



PATIENT

Scout
Holland/Charlebois

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

9 Years

WEIGHT

6.44 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

CVN

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

14807

DATE

4/19/22

PRESENTING CLINICAL SIGNS

History: Friday went to reg vet and was diagnosed with severe pancreatitis. transfer to ER in deland who treated over weekend for pancreatitis. P transfer to ormond ER due to sister clinic closing come Monday morning. P was supposed to continue hospitalization, but O elected to take home because they thought he looked great and back to normal. Took P home and wouldn't eat at home. Now looks very dumpy/dull on exam and now vomiting and not eating.

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. Aortic trifurcation was normal.

No overt pathology in the area of the prostate.

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 3.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

Both adrenal glands were normal with potential for mild bilateral prominent adrenal size, which is nonspecific, potentially indicating mild stress hyperplasia. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.88 cm width at the cranial pole.

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.

Liver

The liver was normal in size and contour with mild variably echogenic hepatic parenchyma. No masses or nodules noted.

The gallbladder was non-distended. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic content was present with moderate nondependent echogenic sludge. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation.

Gastrointestinal

The stomach was moderately distended with retained anechoic fluid, intact yet mild prominent pyloric walls. No evidence of retained ingesta, foreign material or mechanical pyloric outflow obstruction.



PATIENT

Scout
Holland/Charlebois

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, non-shadowing ingesta. No overt evidence of mechanical gastrointestinal obstruction or foreign material.

SPECIES

Canine

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

BREED

Mixed

Pancreas

The pancreas base, right pancreatic limb and somewhat left pancreatic limb exhibited prominent size with areas of capsule asymmetry and hypoechoic pancreatic parenchyma. Regional peripancreatic hyperechoic mesentery was present.

SEX

Male

Free Abdomen

No overt lymphadenopathy or peripancreatic or peritoneal free fluid.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

- Persistent active pancreatitis with regional peripancreatic reactive mesentery
- Gastroenteritis with gastric and segmental small intestinal stasis
- Possible reactive hepatopathy
- Moderate gallbladder debris (non-mucocele)

WEIGHT

6.44 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of persistent active pancreatitis and clinical presentation, hospitalization with continued therapy for active pancreatitis and as needed gastrointestinal support recommended. Sonographic reassessment of the pancreas in 2-3 days could be considered pending clinical response.

