



PATIENT

Creampuff Deturo

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

29.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chabora

INVOICE

16192

DATE

6/20/22

PRESENTING CLINICAL SIGNS

History: Anorexia >1 week, pancreatitis, weight loss, did have bradycardia that responded to atropine. Current meds: Cerenia, Metronidazole, Entyce, Gabapentin, B12 injection administered today. Abnormal PE/Chem/CBC/UA Results: Cpl-abnormal

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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. The left kidney measured 5.8 cm in length. The right kidney measured 5.7 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 2.3 cm in length x 0.63 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.94 cm in length x 0.45 cm width at the caudal pole.

Spleen

The spleen was normal in overall size with primarily maintained symmetrical capsule contour. Generalized nonspecific splenic parenchyma heterogeneity noted. No masses or nodules noted. Possible emerging nonobstructive splenic vein thrombus, measuring approximately 0.8 cm in diameter, was present at the level of the splenic hilus. Normal to adequate splenic vascularity noted.

Liver

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 with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited generalized to variable thickening. Decreased mural echogenicity and loss of discernable wall layering noted. Minor retained anechoic fluid was present. The stomach wall measured 0.6 cm- up to 1.0 cm in width.

The small intestine exhibited maintained to discernable wall layering yet diffusely thickened walls with segmental to generalized altered muscularis to mucosa ratio. Minor areas of nonobstructive jejunal ileus



