



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Abruzzese Week duration lethargy, abdominal breathing, anorexia, fluidy sounds in chest, IMHA Pred, Doxy, Cerenia

**SPECIES** ALP 1829, TBili 1.3, Unremarkable CBC, Urinalysis specific gravity - 1.042, minor proteinuria

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Cavalier King Charles 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.

**SEX**

MN

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.69 cm in width.

**AGE**

2016

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

41.5

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 6.2 cm in length. The right kidney measured 6.5 cm in length.

**INTERPRETED BY**

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**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.5 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 0.56 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

Easton AH

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.

**REFERRING VET**

NA

**Liver/ Gallbladder**

The liver presented mildly 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 with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

13777

**DATE**

5/3/22



**PATIENT**

***Gastrointestinal***

Cooper Abruzzese

The stomach presented intact yet minor prominent walls. The stomach was empty with mild luminal gas and no evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.40 cm.

**SPECIES**

Canine

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with mild prominent duodenum walls. No evidence of mechanical / metabolic ileus was noted. The jejunum wall width measured 0.36 cm. The duodenum wall width measured 0.5 cm.

**BREED**

Cavalier King Charles

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

**SEX**

MN

***Pancreas***

The pancreas base and right pancreatic limb exhibited generalized enlargement with capsule asymmetry and hypoechoic parenchyma. Regional peripancreatic reactive mesentery was noted around the pancreas base and right pancreatic limb.

**AGE**

2016

***Free Abdomen***

No evidence of omental lymphadenopathy, masses, or peritoneal free fluid was present.

**WEIGHT**

41.5

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis - subjective active, mild to moderate
- Benign hepatopathy - vacuolar / reactive hepatopathy likely, sonographically unremarkable gallbladder
- Suspect mild secondary gastroduodenitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the pancreas was consistent with mild to moderate active inflammation. Correlation with an assessment of cranial abdominal and subxiphoid discomfort on palpation, as well as a Spec cPL, is warranted.

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 ARDMS/RVT

Emerging pancreatic neoplasia criteria, which may present in a similar sonographic manner as inflammation, is considered an unlikely differential diagnosis. Medical therapy for pancreatitis with as-needed gastrointestinal support would be appropriate. Sonographic assessment of the pancreas and upper gastrointestinal tract for evidence of progressive inflammatory changes is suggested if persistent / progressive clinical signs.

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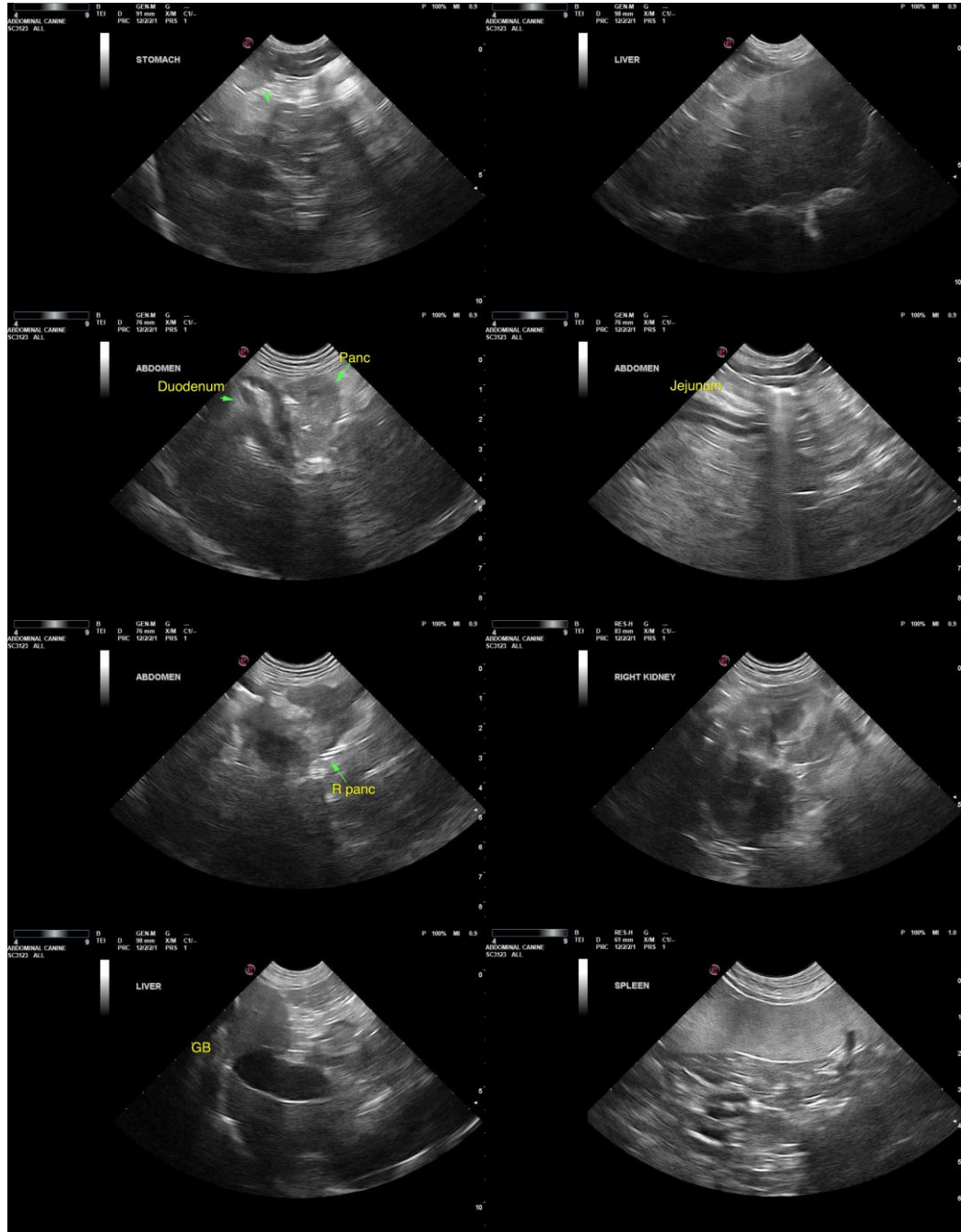
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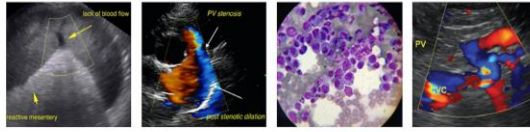
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Cooper Abruzzese

