



PATIENT

Audrey Durcanin

PRESENTING CLINICAL SIGNS

History: Vomiting, not eating, lethargy, obese

Medication: Pepcid, Cerenia

SPECIES

Canine

Gabapentin and Prednisolone SID

BREED

Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

AGE

9 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

90 Pounds

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

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.95 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 2.5 cm length x 0.67 cm width at the caudal pole.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited 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. No splenic masses or nodules were noted.

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

Liver/ Gallbladder

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The liver exhibited subjective mild generalized enlargement yet maintained symmetrical capsule contour. Overall increased hepatic parenchymal echogenicity compared to the falciform fat and spleen with moderate coarse echotexture was noted. Evidence of parenchymal remodeling and intermittent non-expansive, hypoechoic nodules were present. An example of a liver nodule measured 0.72 cm in diameter. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

DATE

9.13.2021



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Gastrointestinal

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The stomach exhibited intact yet borderline prominent wall layering. The stomach lumen was primarily empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material was noted. The gastric body wall width measured 0.52 cm. The pylorus wall width measured 0.47 cm.

SPECIES

Canine

The duodenum exhibited subjective intact yet prominent wall layering, primarily in the upper to mid duodenum with subtle duodenal ileus and retained chyme along with luminal gas. Upper duodenum wall measured up to 1.1 cm in width.

BREED

Lab Mix

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

SEX

FS

Pancreas

The pancreas base, right pancreatic limb, and somewhat proximal left pancreatic limb exhibited enlarged size and asymmetrical contour with nonhomogeneous to mixed echogenic parenchyma.

AGE

9 years

Free Abdomen

Regional peripancreatic to cranial abdominal reactive mesentery was present. Potential for a small pocket of scant periduodenal to peripancreatic free fluid along with intermittent mildly prominent to hypoechoic gastric and pancreaticoduodenal lymph nodes. An example of the lymph nodes measured 0.7 cm in diameter.

WEIGHT

90 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

INTERPRETED BY

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

- Enlarged nonhomogeneous pancreas base and right pancreatic limb with regional peripancreatic to cranial abdominal reactive mesentery
- Moderate to marked duodenitis
- Chronic hepatopathy with parenchymal remodeling and intermittent nonspecific parenchymal nodules
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic abnormalities noted may indicate active to chronic active pancreatitis with pancreatic parenchymal remodeling, possible early fibrosis, with secondary regional peripancreatic reactive mesentery. The potential for minor peritonitis and duodenitis is possible. The possibility of pancreatic neoplasia, as well as potential for early infiltrative duodenal mural process, which may present in a similar sonographic manner, cannot be excluded.

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The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy, while potential hepatic neoplasia cannot be excluded.

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Assuming normal clotting status, pancreatic and hepatic FNA for screening cytology are warranted. Empirically, hospitalization with aggressive therapy for pancreatitis with as-needed gastrointestinal



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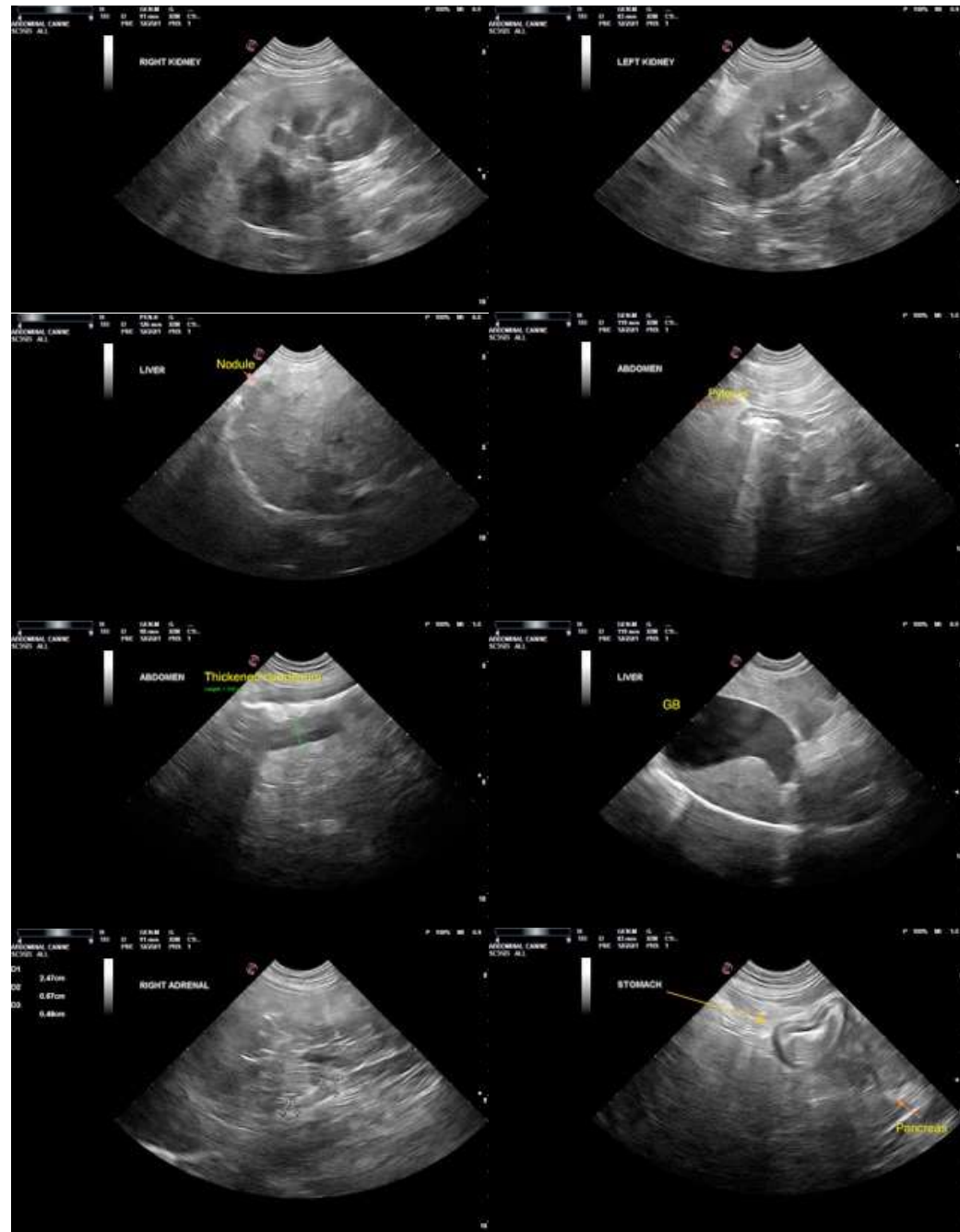
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and hepatic support would be appropriate. Recheck sonogram would be ideal in 3-5 days pending clinical response to therapy.





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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)
mac.daniel@sonopath.com

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