INTERPRETED BY

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

IMAGING PERFORMED BY

CVN

HOSPITAL NAME

AEH Volusia

REFERRING VET

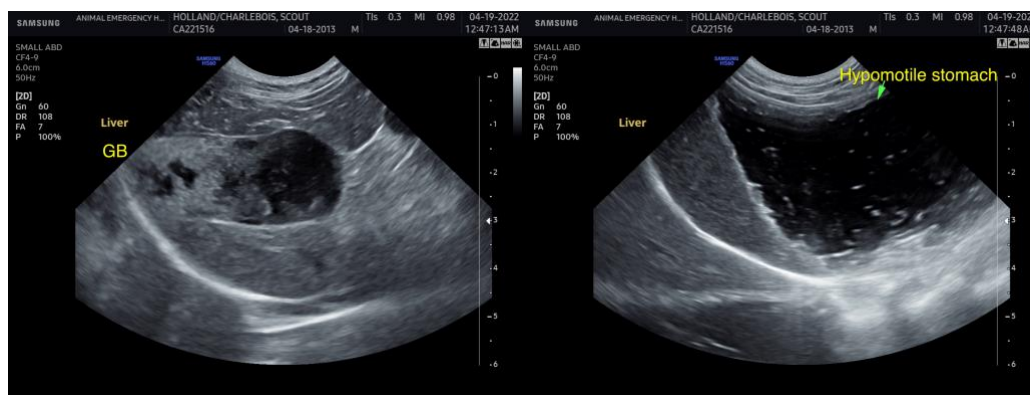
Dr. Van Nieuwal

INVOICE

14807

DATE

4/19/22





PATIENT

Scout
Holland/Charlebois

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

9 Years

WEIGHT

6.44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

CVN

HOSPITAL NAME

AEH Volusia

REFERRING VET

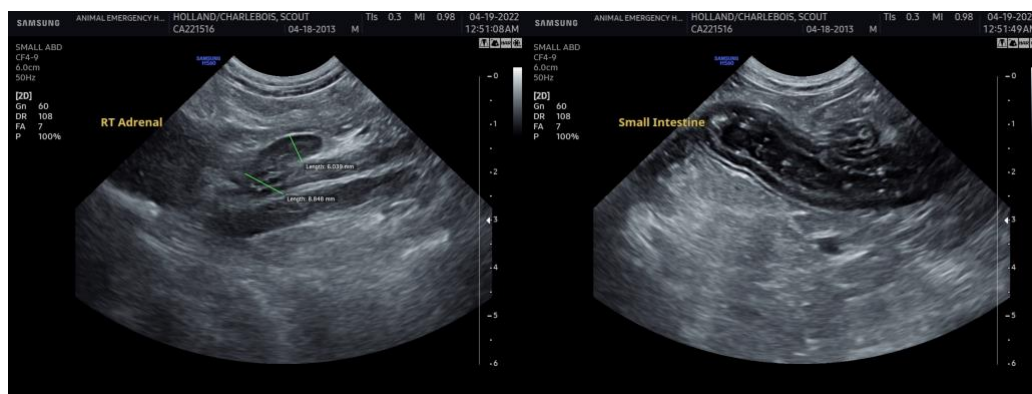
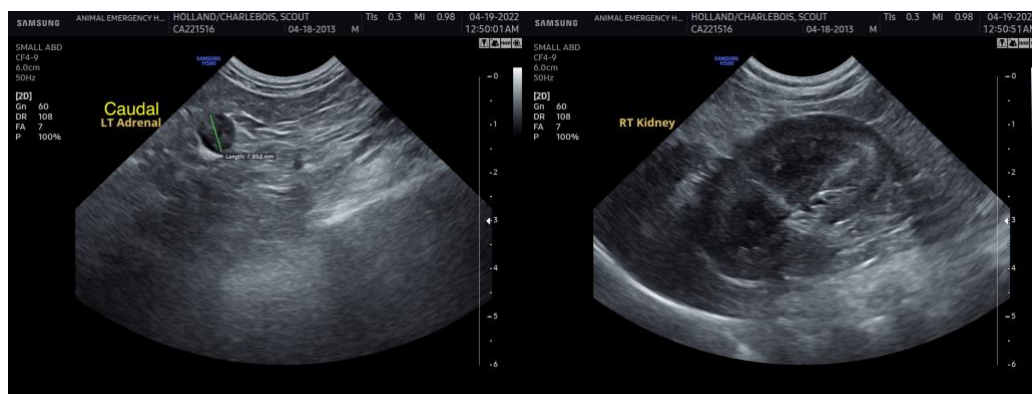
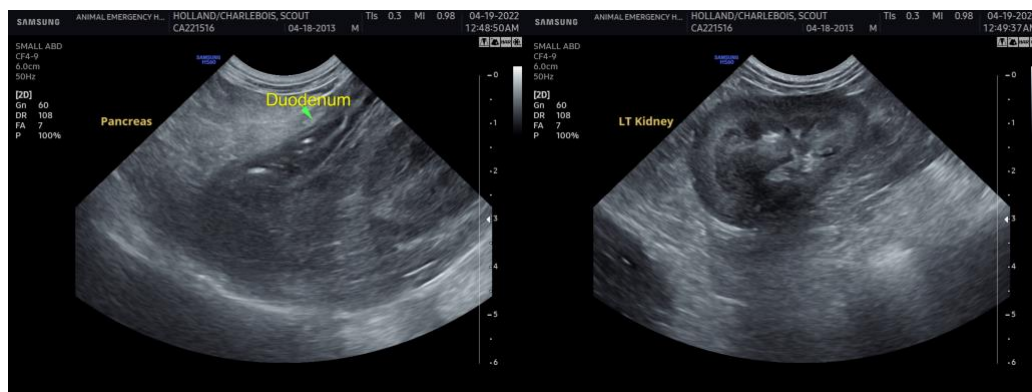
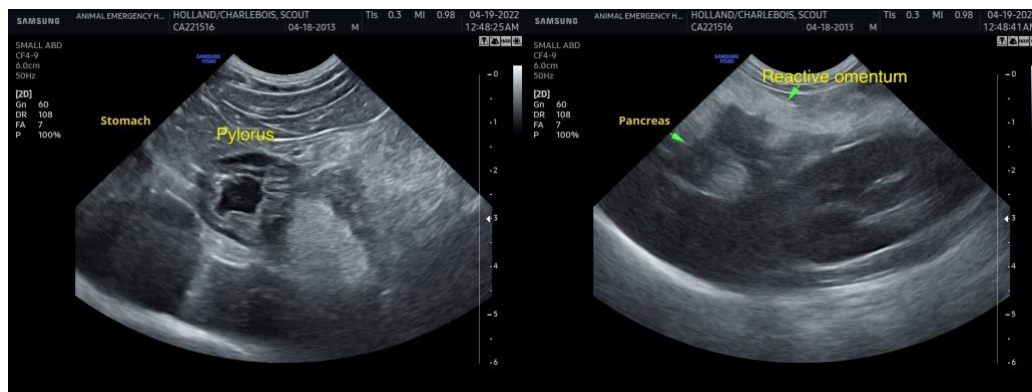
Dr. Van Nieuwal

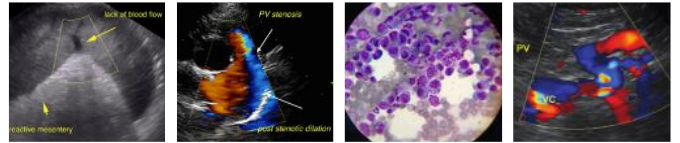
INVOICE

14807

DATE

4/19/22





PATIENT

Scout
Holland/Charlebois

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

9 Years

WEIGHT

6.44 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

CVN

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

14807

DATE

4/19/22



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