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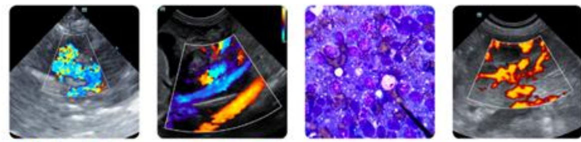


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Whiskey Kauffman

SPECIES
Canine

BREED
Labrador Retriever

SEX
MI

AGE
10yr

WEIGHT
77lb

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

IMAGING PERFORMED BY
Michael Schacher

HOSPITAL NAME
Emergency Veterinarians of Idaho

REFERRING VET
Karens Holmes

INVOICE
24575

DATE
04/23/2026

PRESENTING CLINICAL SIGNS

Came in for heavy breathing, not eating, lethargy

Diagnosed with aspiration pneumonia two nights ago where pet was oxygen dependent. Overnight doctor did AFAST which was concerning for possible right limb pancreatitis. Patient is no longer oxygen dependent as of this morning and was stable for full abdominal ultrasound

****HISTORY OF SPLENECTOMY, BENIGN LESION****

Abnormal PE/Chem/CBC/UA Results: CPL: 636, ALP 153, amylase 1327, Tbili 0.6, BUN 50 (now normal at 17)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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. Bilateral areas of focal medullary mineral were present. The left kidney measured 8.5 cm in length. The right kidney measured 9.0 cm in length. The left kidney was primarily visualized in transverse plane.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.5 cm. Multiple variably sized anechoic, thinly walled parenchyma cysts were present.

Adrenal Glands

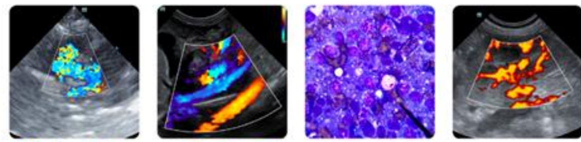
The bilateral adrenal glands were subjective mildly enlarged in size with indistinct bilateral adrenal visualization. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland subjectively measured 0.86 cm width in the caudal pole. The right adrenal gland subjectively measured 0.98 cm width in the caudal pole.

Spleen

The spleen was not visualized owing to previous splenectomy.

Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact borderline to mild thickened stomach wall. The stomach contained mild retained anechoic fluid. Hyperechoic mural speckling was present. No evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The visualized pancreas exhibited subjective mild prominent size, indistinct yet asymmetrical capsule contour and isoechoic mildly heterogeneous to subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Subjective mild increased right cranial abdomen omental echogenicity.

No evidence of omental masses, significant lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-congested hepatomegaly-subjective benign
- Non-organized gallbladder debris
- Absent spleen-previous splenectomy
- Non-specific gastroenteritis pattern with possible chronic gastritis
- Mild prominent non-homogenous pancreas, mild regional peripancreatic hyperechoic omentum
- Bilateral mild adrenomegaly-subjective benign

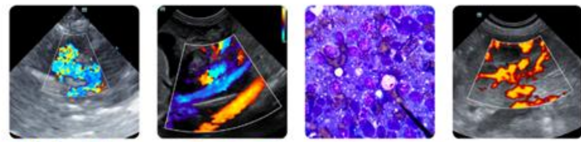
Secondary

- Benign prostatic hyperplasia with prostatic cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the pancreas was not overtly consistent with significant or active pancreatitis, although mild pancreatitis is suspected given clinical signs, elevated CPL, and regional peripancreatic hyperechoic to reactive omentum. No evidence of mechanical gastrointestinal obstruction or overt neoplastic criteria.

Empirical therapy for probable mild gastritis with potential chronic gastritis or generalized gastroenteritis with clinical monitoring is recommended. Recheck sonogram if concern for progressive pancreatitis, non-responsive gastrointestinal signs, or evidence of progressive cholestasis. Adrenal



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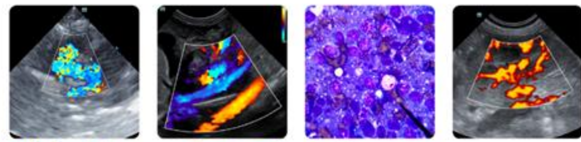
screening or workup could be considered if clinical signs consistent with Cushing syndrome arise.



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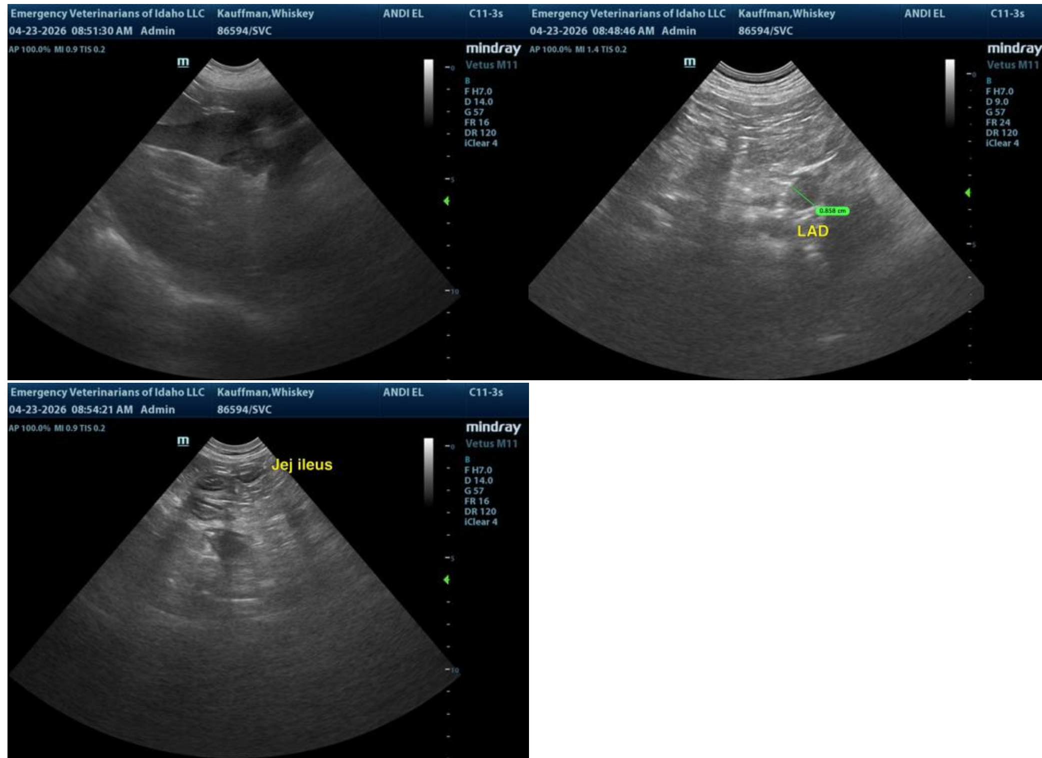

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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