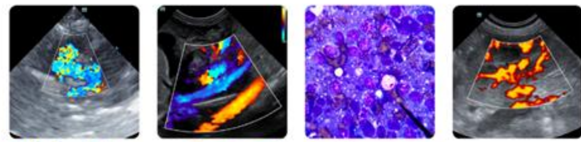


PATIENT
Axl Santor

SPECIES
Canine

BREED
Mini Poodle Mix

SEX
MN

AGE
10yr

WEIGHT
5.3kg

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

IMAGING PERFORMED BY
Lindsay Powell, CVT

HOSPITAL NAME
Hershey Animal Emergency Center

REFERRING VET
Dr. Sarah Moser

INVOICE
24037

DATE
02/28/2026

PRESENTING CLINICAL SIGNS

Severe pancreatitis 3 yrs ago, since tues (2/24) p has been shaking/weak, rDVM started SQ fluids, syringe feeding and outpatient treatment since 2/25

Creat 2, BUN 37, Pho 8.5, ALP 220, Alb 2.4, Gluc 36, 52

PE:OU - nuclear sclerosis, mm sl muddy, sl tacky, 2-3 s CRT, sig dental dz, painful abd, cranial organomegaly, weakness/lethargy, dull- hypertension (194/115), hyperthermia (T 103)

Abnormal PE/Chem/CBC/UA Results: HAEC intake CBC: Left shift, thrombocytopenia Chem: Glu 54, ALT 135, ALP 278, Tbil 2.2 CPL: 39 EPOC: pCO2 18.5 (L), Bicarb 11.3 (L), pH 7.39, BE -13.7, Na 132 (L), K 3.4 (L), Glu 52 Radiographs: Loss of serosal detail of the peritoneal cavity. Stomach contains moderate amount of gas and soft tissue opaque material. Otherwise, unremarkable abdomen. Increased opacity in the chest consistent with atelectasis. Otherwise unremarkable thorax. POCUS: Scant free fluid identified, gall bladder appears subjectively distended with echogenic material. Mid abdomen appears generally hyperechoic. Repeat blood work Chem: Ca 7.7, TP 4.8, Alb 1.8, ALP 277, Tbili 2.2 EPOC: Na 136, Cl 105, K 2.9 glucose stable on 2.5% dextrose CRI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 4.5 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

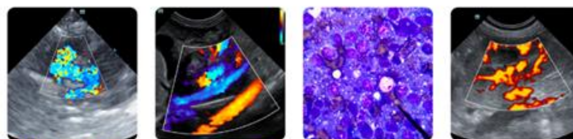
The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole. The right adrenal gland was enlarged in size with capsule asymmetry and non-homogenous parenchyma measuring 1.8 cm x 0.96 cm.

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.



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Liver/Gallbladder

The liver presented enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. Normal vascular volume. The capsule of the liver was normal in margination. A partially fluid filled non-homogenous mass lesion was present ventral to the right liver and dorsal to the gallbladder measuring ~ 3.5 cm in diameter. The hepatic and portal vasculature were normal in appearance. The visualized gallbladder was subjectively non-distended in size containing shadowing choleliths. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric lumen contained retained anechoic fluid with mild gas. Decreased mural echogenicity was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Ileus pattern is present without obstruction or foreign material.

Mildly thickened hypoechoic intact colon wall with empty colon lumen.

Pancreas

The pancreas was mildly enlarged in size with capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy was present.

Mild non-uniform hyperechoic omentum and echogenic peritoneal effusion was present.

