



**PATIENT**

Dizzy Cuts

**SPECIES**

Canine

**BREED**

Chi Mix

**SEX**

FS

**AGE**

13 years

**WEIGHT**

21 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

14086

**DATE**

6/15/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite. Elevated liver and pancreatic enzymes. Referred for U/S

Abnormal PE/Chem/CBC/UA Results: WBC: 14, ALB: 2.9, ALT: 286, AST: 66, Creat: 1.2, Amyl: 7912, lipase: >1800

**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 aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Both kidneys exhibited mild mixed echogenic cortex and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. Small cortical cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.2 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.63 cm width in the caudal pole. The right adrenal gland measured 2.8 cm length x 0.72 cm width in 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, hyperechoic, nonorganized gallbladder debris. The gallbladder walls were sonographically normal. No evidence of peripheral gallbladder inflammation was noted. The cystic duct and common bile ducts were normal without evidence of dilation.



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***Gastrointestinal***

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The stomach exhibited intact yet prominent wall layering with an empty lumen with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material was noted. The gastric body wall width measured up to 0.7 cm.

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The duodenum exhibited intact yet prominent wall layering with mild duodenal corrugation. The jejunum and ileum to the level of the colon were sonographically normal. No evidence of mechanical small intestinal obstructive pattern or overt foreign material was noted.

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

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The area of the pancreas base and subjective proximal left pancreatic limb exhibited prominent size with swollen to mild asymmetrical contour. Hypoechoic to mildly nonhomogeneous parenchyma was present.

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***Free Abdomen***

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No overt lymphadenopathy was present. Regional peripancreatic to cranial abdominal hyperechoic mesentery was present. Potential for very scant free fluid or omental edema adjacent to the pancreas base was noted.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Active pancreatitis
- Secondary gastroduodenitis
- Benign hepatopathy exhibiting parenchymal remodeling - metabolic, reactive, vacuolar, or possible concurrent inflammatory hepatopathy possible
- Moderate gallbladder debris (non-mucocele)

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***Secondary Findings***

- Bilateral chronic renal changes exhibiting cortical cysts and minor medullary mineral

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive therapy for active pancreatitis with as-needed gastrointestinal and hepatic support is recommended. Minor potential for pancreatic neoplastic criteria, which may present in a similar sonographic manner as active inflammation, cannot be definitively excluded yet is thought less likely.

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Recheck sonogram could be considered in 5-7 days pending clinical response to therapy, sooner if persistent / progressive clinical signs consistent with worsening pancreatitis are noted.



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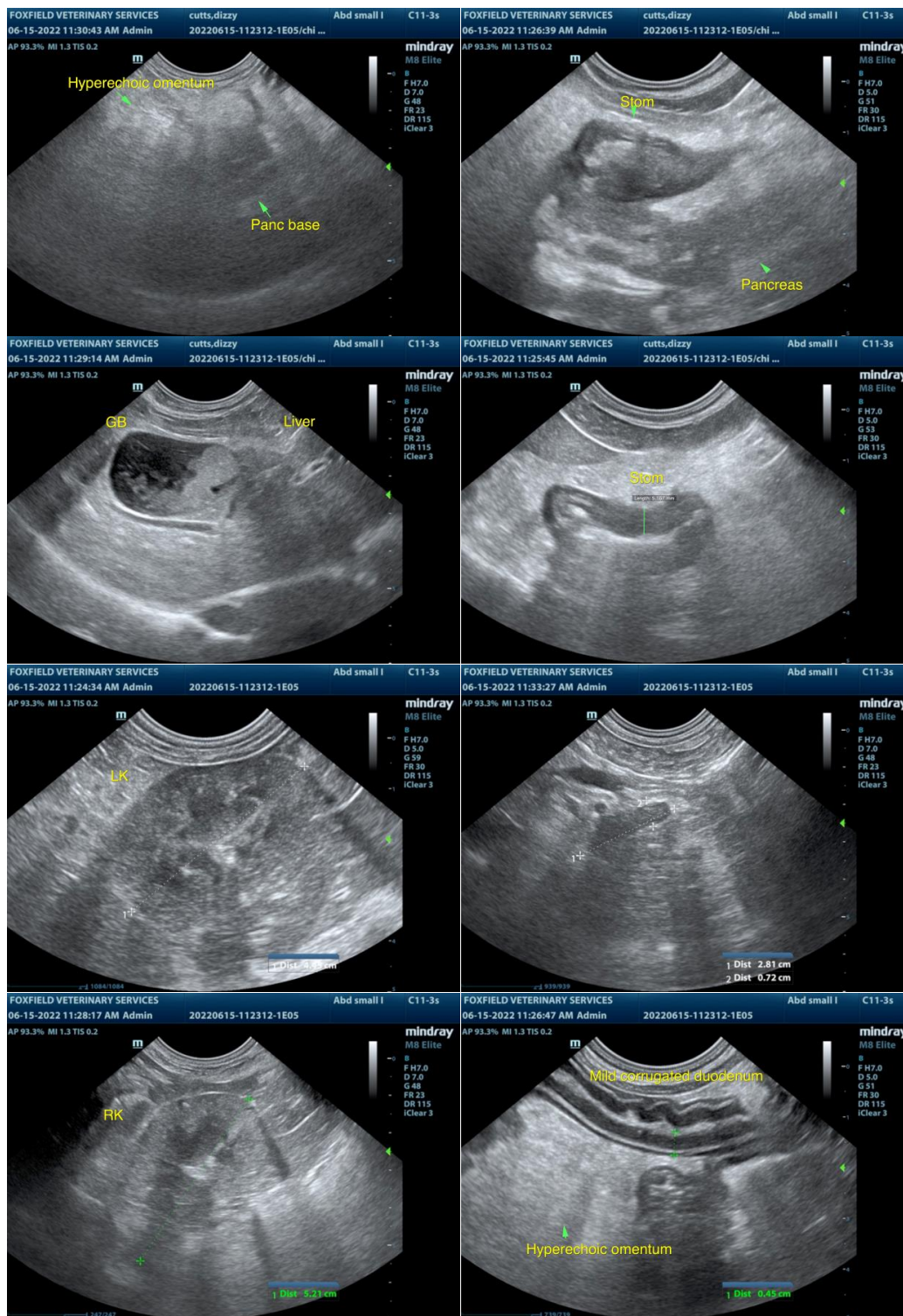
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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