



PATIENT	PRESENTING CLINICAL SIGNS
Chloe Walker	referral case: patient is pot bellied, pants, alopecia, hypothyroidism, 3/15/23: O said that she has not been able to keep anything down for about a week. O said that she did get into the garbage Also she like to eat rabbit and deer poo SB: 03-16-23 at 8:15a: qar, 5-7% dehydrated (tacky mucous membranes), friendly, FAS 0-1/5 radiographs: loss of serosal detail on abdominal views, mass effect in cranial / middle abdomen (similar size to a mass effect also observed in images taken 11/2022 at RHHV). no GI obstructive pattern observed, stomach rugal folds identified, stomach empty. abdominal ultrasound: scant free fluid around liver lobes and intestines, gross hepatomegaly observed-- no cavitated areas seen in liver, spleen not clearly identified. Digestive severe abdominal pain on right lateral half of abdomen during palpation and ultrasound (patient sits up in a crunch and cried -- repeatable) TX: 1L LRS sq fluids buprenorphine SR 0.6ml sq cerenia 4ml sq Mirtazapine 30mg po q24hr discussed poor to grave prognosis with owner -- owner scheduled humane euthanasia 3/16/23.
SPECIES	
Canine	
BREED	
Great Pyrenees Mix	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FS	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.
10yr	
WEIGHT	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 7.2 cm in length. The right kidney measured 7.8 cm in length.
97	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Gotfredson	The left adrenal gland was indistinctly visualized without overt pathology. The left adrenal gland measured 1.1 cm width at the caudal pole and 0.72 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
HOSPITAL NAME	Spleen
Buffalo Veterinary Clinic	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.
REFERRING VET	Liver/Gallbladder
Dr. Gotfredson	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 was normal to possible subnormal in size with primarily anechoic luminal content. No evidence of
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PATIENT	gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Chloe Walker	
	Gastrointestinal
SPECIES	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta with no signs of gastric overdistension, ileus, obstruction or foreign material.
Canine	
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine segmental hyperechoic mild ingesta/chyme with no signs of ileus, obstruction or foreign material.
Great Pyrenees Mix	
	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
FS	The parenchyma of the left limb and right limb exhibited variable enlargement with swollen appearance and areas of capsule asymmetry. Hypoechoic to non-homogenous parenchyma compared to the adjacent regional mild hyperechoic omentum was present.
AGE	Free Abdomen
10yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
97	<ul style="list-style-type: none"> • Variably enlarged to swollen hypoechoic right/left pancreas with mild regional hyperechoic omentum-sonographically suggestive of active pancreatitis. • Hepatomegaly-nonspecific. • Structurally unremarkable GI tract with gastric and segmental intestinal ingesta. • Mild age related renal changes.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Sonographically the appearance of the pancreas is suggestive of active pancreatitis with regional peripancreatic reactive to inflamed omentum in conjunction with patient history to include potential dietary indiscretion and abdominal pain. Primary or secondary reactive or vacuolar hepatopathy or inflammatory hepatopathy possible. Hepatopancreatic neoplastic criteria is thought less likely yet cannot be definitively excluded. Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment especially if elevated hepatic enzymes.
IMAGING PERFORMED BY	
Dr. Gotfredson	
HOSPITAL NAME	
Buffalo Veterinary Clinic	If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. A spec cPL is recommended for further assessment of the pancreas.
REFERRING VET	
Dr. Gotfredson	Pending additional diagnostics, hospitalization with supportive care for active pancreatitis, GI and hepatic support with assessment of clinical response is suggested.
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Chloe Walker

SPECIES

Canine

BREED

Great Pyrenees Mix

SEX

FS

AGE

10yr

WEIGHT

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INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

