



PATIENT PRESENTING CLINICAL SIGNS

Shoshanna Best Vomiting, anorexia, lethargy, was hospitalized for pancreatitis last week.
 Medication: Clavamox, Cerenia, metronidazole

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Shih Tzu Mix **SEX** The area of the aortic trifurcation was free of pathology.

FS **AGE** Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with adequate corticomedullary border demarcation. Mild areas of nonobstructive medullary mineral to small renoliths were noted primarily in the lateral diverticuli of both kidneys. The left kidney measured 4.0 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT Adrenal Glands

14.8 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.51 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 1.5 cm length x 0.45 cm width at the caudal pole.

INTERPRETED BY Spleen

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

HOSPITAL NAME Liver/ Gallbladder

Stanglein Veterinary Clinic The liver presented subjective mild enlarged 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 containing primarily anechoic content with mild, nonorganized gallbladder sediment. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The common bile duct was not definitively visualized without evidence of post hepatic obstructive criteria.

REFERRING VET

Dr. Stanglein

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8/15/23



PATIENT *Gastrointestinal*

Shoshanna Best The stomach presented intact mildly prominent wall layering. The stomach contained a mild to moderate amount of retained, mildly echogenic to anechoic fluid, along with lumen gas. No evidence of mechanical pyloric outflow obstruction was noted.

SPECIES

Canine The small intestine presented generalized intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Mildly prominent, intact duodenum wall with segmental to generalized mild nonobstructive duodenal ileus was present.

BREED

Shih Tzu Mix Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

SEX

FS

Pancreas

The area of the pancreas base and proximal right pancreatic limb exhibited mild enlargement with a mildly swollen capsule contour. Hypoechoic parenchyma compared to adjacent omentum was noted.

AGE

2017

Free Abdomen

Intermittent gastric to pancreaticoduodenal lymph nodes were present. The lymph nodes were mild prominent and homogeneous without evidence of peripheral inflammation and maintained a normal width: length ratio (<0.5). Scant pockets of peri pancreatic to peri gastric free fluid were noted. Regional peripancreatic to peri gastric hyperechoic omentum was noted.

WEIGHT

14.8

ULTRASONOGRAPHIC FINDINGS

Primary Findings

INTERPRETED BY

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

- Active pancreatitis area of pancreas base and right pancreatic limb
- Gastroduodenitis with nonobstructive gastroduodenal hypomotility
- Regional peri gastric / peri pancreatic peritonitis and intermittent minor sonographically benign / reactive gastric and pancreaticoduodenal lymph nodes
- Hepatopathy - sonographically benign
- Nondistended gallbladder with mild sediment

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Stanglein Veterinary
 Clinic

Secondary Findings

- Bilateral mild renal medullary mineral / small renoliths

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Re-hospitalization with therapy for pancreatitis, as-needed gastrointestinal support, and assessment of clinical response is recommended. Sonographic reassessment is suggested if persistent / progressive clinical signs, to assess for progressive evidence of active pancreatitis or gastrointestinal stasis. There is no evidence of gastrointestinal foreign material. Minor potential for emerging upper gastrointestinal or pancreatic neoplastic criteria is thought less likely.

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SPECIES

Canine

BREED

Shih Tzu Mix

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REFERRING VET

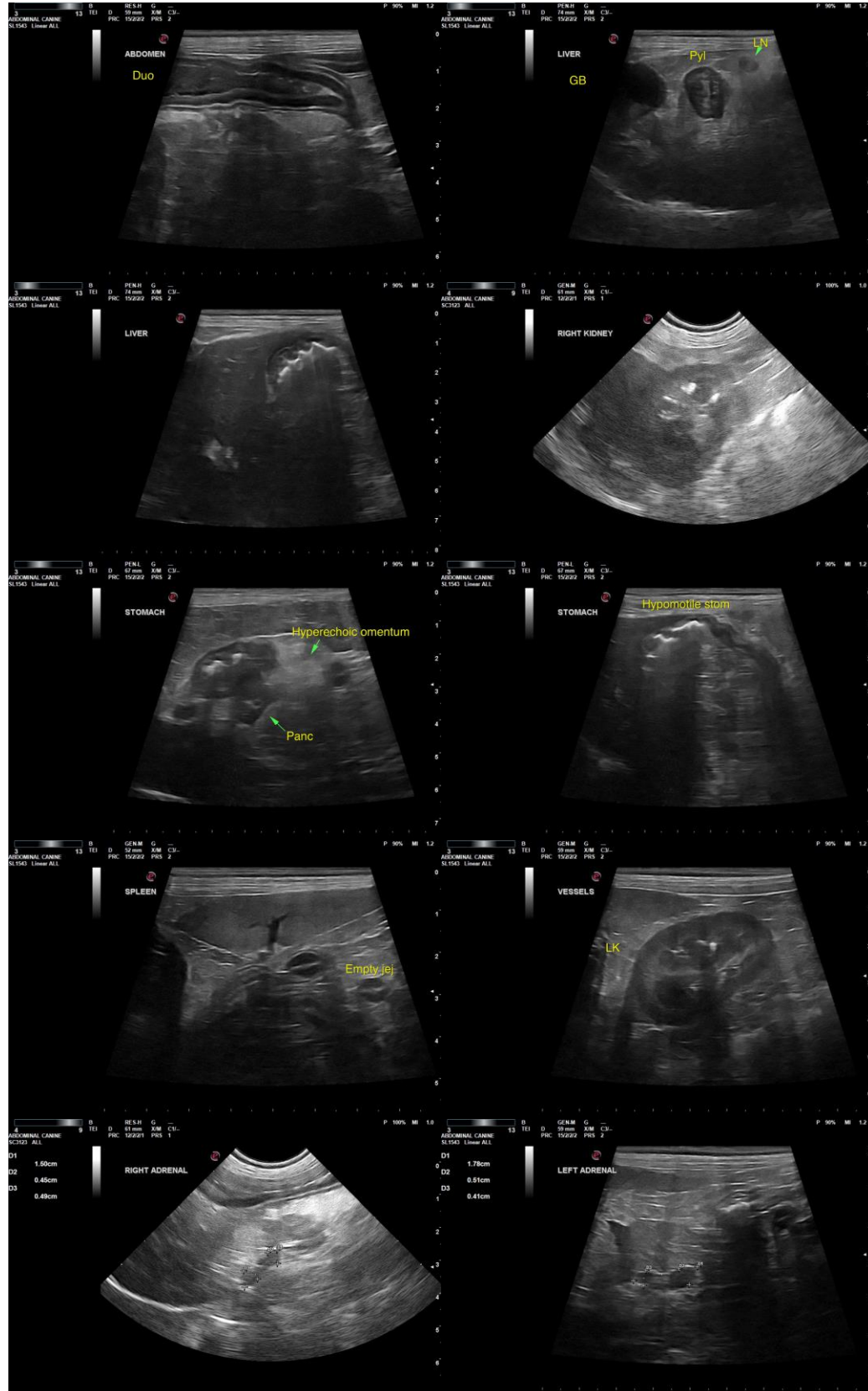
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PATIENT

Shoshanna Best

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.

SPECIES

Canine

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.

BREED

Shih Tzu Mix

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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