PATIENT	<p>were present. The duodenum wall measured 0.57 cm. The jejunum wall measured 0.44 cm - up to 0.55 cm.</p> <p>Normal visible colon wall layers were present with apparent formed feces in lumen.</p>
Creampuff Deturo	
SPECIES	Pancreas
Canine	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
BREED	Free Abdomen
Cocker Spaniel Mix	Generalized hyperechoic mesentery and small pockets of scant free fluid were noted. No overt evidence of significant omental lymphadenopathy, although possible mild lymphadenopathy, visually obscured, owing to increased omental artifact is possible.
SEX	ULTRASONOGRAPHIC FINDINGS
Spayed Female	<ul style="list-style-type: none"> • Generalized variable thickened stomach, exhibiting indistinct to loss of wall layering and decreased mural echogenicity • Diffusely thickened small intestine with intact yet altered wall layering and minor segmental ileus • Pancreatitis • Vacuolar hepatopathy pattern • Mild gallbladder debris (non-mucocele) • Generalized reactive mesentery and scant peritoneal free fluid • Possible emerging nonobstructive splenic vein thrombus
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INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Clotting status is recommended to assess for evidence of hypercoagulable state. Although biopsies are required for a definitive diagnosis, high concern for neoplastic infiltrative gastroenteropathy is warranted, although significant nonneoplastic significant gastrointestinal inflammatory disease, dysbiosis, infectious gastroenteropathy is possible. Some degree of concurrent pancreatitis is suspected, yet sonographically the degree of pancreatic inflammation was not overtly consistent with significant pancreatitis or pancreatic neoplastic criteria as a primary cause of the patients clinical signs.
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REFERRING VET	Even though recent B-12 administration, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered. Three-view chest radiographs are suggested to rule out concurrent thoracic pathology as a contributing factor to the weight loss. Gastrointestinal biopsies would be required for a definitive diagnosis.
Dr. Chabora	
INVOICE	Continued empirical therapy for significant gastroenteritis/IBD and pancreatitis, with sonographic monitoring of the gastrointestinal tract and pancreas for evidence of progressive mural changes and/or pancreatic inflammation would be reasonable. Guarded prognosis.
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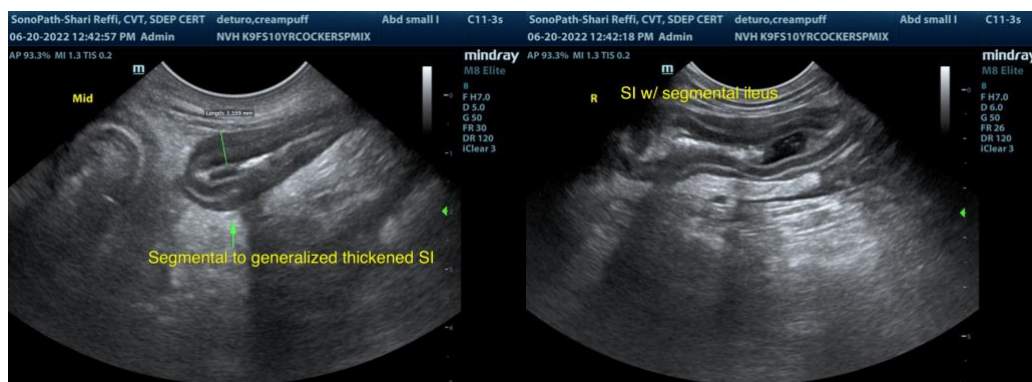
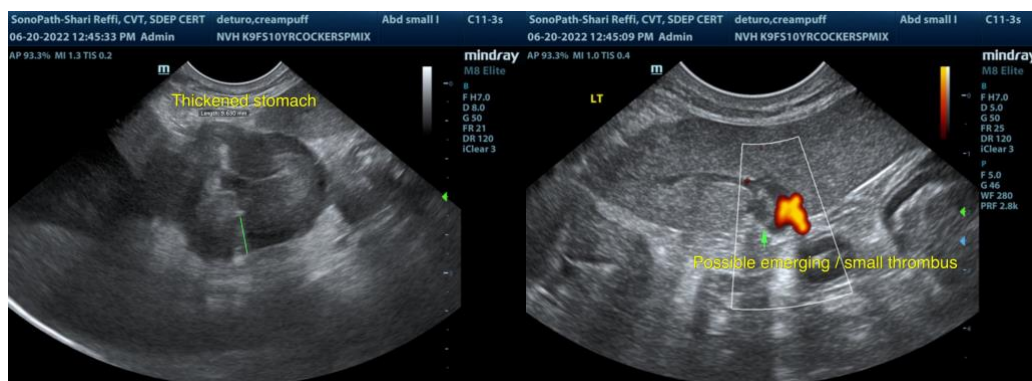
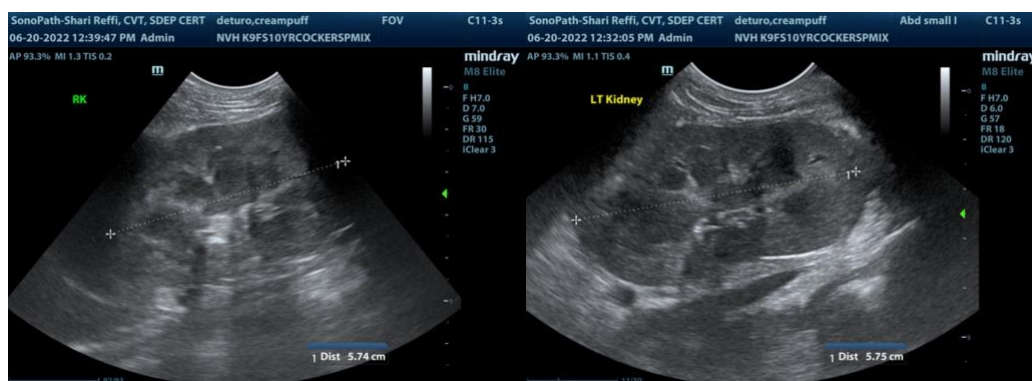
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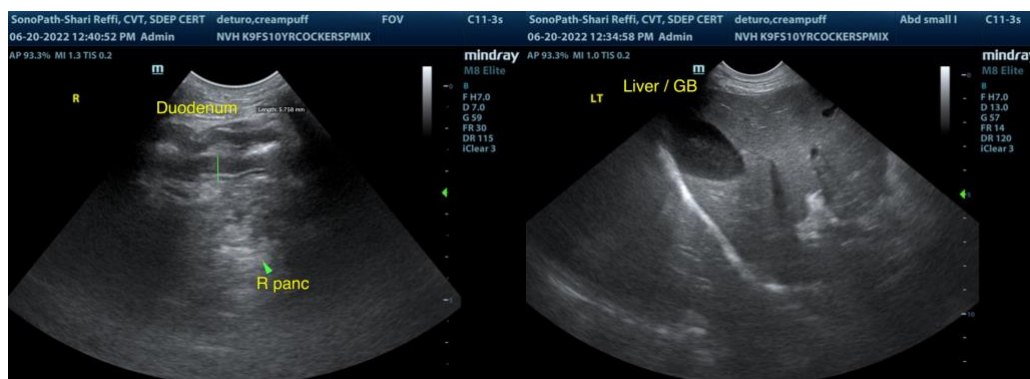
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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