



PATIENT

Junior Correia

SPECIES

Canine

BREED

Poodle X

SEX

MN

AGE

14 years

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

Dr. Corey Woodcock

INVOICE

13765

DATE

4/29/22

PRESENTING CLINICAL SIGNS

Dietary indiscretion 5 days ago (garbage) with profuse vomiting for 3 days. Abnormal PE/Chem/CBC/UA Results: Grade 4 pddz. MM's pink, tacky. CRT = 3s. Abdomen painful. Pet is obtunded. Hct 53%. Neuts 46K. Cr 2.2, BUN 29, Alb 4.3, glob 5.5, ALT 169, ALP 366, T Bili 2.6.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. Nonobstructive medullary and minor pelvic mineral was present in both kidneys. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 0.72 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to regional periadrenal omental artifact and pancreatic pathology.

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/ 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size. The gallbladder walls were sonographically unremarkable with moderate, nondependent yet nonorganized, nonmineralized sludge occupying the majority of the gallbladder lumen. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was moderate to significantly distended with retained anechoic fluid. No evidence of gastric ingesta, foreign material, or mechanical pyloric outflow obstruction.

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 to diffuse 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

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification.

Free Abdomen

Regional peripancreatic to mid to cranial abdominal hyperechoic mesentery along with mild to moderate volume free fluid was present. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe active potentially necrotizing pancreatitis with associated peritonitis
- Acute gastroenteritis pattern with gastric hypomotility
- Hepatopathy - subjectively benign, reactive, metabolic, vacuolar hepatopathy, cholestasis, inflammatory hepatopathy possible without overt evidence of neoplastic criteria
- Moderate gallbladder debris (potential early noninflamed gallbladder mucocele)

Secondary Findings

- Bilateral chronic renal changes with nonobstructive medullary and minor pelvic mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic neoplasia, which may present similar to severe inflammation, can't be excluded but thought less likely. Aggressive medical therapy for active pancreatitis and peritonitis, which may include hospitalization with gastrointestinal support, broad spectrum antibiotics, plasma expanders, and as-needed analgesia, are recommended.

Peritoneal effusion analysis is warranted to assess for evidence of inflammatory cells / septic abdomen is warranted. Concurrent hepatosupportive medications once the patient is able to take oral medications i.e., Ursodiol, are suggested. A very guarded prognosis, given the pancreatic presentation and likely peritonitis. Sonographic reassessment of the abdomen could be considered in 3-5 days pending clinical response to therapy.