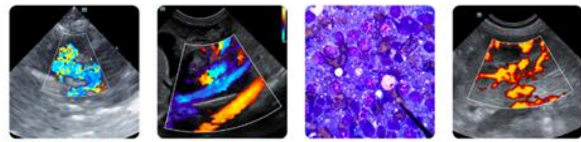
ULTRASONOGRAPHIC FINDINGS

Primary

- Acute gastroenteropathy with nonobstructive mild gastrointestinal ileus - acute gastroenteritis, infectious disease, enterotoxin, occult neoplasia, other
- Acute hepatopathy pattern with nonhomogeneous to mild fluid filled liver mass - reactive, inflammation, noncardiogenic congestion, neoplasia
- Gallbladder choleliths
- Mild prominent heterogeneous hypoechoic pancreas - recurrent acute or acute on chronic pancreatitis, edema
- Diffuse peritonitis / peritoneal effusion
- Normal spleen
- Mild enlarged nonhomogeneous right adrenal gland - hyperplasia, adenoma, neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic parenchyma FNA cytology and effusion analysis, cytospin / cytology and C/S is recommended. Concern for multicentric neoplasia i.e. carcinomatosis / lymphomatosis, or other is warranted as the pancreas was not overtly consistent with severe pancreatitis and without evidence



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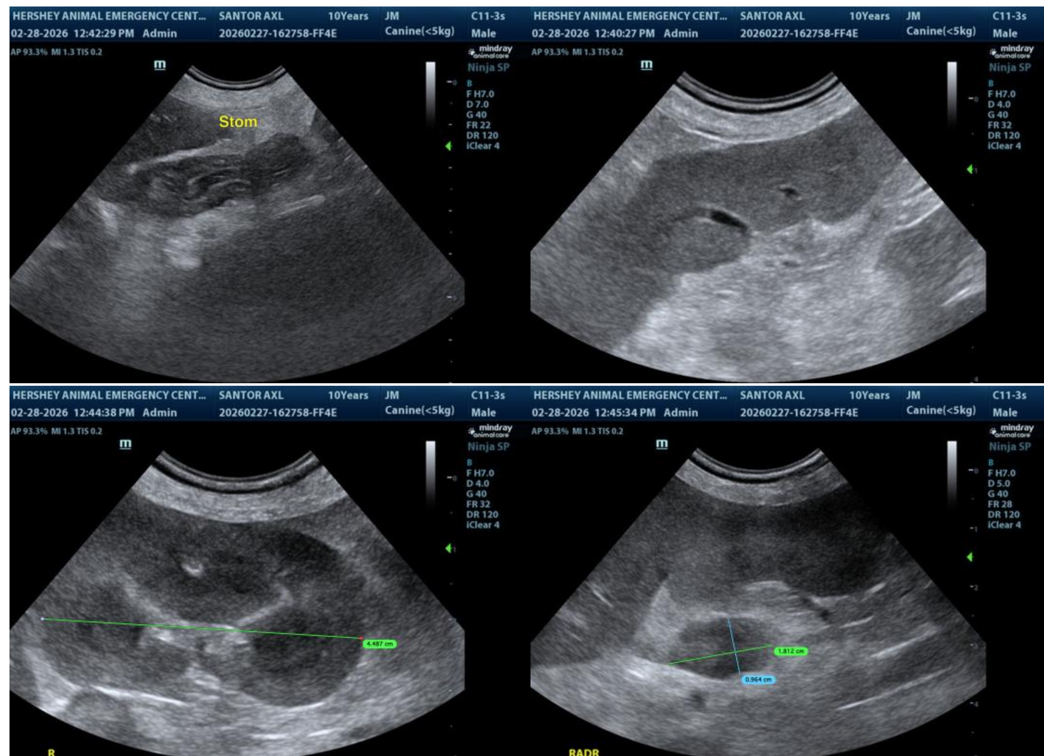
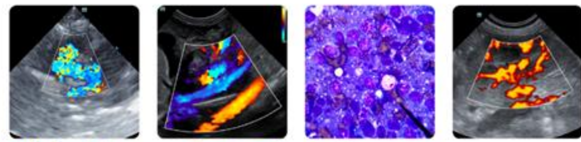
of hepatic congestion. Monitoring of serum albumin and glucose levels are suggested. Extremely guarded prognosis. Some or all of the following may be considered empirically pending sampling considered essential for further assessment and monitoring.

