



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Scout Winslow	Last normal: Thursday Notes: Thursday afternoon is when he started with loss of appetite. Have offered a bland diet. O says he shares the dog with the neighbor and neighbor feeds him whatever and believes he now has pancreatitis. He was seen at RV and not much improvement. Systems:
<b>SPECIES</b>	v/d/c/s/pu/pd? V Environment (indoor, outdoor, yard) indoor/outdoor Diet: Dry kibble - unknown brand/ fresh pet
Canine	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: BCS: 6-7 Overweight Hydration: <5% dehydrated Pupils equal and responsive, OS mild cataract (?); mild lens clouding GI: Abnormal, severe abdominal splinting/guarding; unable to feel the abdomen Assessment 1. Acute abdomen - r/o pancreatitis vs. renal fx vs. other 2. Acute abdominal pain cPLI - abnormal Complete Blood Count - WNL Chemistry - BUN 113.5, Creat 3.1, phos 8.8, calcium normal; mild hyperalbuminemia, ALT 190, ALKP 264, mild hyponatremia, hypochloremia
Jack Russell Terrier	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
14.5	
<b>WEIGHT</b>	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.6 cm in length.
10.7	
<b>INTERPRETED BY</b>	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the residual prostate appeared normal and free of pathology.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr. DeCordon	No obvious pathology was present in the area of the bilateral adrenal glands.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Mason Dixon Animal ER	The spleen exhibited normal size and contour with generalized parenchyma heterogeneity. Intermittent small well demarcated hyperechoic nodules were present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.
<b>REFERRING VET</b>	<b>Liver/Gallbladder</b>
Dr. Parr	The liver was moderately enlarged with mild capsule asymmetry and generalized non-homogenous mixed echogenic parenchyma exhibiting moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with overtly normal walls exhibiting mild increased mural echogenicity. Moderate non-dependent organized discretely striated variably hyperechoic gallbladder debris was present occupying the gallbladder lumen. The cystic and common bile ducts were normal.
<b>INVOICE</b>	<b>Gastrointestinal</b>
13487ag	
<b>DATE</b>	
04/16/2023	



## PATIENT

Scout Winslow

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate gastric distension with primarily anechoic fluid was present.

## SPECIES

Canine

The small intestine presented intact generalized prominent wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

## BREED

Jack Russell Terrier

### Pancreas

The pancreas exhibited generalized enlargement with asymmetrical swollen contour. Non-homogenous hypoechoic parenchyma was present.

## SEX

MN

### Free Abdomen

No omental masses or overt lymphadenopathy was present.

Scant peritoneal free fluid was present.

## AGE

14.5

## ULTRASONOGRAPHIC FINDINGS

- Active, possibly necrotizing pancreatitis with associated steatitis / peritonitis.
- Moderate chronic kidneys with mild pyelectasia.
- Enlarged non homogenous liver - suggestive of acute on chronic hepatopathy.
- Gallbladder mucocele.
- Inflammatory gastroenteropathy with mild gastric stasis.

## WEIGHT

10.7

### Secondary findings

- Benign splenic nodules - consistent with benign myelolipomas

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary concern sonographically is significant pancreatitis and peritonitis. The gallbladder mucocele is of concurrent concern but does not appear to be overtly inflamed at this stage and in conjunction with lack of significant elevated liver parameters. The kidneys do not appear to be end stage. Underlying neoplasia involving the pancreas, liver or gastrointestinal tract is thought less likely yet cannot be excluded. Aggressive therapy for significant pancreatitis / peritonitis and ideally sonographic monitoring of the pancreas and general abdomen is recommended. Extremely guarded prognosis.

