



PATIENT

Lapka Rytych-Foster

SPECIES

Canine

BREED

German Shepherd Mix

SEX

FS

AGE

13 Years

WEIGHT

45.8 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

East Boston Animal
 Hospital

REFERRING VET

Raman Chopra, DVM

INVOICE

47176

DATE

8-29-21

PRESENTING CLINICAL SIGNS

Hyporexia; lethargy. History IBD; history urinary incontinence.
 Abnormal PE/Chem/CBC/UA Results: Alb 2.3; ALP 528, Amy 5891; PSL 6412; RBC 4.6; hemoglobin 10.9; HCT 35

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

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. The left kidney measured 6.4 cm in length. The right kidney measured 6.0 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 0.68 cm width at the caudal pole and 0.70 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 0.45 cm width at the cranial pole.

Spleen

The spleen exhibited normal size and contour with a 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.

Liver

The liver was normal in size and contour with a generalized nonuniform increased hepatic parenchyma echogenicity with moderate coarse echotexture. No hepatic masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach exhibited intact yet prominent wall layering and primarily empty lumen with mild luminal gas. No evidence of ileus, obstruction or foreign material. The gastric body wall measured 0.64 cm width.

The upper duodenum exhibited prominent intact to indistinct wall layering with minor upper duodenal ileus. The mid to descending duodenum exhibited intact subjectively normal wall layering. The duodenum wall measured 0.55-0.92 cm width. The jejunum exhibited intact wall layering with subjective



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propensity for mildly prominent to echogenic mucosal layer. The jejunum wall measured 0.48 cm width. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with subjective semi-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 hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Regional peripancreatic to intermittent minor peritoneal free fluid was present.

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Free Abdomen

Intermittent mildly prominent to hypoechoic pancreatic and duodenal lymph nodes were present.

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Hypoechoic to nonhomogeneous swollen pancreas with regional peritonitis.
- Moderate gastroduodenitis, generalized chronic enteropathy pattern.
- Nonhomogeneous to echogenic liver - subjectively benign, chronic.
- Mild gallbladder debris (nonmucocele).

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Secondary

- Bilateral mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this study is the presentation of the pancreas. Active to acute pancreatitis with regional peritonitis is suspected; however, concern for potential for pancreatic neoplasia which may present in a similar sonographic manner is warranted. Assuming normal clotting status, ultrasound guided FNA of the pancreas suggested for screening cytology. If pancreatic neoplasia is confirmed, potential for early upper gastrointestinal involvement cannot be excluded, yet the overall appearance of the gastrointestinal tract was most suggestive of inflammatory changes.

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Empirically, aggressive therapy for active acute pancreatitis which may include gastrointestinal support, plasma expanders, and analgesia suggested. Recheck sonogram would be ideal in 3-4 days for reassessment of the pancreas and degree of omental inflammation.

