



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Maggie Degliomini  
**History:** Inappetence, vomiting and diarrhea. Suspect severe pancreatitis vs. other. CPL (+), Lepto Snap (-). Current treatments: IVFs, Cerenia, famotadine, ampicillin, and mirtazapine.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALP 254, ALT 558, Amy 1445, T. bili 0.8, BUN 99, Phos. 8.2, creat. 7.6, HCT 39.  
**Canine**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

**Boxer Mix** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

**SEX**

FS

Normal size and margination was 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. Focal thinly walled cortical cysts containing anechoic fluid were present in the lateral left kidney and the medial right kidney. The left kidney measured 7.5 cm in length. The right kidney measured 7.3 cm in length. Evidence of scant retroperitoneal free fluid adjacent to the right kidney was observed.

**AGE**

11 yr

**WEIGHT**

75 lb

The area of the aortic trifurcation was free of pathology.

*Adrenal Glands*

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 2.6 cm length. No overt pathology in the area of the right adrenal gland.

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

*Spleen*

**IMAGING PERFORMED BY**  
Kelly Vazquez

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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*Liver*

**REFERRING VET**

Dr. Katara

The liver was overtly normal in size, structure, and contour. The liver parenchyma exhibited mild nonuniform parenchyma with moderate coarse echotexture. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content containing mild luminal debris. The cystic and common bile ducts were normal.

**INVOICE**

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*Gastrointestinal*

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

**DATE**

06/21/2022



**PATIENT**

Maggie Degliomini

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental jejunal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

**SPECIES**

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty.

**Pancreas**

**BREED**

Boxer Mix

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

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No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 yr

- Hepatopathy-subjectively acute on chronic
- Bilateral mild chronic renal changes with focal small cortical cysts and minor right retroperitoneal free fluid-possible acute on chronic nephropathy
- Mild gallbladder debris-non mucocele
- Gastroenterocolitis pattern

**WEIGHT**

75 lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The hepatic presentation exhibited both chronic and acute criteria with considerations including acute on chronic hepatitis (viral, bacterial, leptospirosis, toxin etc.) vacuolar hepatic changes, nonobstructive cholestasis, benign parenchymal remodeling or other hepatopathy. Subjectively the kidneys did not appear to be end stage. If no previous documented evidence of CRD this may suggest acute on chronic renal insult. Correlation with full urinary workup including UA, C/S and baseline UPC is suggested.

**IMAGING PERFORMED BY**

Kelly Vazquez

No overt evidence of active pancreatitis yet low grade to chronic pancreatitis which may present sonographically normal could be present.

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Hospitalization with IVF, hepatic and GI support and further monitoring of hepatic and renal parameters would be reasonable.

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Dr. Katara

Assuming normal clotting status a hepatic FNA could also be considered for screening cytology to assess for evidence of inflammatory cells.

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The prognosis is likely dependent upon hepatorenal response, yet a guarded prognosis is indicated given the degree of azotemia and potential for renal failure.



