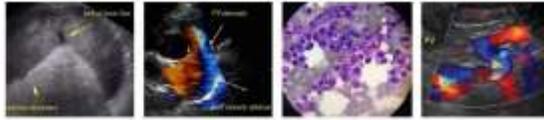


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Pickles Kelly	acute pancreatitis a few weeks ago, symptoms resolved with tramadol, metro and cerenia, recheck cPL still high, 3 days ago started vomit & diarrhea again, is back on all meds Abnormal PE/Chem/CBC/UA Results: please see attached rads and BW
<b>SPECIES</b>	
Canine	Unremarkable CBC Chemistry panel ALP 314, Amylase 2240, Lipase greater than 1800, potassium 3.9, spec cpl 1157
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Pug	<b><i>Urinary System</i></b> The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
<b>SEX</b>	
FS	
<b>AGE</b>	
10 Years	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 4.5 cm in length. The right kidney measured 4.4 cm in length.
<b>WEIGHT</b>	<b><i>Adrenal Glands</i></b> The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width at the caudal pole and 0.38 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 0.45 cm width at the caudal pole and 0.91 cm width at the cranial pole.
<b>INTERPRETED BY</b>	<b><i>Spleen</i></b> 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. A solitary mildly expansive primarily hypoechoic to mild nonhomogeneous nodule noted in the cranial lateral spleen measuring 1.0 cm diameter.
R. McKenzie Daniel, DVM, DABVP	<b><i>Liver</i></b> 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.
<b>IMAGING PERFORMED BY</b>	
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	
Hawkins AH	
<b>REFERRING VET</b>	
Hawkins	
<b>INVOICE</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
46905	<b><i>Gastrointestinal</i></b> The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild to moderate amount of retained echogenic fluid, chyme, and intermittent ovoid shadowing echoes. An example of an echo measured 1.0 cm diameter. The gastric body wall measured 0.24 cm width.
<b>DATE</b>	
8-9-21	



**PATIENT**

The duodenum exhibited intact yet subjective mild prominent wall layering. No evidence of duodenal ileus. The duodenum wall measured 0.41 cm width.

Pickles Kelly

Normal visible colon wall layers were present with subjective semi-formed to potential soft feces in lumen.

**SPECIES**

*Pancreas*

Canine

The right limb and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**BREED**

Pug

*Free Abdomen*

**SEX**

No overt lymphadenopathy or peritoneal effusion was present.

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 Years

- Nonspecific mildly expansive cranial splenic nodule - hyperplasia, hematopoiesis, granuloma, infarct, or potential neoplasia possible.
- Hypoechoic to prominent pancreas base and right pancreatic limb with regional peripancreatic omental reactivity to inflammation - consistent with persistent to potential moderate active pancreatitis.
- Benign hepatopathy - reactive or vacuolar hepatopathy likely.
- Mild age related kidneys.
- Mild gastroduodenitis pattern with retained ingesta and nonspecific luminal shadowing echoes - suspect ingesta or medication given the patient's history.

**WEIGHT**

15 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, ultrasound guided FNA of the cranial splenic nodule using a 25 gauge needle is warranted for screening cytology, otherwise, sonographic monitoring with initial reassessment in 3-4 weeks would be a more conservative approach.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

The presence of minor retained gastric fluid may suggest concurrent metabolic gastric stasis owing to persistent pancreatitis or gastroduodenitis. An unlikely potential for emerging pancreatic neoplasia, which presents in a similar sonographic manner as pancreatic inflammation, cannot be definitively excluded yet considered less likely. However, if persistent signs of pancreatitis and sonographic evidence of persistent pancreatic inflammation, pancreatic FNA for screening cytology could be considered.

**HOSPITAL NAME**

Hawkins AH

**REFERRING VET**

Hawkins

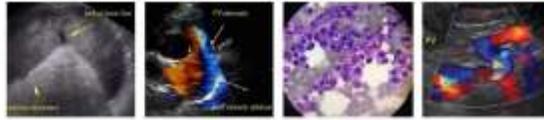
Empirically, continued therapy for pancreatitis with as needed gastrointestinal support would be appropriate.