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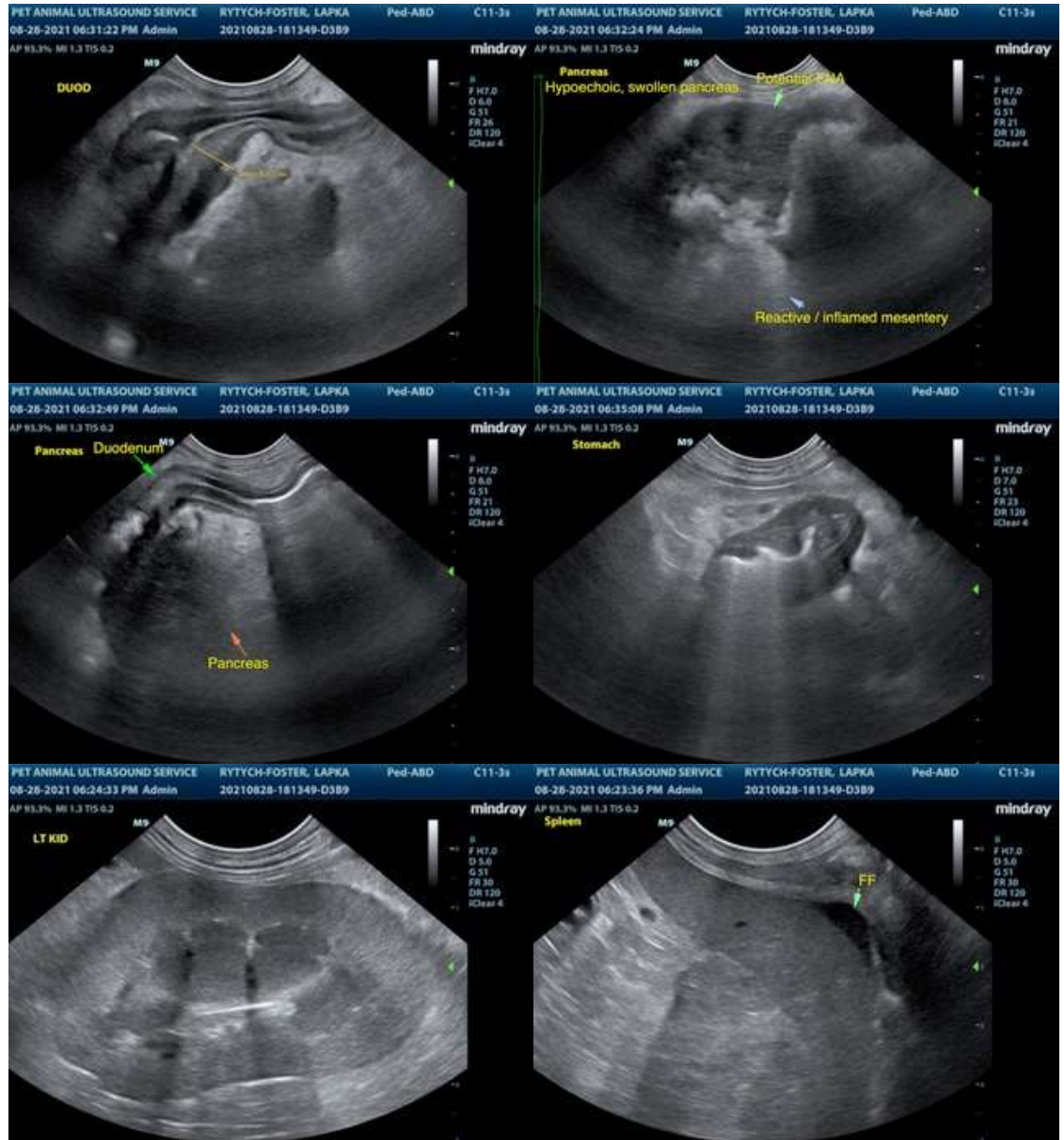
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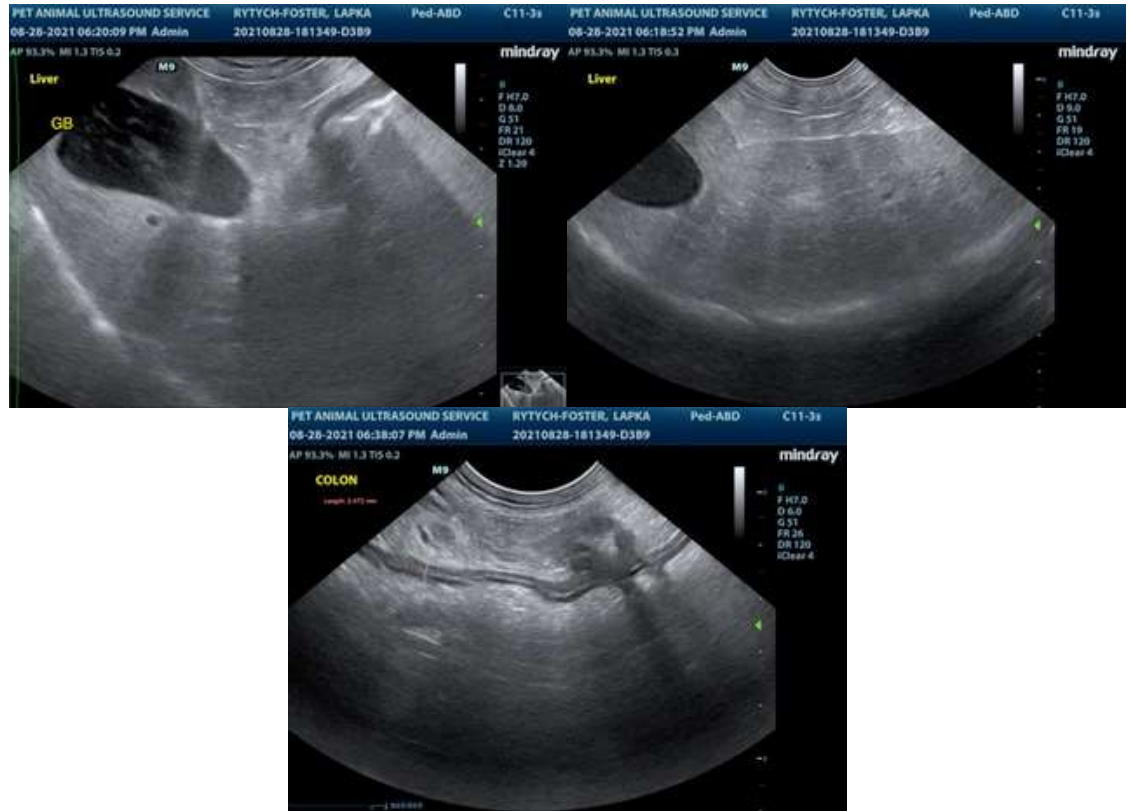
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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