Peritonitis Protocol
Colloids/Hetastarch
10 to 20 mL per kilogram per hour and dogs
10 to 15 mL per kilogram per hour cats
(Can bolus first 1/3 of dose over 15 minutes)
Plasma 10 mL / kilogram IV over 4 hours
Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours Or CRI Lidocaine 30-50 ug/kg/min
Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO
Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.
Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry Or Misoprostol 1-5 ug/kg po tid
Clindamycin 10mg/kg IV p.o. bid
Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats
Metronidazole 10-20 mg/kg IV p.o. b.i.d.
Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose 4-10 mg/kg.





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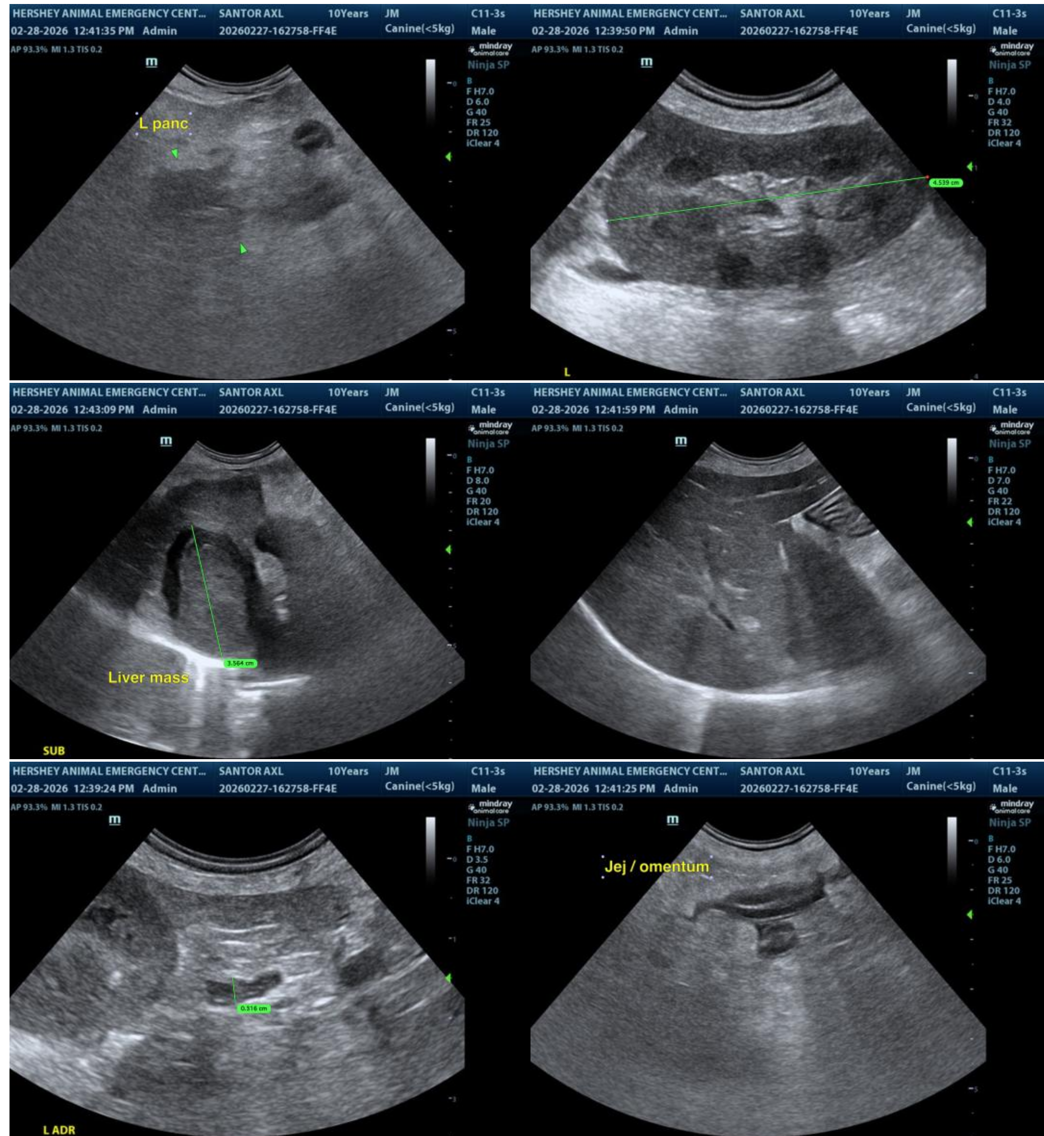

