



**PATIENT**

Ariel Chong

**PRESENTING CLINICAL SIGNS**

History: Vomiting and lethargic since Sunday Patient is under treatment for allergic dermatitis

Abnormal PE/Chem/CBC/UA Results: Mild hyponatremia and hypocalcemia

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Bull Terrier

The urinary bladder was mildly distended in size, the 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.

**SEX**

FS

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 7.1 cm in length. The right kidney measured 7.3 cm in length.

**AGE**

6yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

27.4kg

The left adrenal gland was indistinctly visualized yet without overt pathology.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 cm width at the caudal pole and 0.74 cm width at the cranial pole.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Dr. Belan

**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.

**HOSPITAL NAME**

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Clinic

The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Malaguti

**Gastrointestinal**

**INVOICE**

11207ag

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

**DATE**

07/27/2022

The duodenum exhibited intact yet thickened wall layering extending into the jejunum. The jejunum and ileum to the level of the colon were sonographically unremarkable.



**PATIENT**

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

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**Pancreas**

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hyperechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

**SPECIES**

Canine

**BREED**

Bull Terrier

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Significant active pancreatitis with regional peritonitis
- Associated moderate to marked gastroduodenitis
- Probable reactive hepatopathy

**AGE**

6yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with significant active pancreatitis with regional reactive mesentery and peritonitis and with secondary upper GI inflammatory criteria. Potential for necrotizing pancreatitis and/or pancreatic neoplasia which may present in similar sonographic manner could also be possible.

Aggressive medical therapy for pancreatitis which may include hospitalization with IVF, plasma expanders, antibiotics, as needed GI support and pain management with close monitoring of clinical response is recommended. Sonographic reassessment in 3-4 days could be considered pending clinical response to therapy. A guarded prognosis is indicated.