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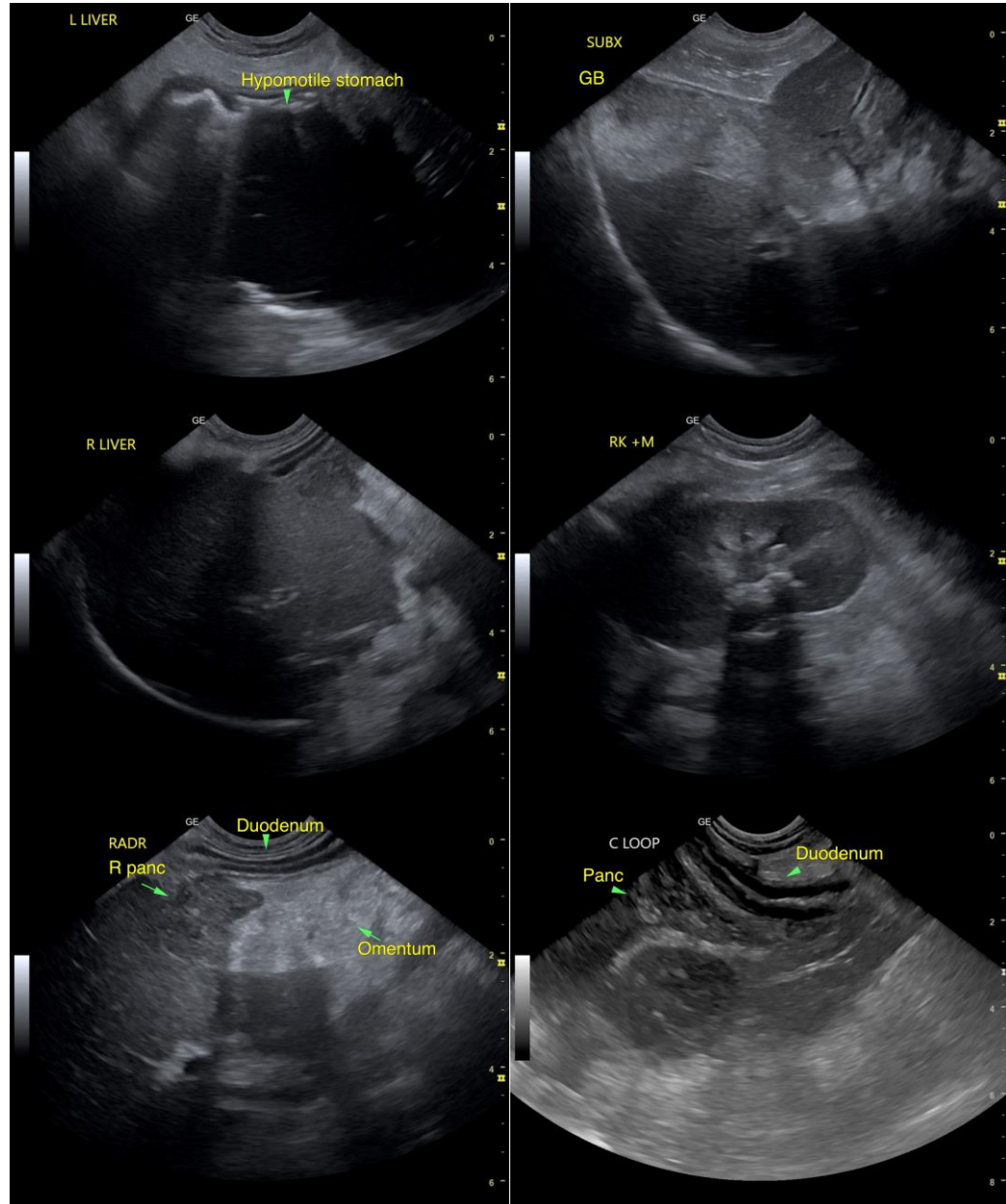
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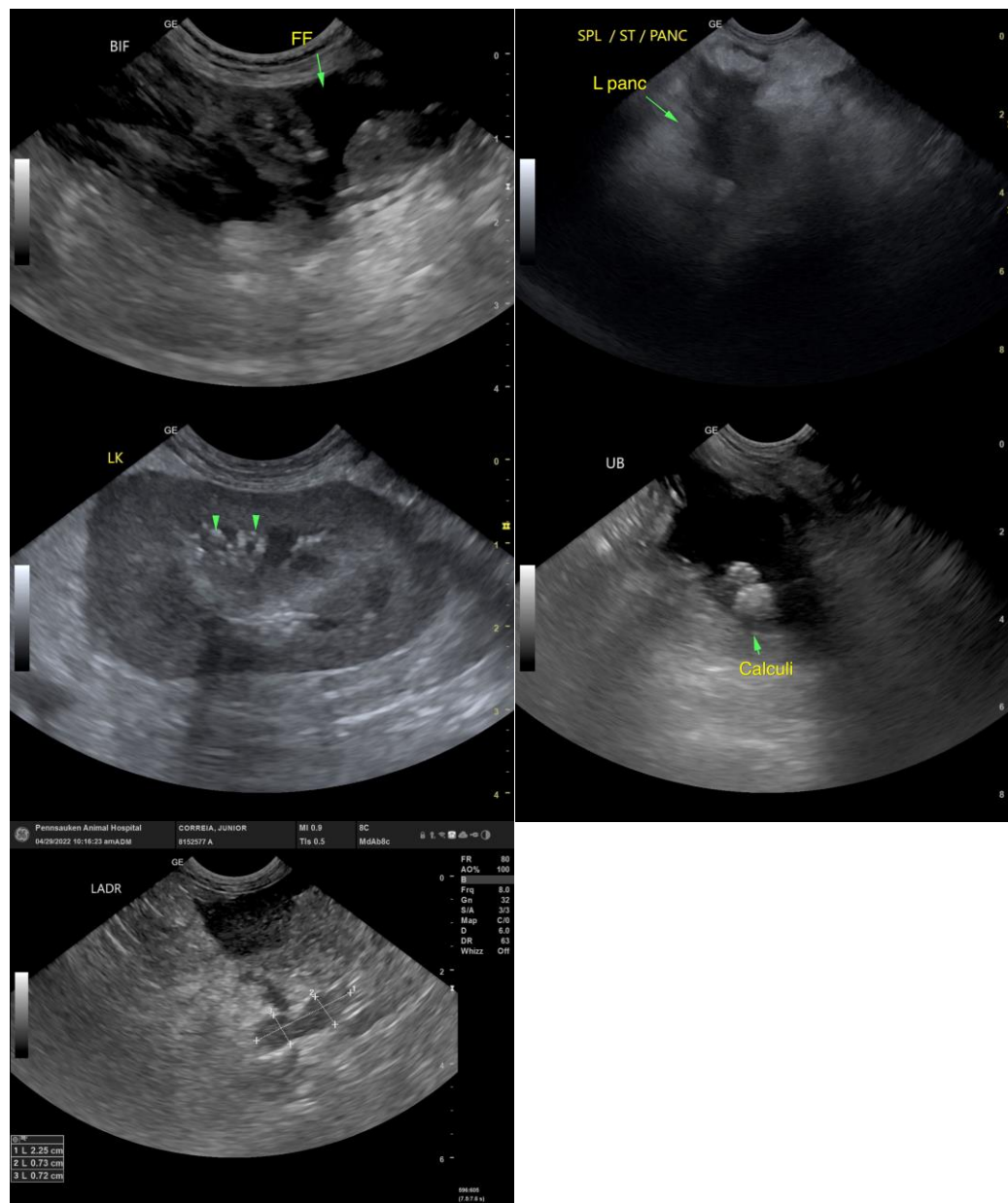
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com