. Assuming normal clotting status, pancreatic mass lesion and hepatic parenchyma FNA could be considered for further clarification. Extremely guarded prognosis.

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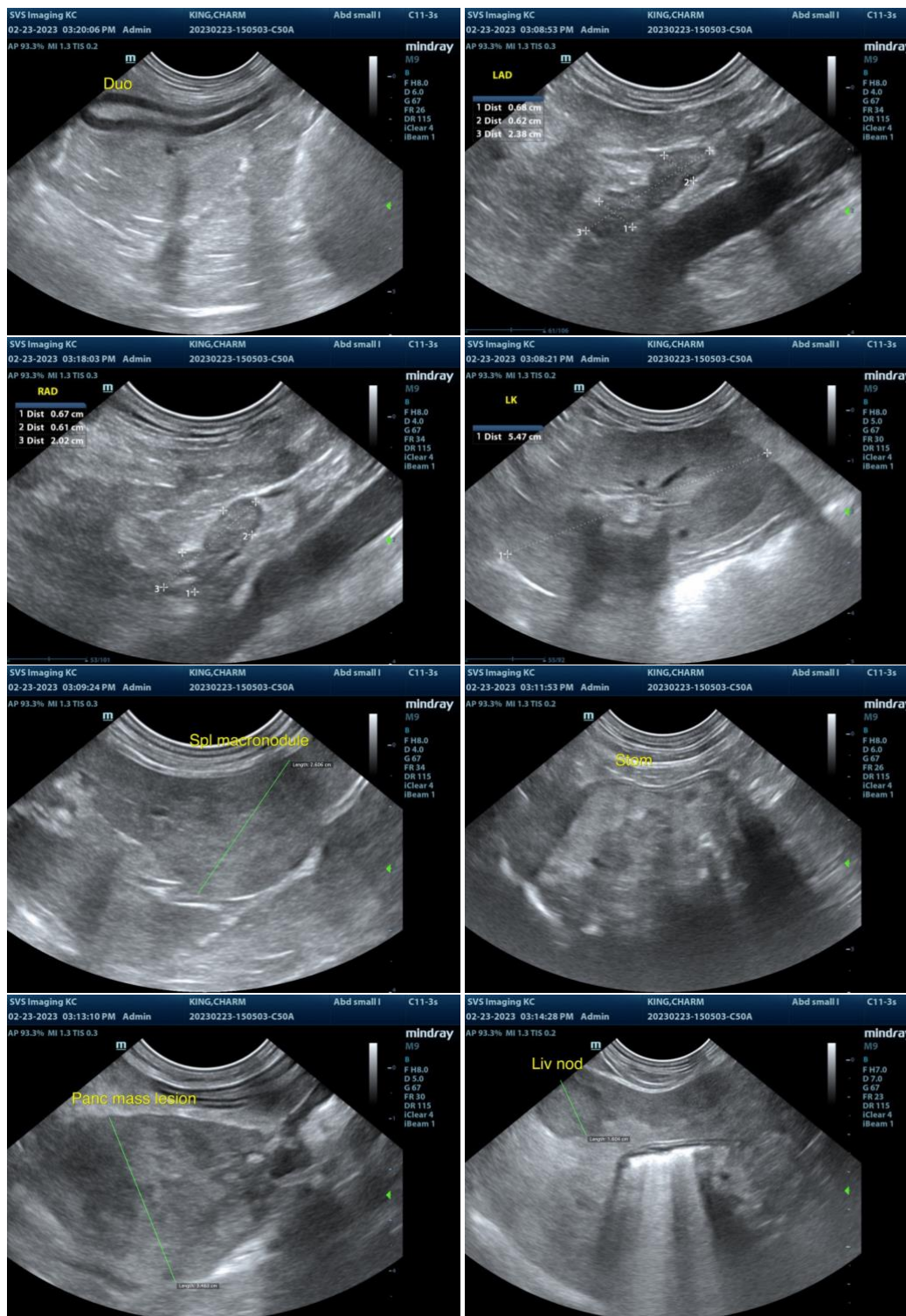
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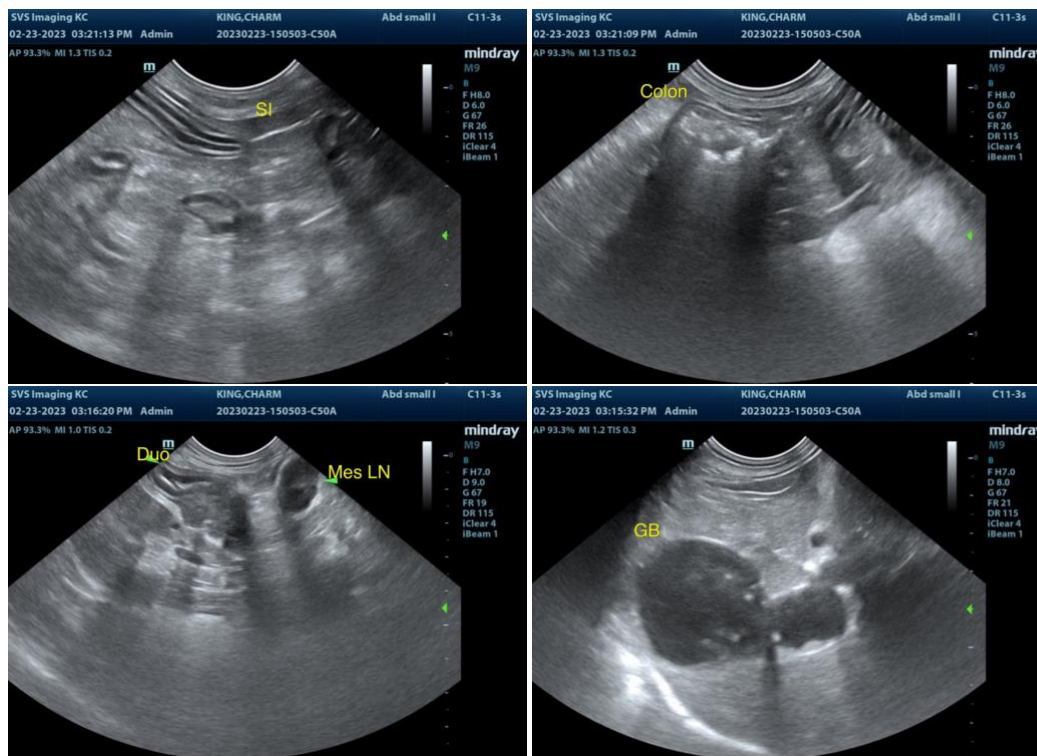
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com