**PATIENT**

Maggie Degliomini

**SPECIES**

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**BREED**

Boxer Mix

**SEX**

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**REFERRING VET**

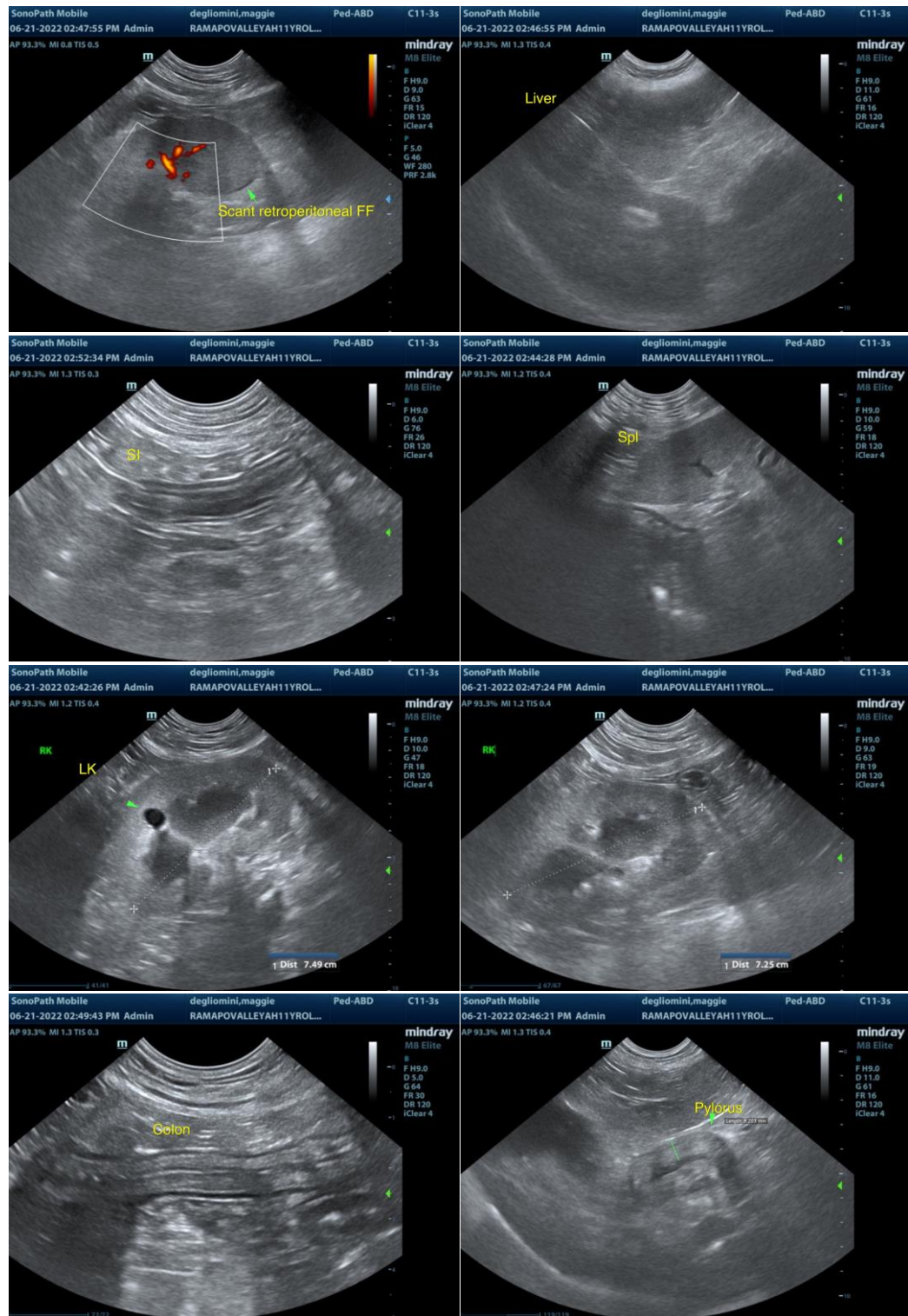
Dr. Katara

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## PATIENT

Maggie Degliomini

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

FS

## AGE

11 yr

## WEIGHT

75 lb

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## REFERRING VET

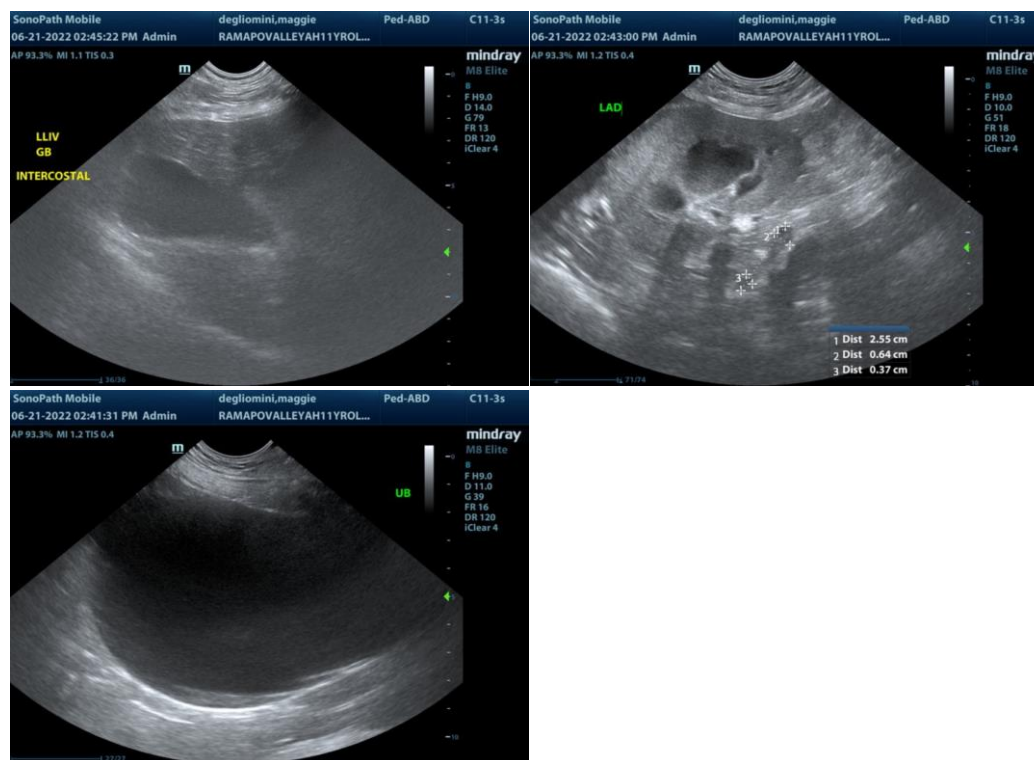
Dr. Katara

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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)

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