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**BREED**

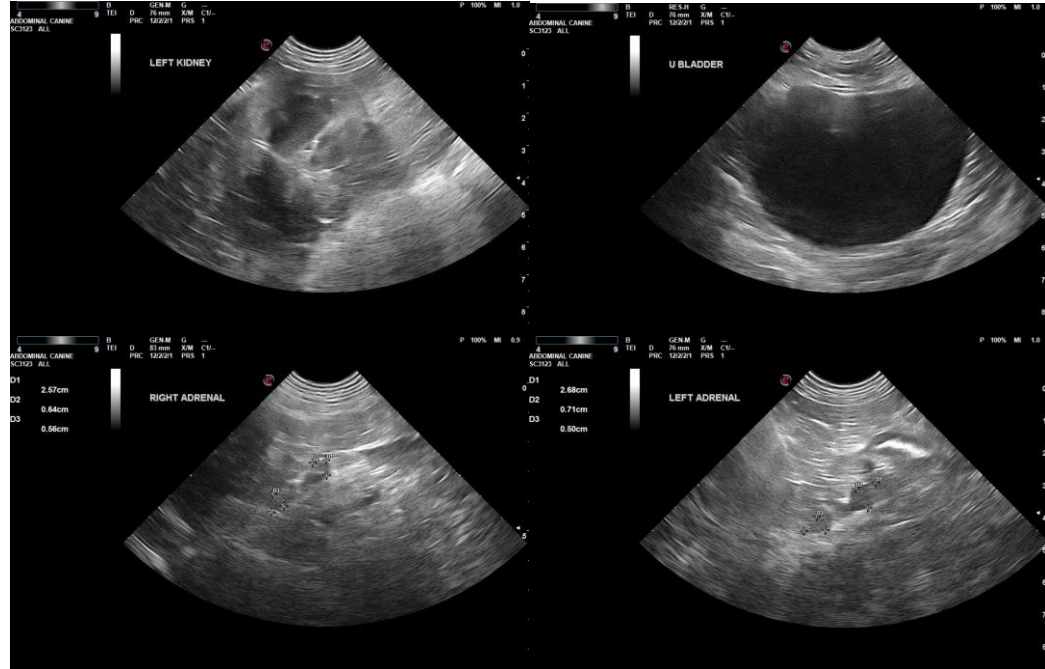
Cavalier King Charles

**SEX**

MN

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**WEIGHT**

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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.

**INTERPRETED BY**

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

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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