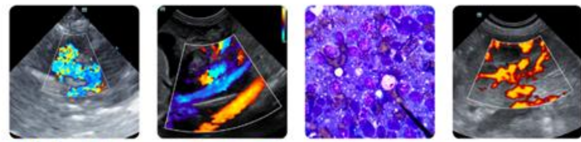

SonoPath.com info@sonopath.com 1.800.838.4268

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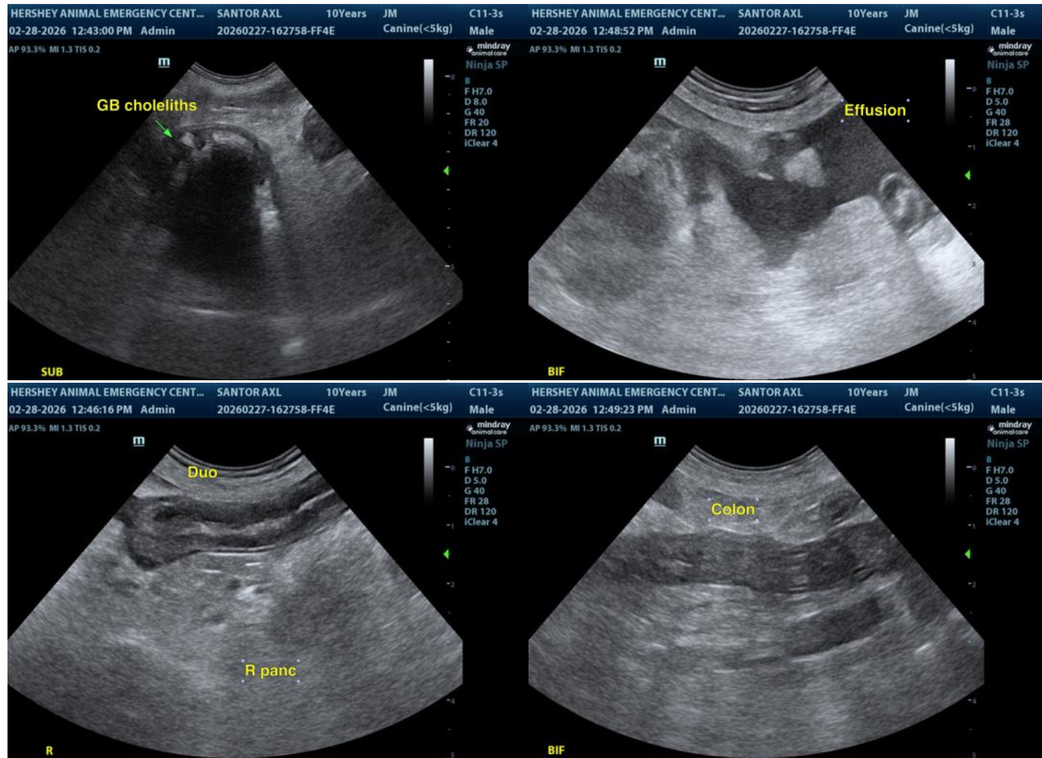

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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