



PATIENT

Joseph Halfway
Home Rescue

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

~10yr

WEIGHT

5.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr Scairpon

INVOICE

14492ag

DATE

08/07/2023

PRESENTING CLINICAL SIGNS

Not eating for few days, weight loss.

Abnormal PE/Chem/CBC/UA Results: WBC 46.05, Chem WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 3.7 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole and 1.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 1.6 cm length.

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.

Liver/Gallbladder

The liver presented mildly 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 primarily anechoic luminal content and mild non-dependent hyperechoic sediment. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal ileus without evidence of obstructive pattern was present.

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

Pancreas

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful on subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. An anechoic to variably echogenic suspect encapsulated lesion noted in the proximal left limb directly effacing the caudal gastric body measuring ~ 2.5 cm in diameter. The lesion did not appear to exhibit blood flow on color Doppler.

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Free Abdomen

Peripancreatic to perigastric/periduodenal non-uniform hyperechoic omentum and potential scant pockets of peritoneal effusion were present.

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5.3lb

ULTRASONOGRAPHIC FINDINGS

- Active pancreatitis with pancreatic abscess/necrosis, potential for pancreatic neoplastic criteria possible.
- Gastroduodenitis pattern with mild non-obstructive gastroduodenal hypomotility.
- Mild hepatomegaly-subjective benign.
- Non-distended gallbladder with mild hyperechoic sediment (non-mucocele)-no overt post hepatic obstruction.
- Regional peripancreatic/perigastric to periduodenal peritonitis.
- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a pancreatic and pancreatic abscess FNA for screening cytology and C/S could be considered for further assessment.

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Surgical treatment with surgical consult is likely indicated.

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Empirically, therapy for active pancreatitis with broad spectrum antibiotic therapy, analgesia and as needed GI support pending C/S if elected is recommended.

A very guarded prognosis is indicated.

