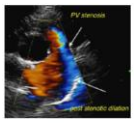
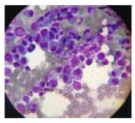
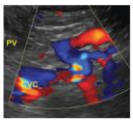






**PATIENT**

Cobe Weaver

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

NM

**AGE**

6 years

**WEIGHT**

20 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Sydney Schermer

**INVOICE**

13640

**DATE**

4/7/22

## PRESENTING CLINICAL SIGNS

Anorexia, lethargy Was hospitalized on IVF and did eat a small amount today
Abnormal PE/Chem/CBC/UA Results: Jaundice BUN 7.1, ALB 4.1, TCHO >450 (120-310), ALT and ALP unreadable by machine, GGT 142, TBIL 10.7 Lepto negative

## 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 overt 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 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 5.2 cm in length. The right kidney measured 5.1 cm in length.

### *Adrenal Glands*

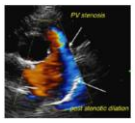
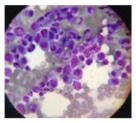
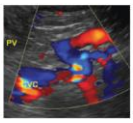
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to regional periadrenal reactive mesentery yet without overt pathology. The right adrenal gland subjectively measured 0.49 cm width at the caudal 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/ 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 mildly distended yet without inflammatory criteria containing anechoic content with mild to moderate nondependent nonorganized luminal debris. No evidence of peripheral gallbladder inflammation was noted. The proximal common bile duct was dilated and



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tortuous without overt post hepatic obstruction. The common bile duct measured approximately 0.7 cm diameter.

### *Gastrointestinal*

The stomach presented intact yet prominent wall layering with a normal wall layer ratio. Mild retained progressively shadowing ingesta was present in the stomach. The pylorus wall width measured 0.50 cm.

The duodenum exhibited intact yet prominent wall layering Including variably prominent duodenal mucosa and muscularis layer. The duodenum wall width measured up to 0.69 cm. The jejunum and ileum to the level of the colon were sonographically unremarkable.

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 primarily in the pancreas base and right pancreatic limb. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

### *Free Abdomen*

A small pocket of scant peripancreatic to peritoneal free fluid was noted.

Intermittent pancreaticoduodenal lymph nodes were present adjacent to the right pancreatic limb. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.85 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

- Active pancreatitis with regional peripancreatic reactive / inflame mesentery and associated pancreaticoduodenal lymphadenopathy
- Secondary gastroduodenitis and suspect mild gastric stasis
- Hepatopathy - subjectively benign, secondary reactive Inflammatory hepatopathy concurrent with pancreatitis, vacuolar hepatopathy, nonobstructive cholestasis, or other hepatopathy possible without overt evidence of neoplastic criteria which Is unlikely
- Mild gallbladder debris (non-mucocele) with mild proximal common bile duct dilation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonogram is consistent with active pancreatitis with suspected secondary hepatobiliary inflammation and nonobstructive cholestasis, as well as upper gastrointestinal inflammation. Aggressive therapy for active pancreatitis with as-needed gastrointestinal and hepatic support and assessment of clinical response would be reasonable. However, if persistent / progressive evidence of cholestasis, sonographic reassessment of the gallbladder and common bile duct would be indicated.

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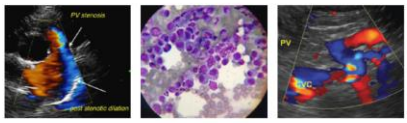