**INVOICE**

46905

**DATE**

8-9-21



**PATIENT**

Pickles Kelly

**SPECIES**

Canine

**BREED**

Pug

**SEX**

FS

**AGE**

10 Years

**WEIGHT**

15 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Hawkins AH

**REFERRING VET**

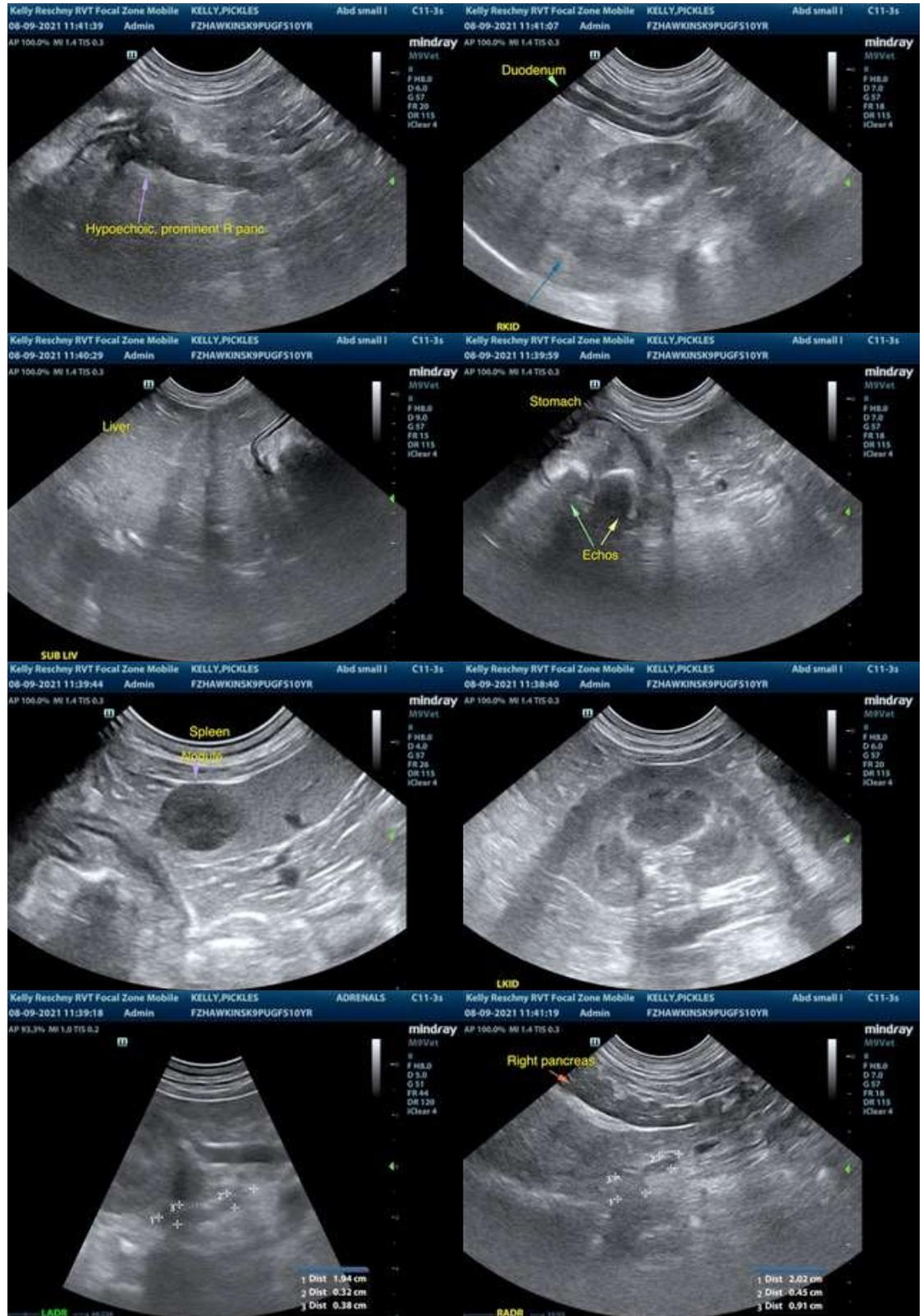
Hawkins

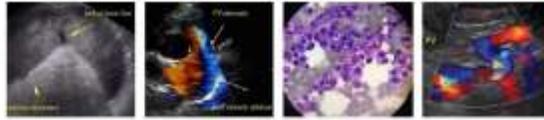
**INVOICE**

46905

**DATE**

8-9-21





## PATIENT

Pickles Kelly

## SPECIES

Canine

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.

## BREED

Pug

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.

## SEX

FS

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)

## AGE

10 Years

## WEIGHT

15 lbs

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Kelly Reshny, RVT

## HOSPITAL NAME

Hawkins AH

## REFERRING VET

Hawkins

## INVOICE

46905

## DATE

8-9-21