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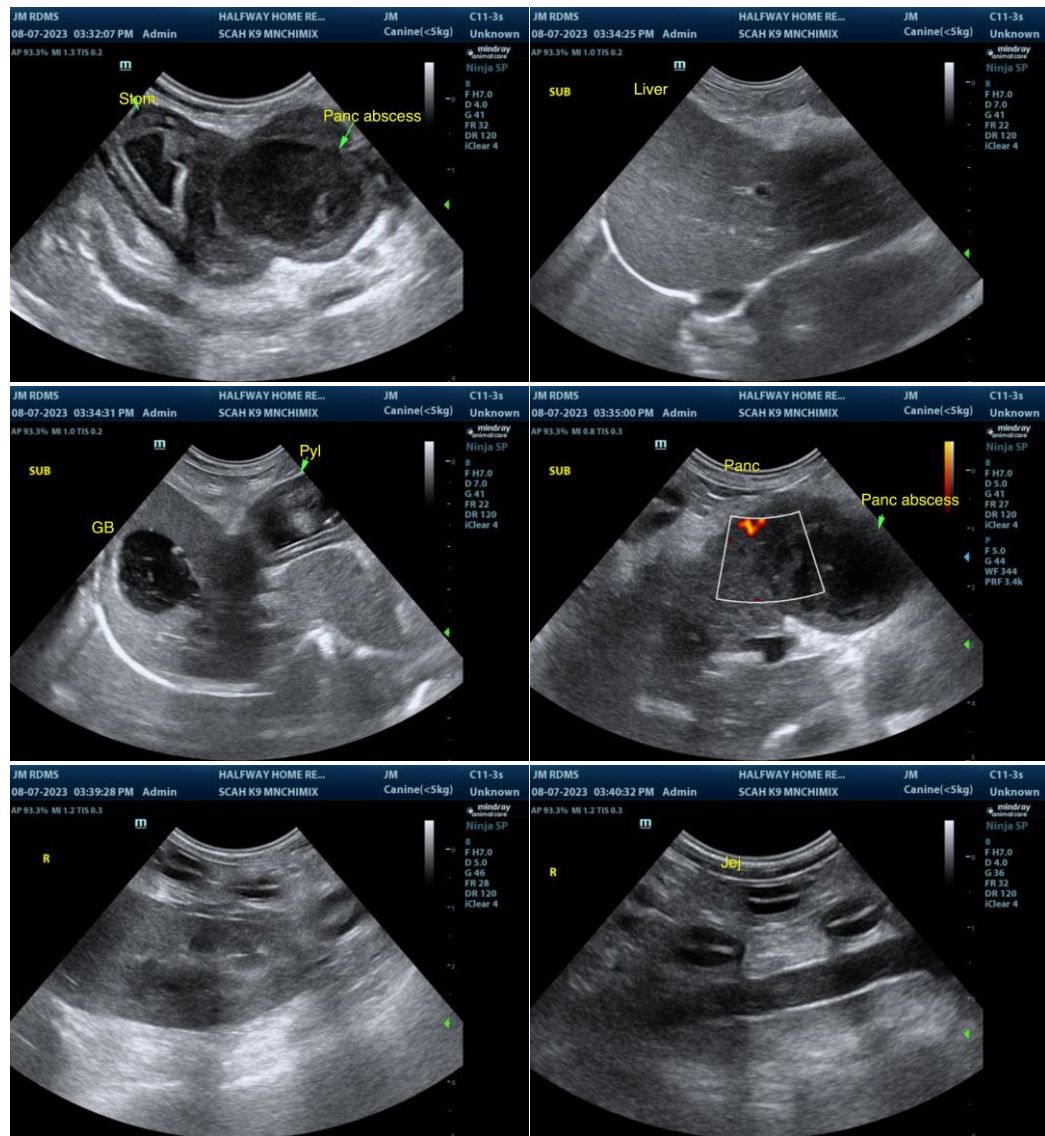
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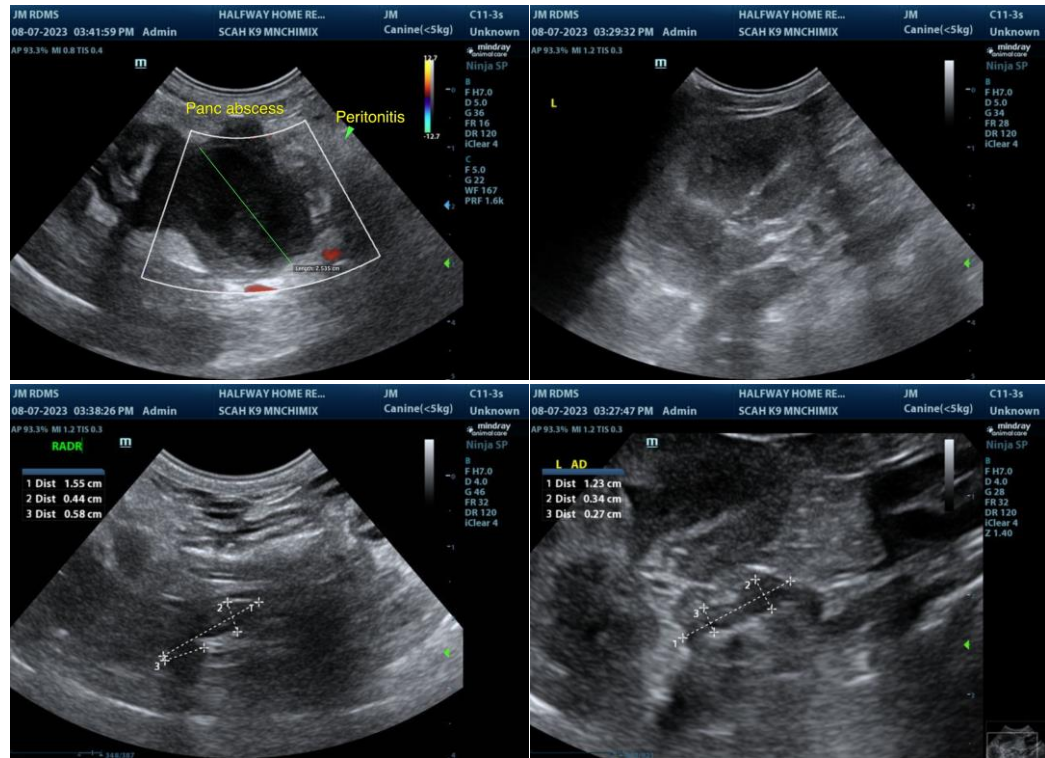
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Jessica Miller

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info@sonopath.com

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