## IMAGING PERFORMED BY

Dr. DeCordon

## HOSPITAL NAME

Mason Dixon Animal  
ER

## REFERRING VET

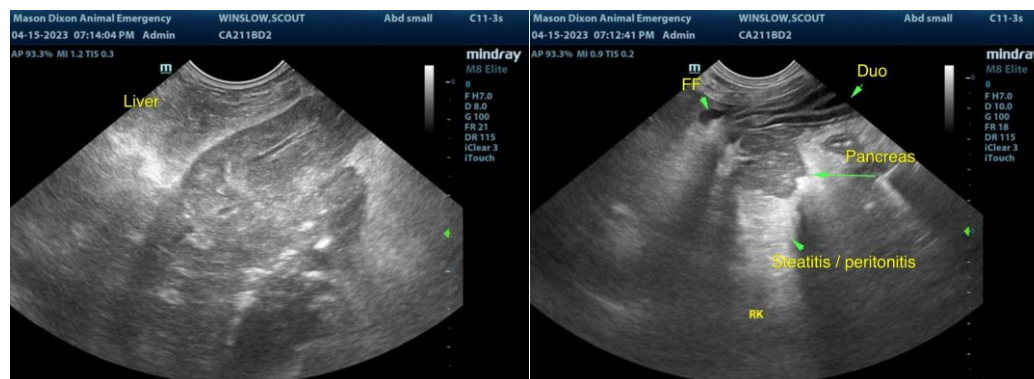
Dr. Parr

## INVOICE

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## DATE

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**PATIENT**

Scout Winslow

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

MN

**AGE**

14.5

**WEIGHT**

10.7

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Dr. DeCordon

**HOSPITAL NAME**

Mason Dixon Animal  
ER

**REFERRING VET**

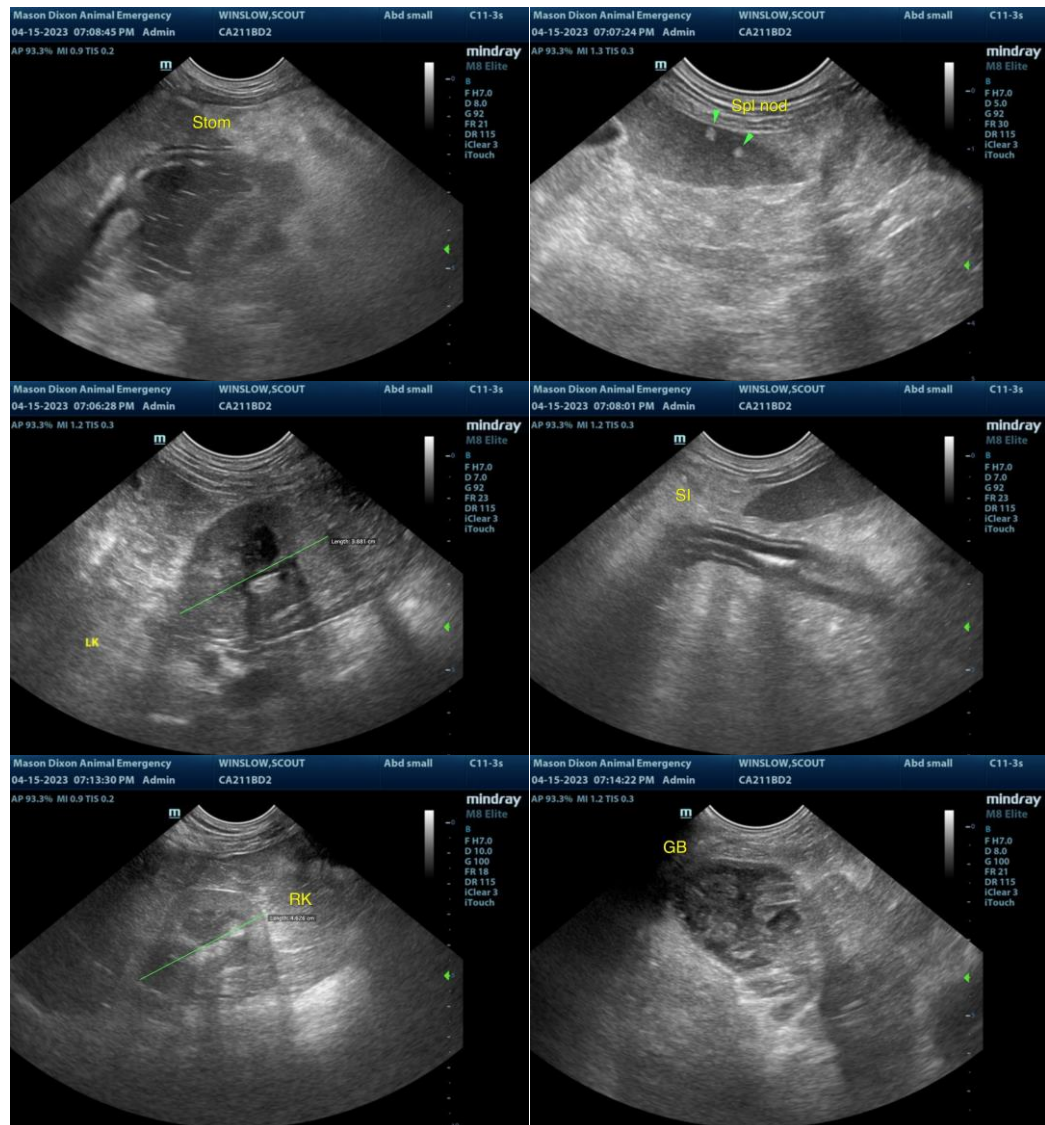
Dr. Parr

**INVOICE**

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**DATE**

04/16/2023



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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