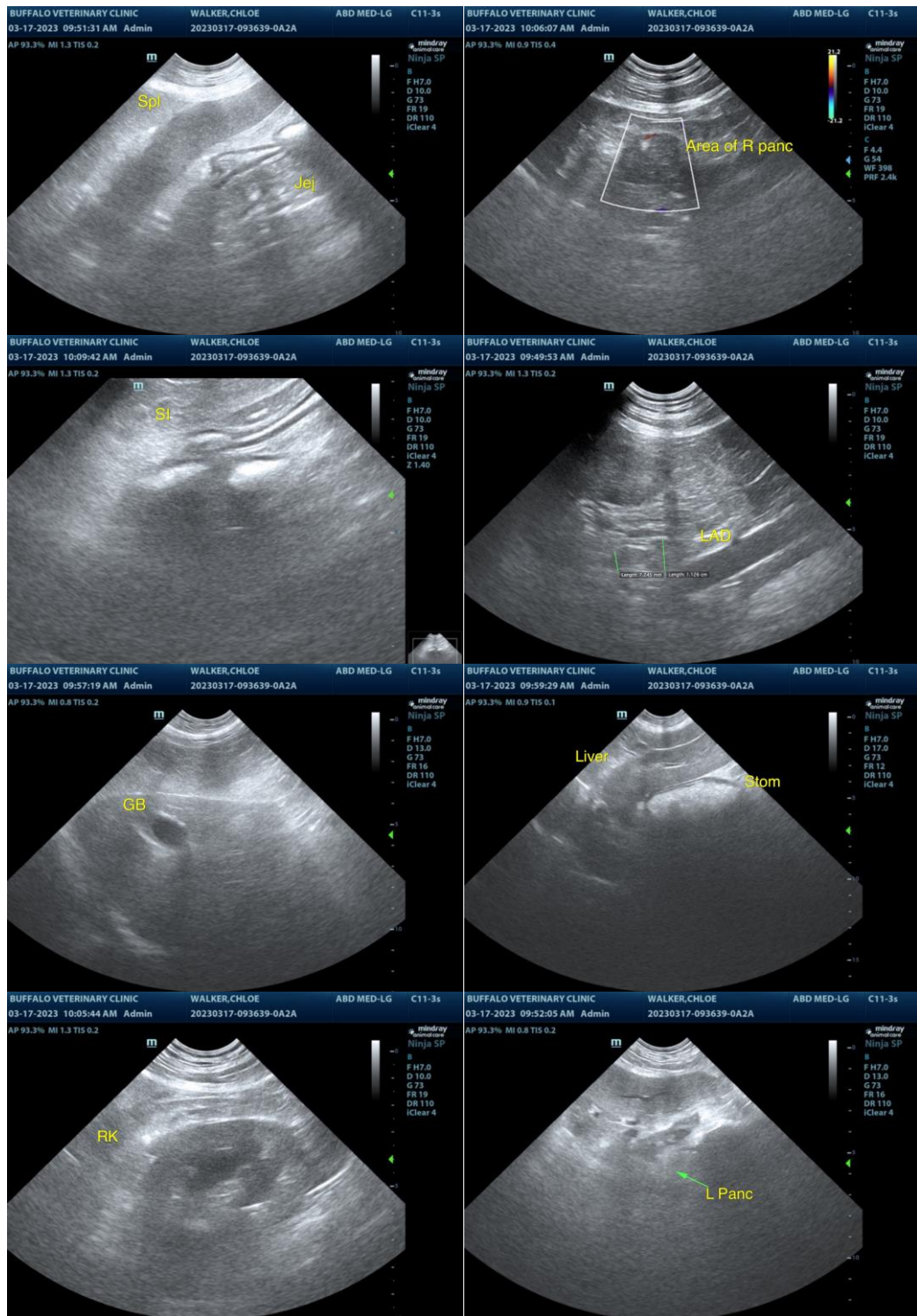
Dr. Gotfredson

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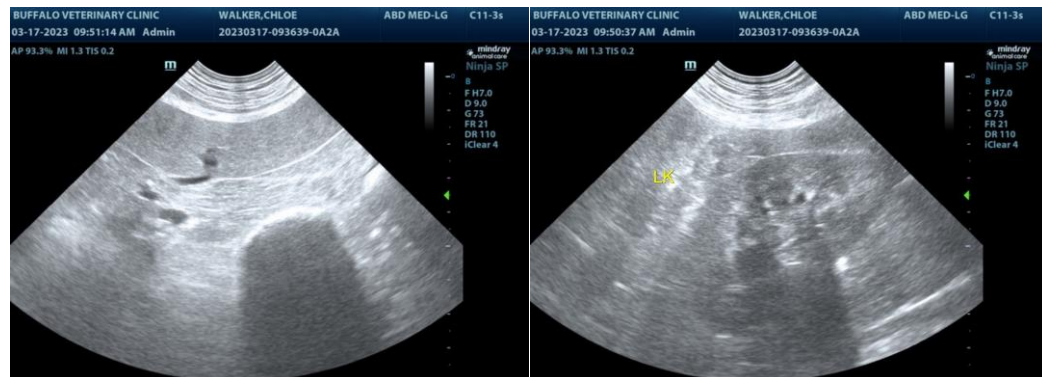
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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