**WEIGHT**

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**REFERRING VET**

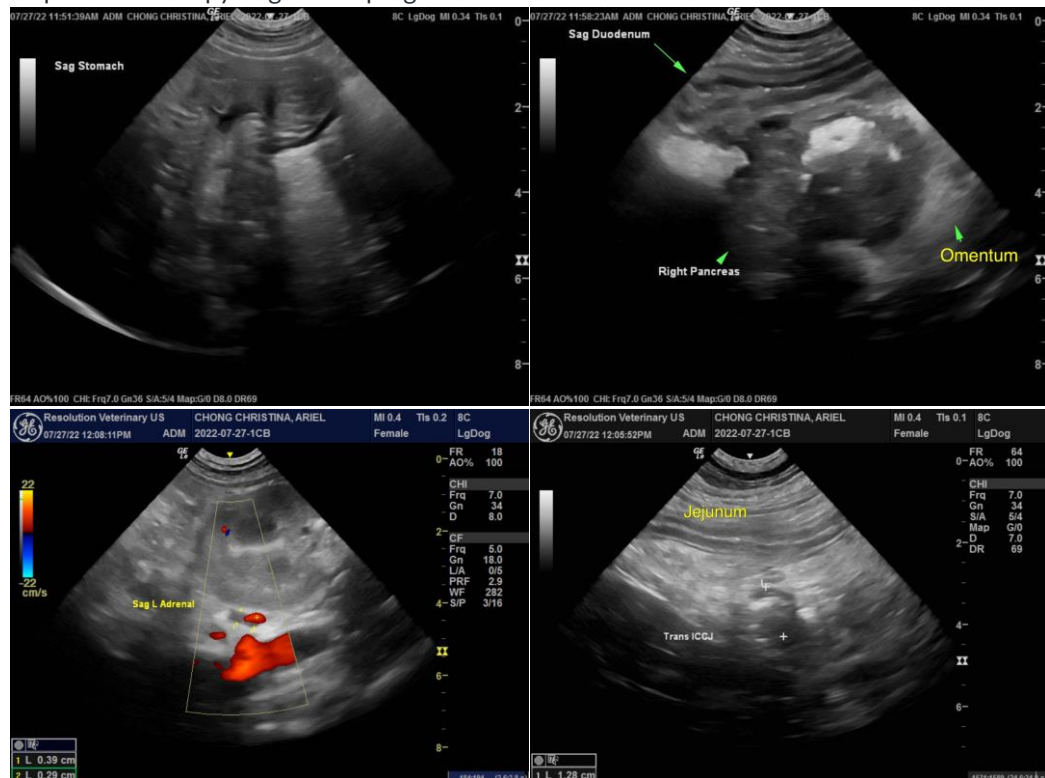
Dr. Malaguti

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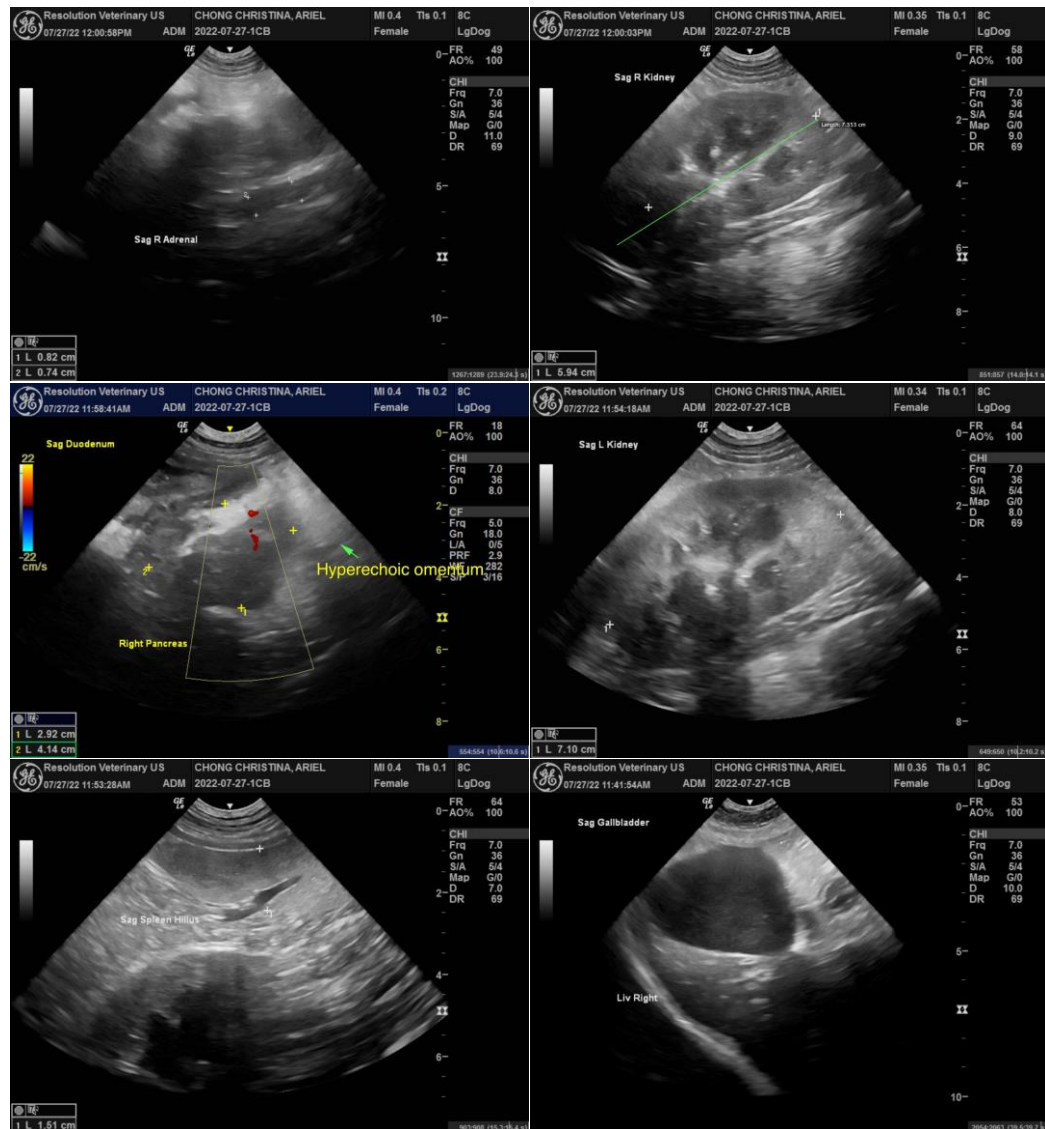
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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