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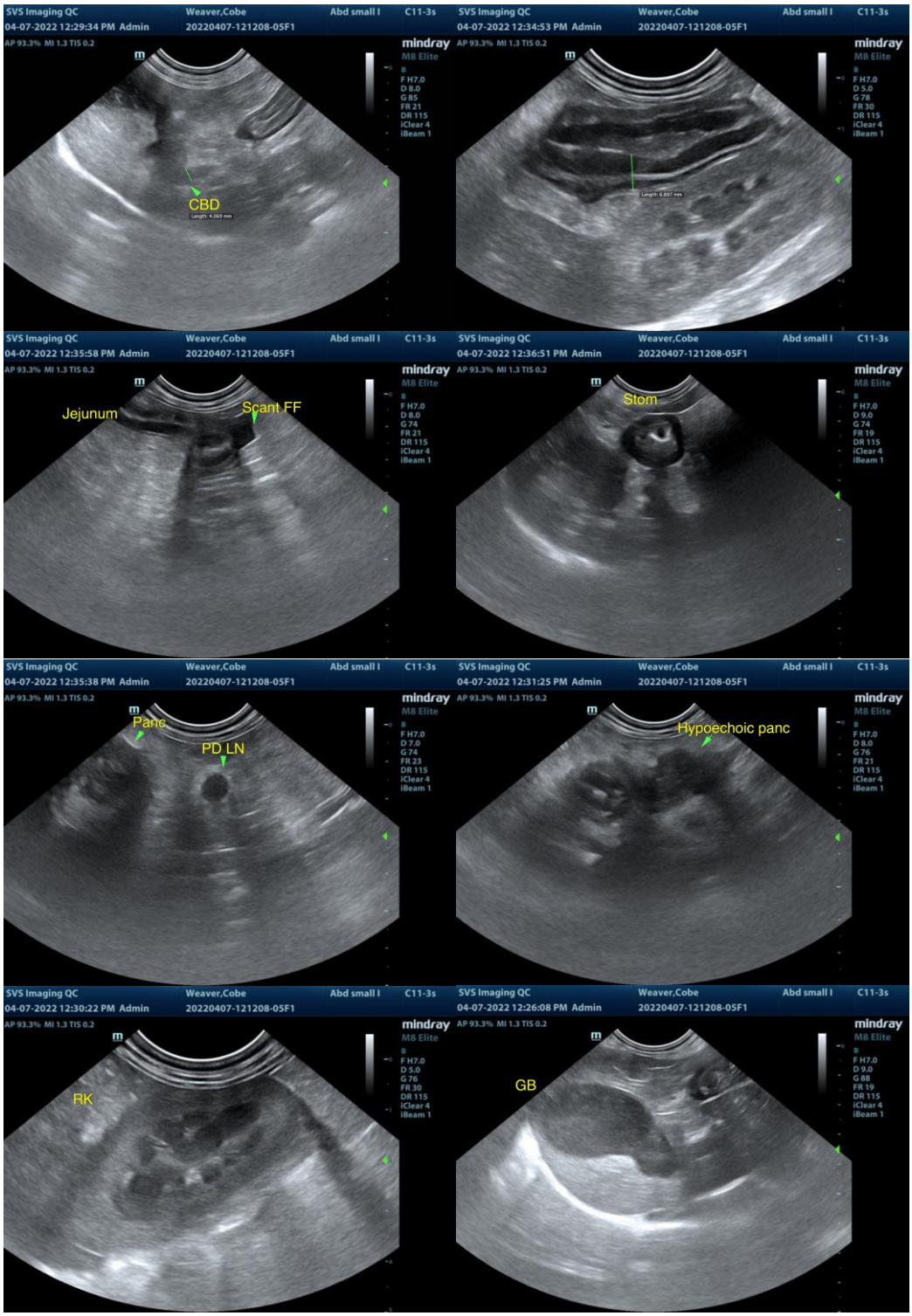

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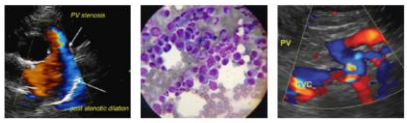

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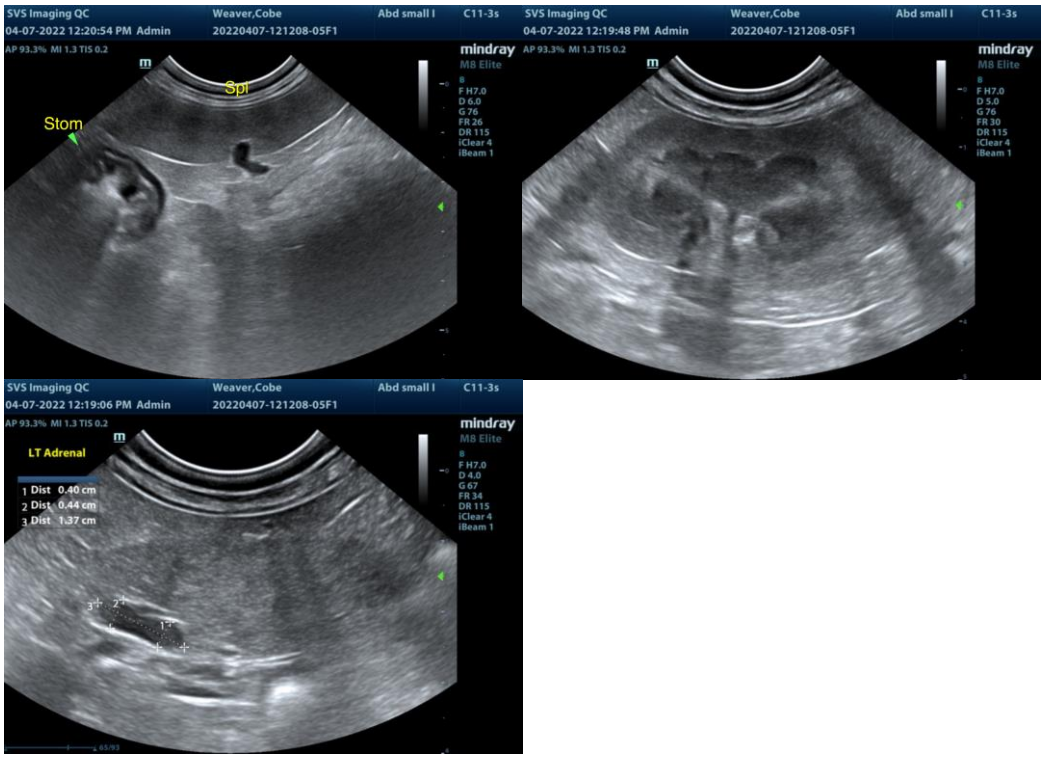


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**