

PATIENT

Jack Leonard

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Chun

INVOICE

25690

DATE

9/20/21

PRESENTING CLINICAL SIGNS

Patient presents to the hospital due to vomiting and anorexia for one day, he is still drinking water but has been lethargic. Patient is diabetic and was able to get his insulin in the morning but has not eaten after. Bloodwork done in house.

Abnormal PE/Chem/CBC/UA Results: Chem: Glu: 160 mg/dL ALT: 168 U/L ALKP: 501 U/L cPL: Abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

****The submitted study contained 29 still images and 8 videos for review.**

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small cortical cysts were present. The left kidney measured 5.5 cm. The right kidney measured 5.8 cm.

Adrenal Glands

The left adrenal gland was subjectively normal in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm at the cranial pole and 0.53 cm at the caudal pole.

The right adrenal gland was mildly enlarged, specifically in the mid to caudal pole, measuring 0.87 cm at the cranial pole and 1.3 cm at the caudal pole. Maintained symmetrical capsule contour noted in the right adrenal gland without evidence of parenchymal mineralization or capsular escape.

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.

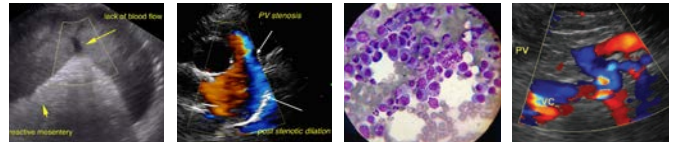
Liver

The liver presented 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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.28 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse



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ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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 in both the left and right limbs, more prominent in the left limb. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild peripancreatic to peritoneal free fluid was present around the abnormal pancreas.

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- Pancreatitis with regional peritonitis
- Chronic renal changes with small cortical cysts
- Non-specific right adrenomegaly
- Hepatopathy – subjectively benign, metabolic/reactive/vacuolar (diabetic) hepatopathy, inflammatory hepatopathy, or other hepatopathy possible. Hepatic neoplasia is considered a less likely differential diagnosis.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity recommended on sterile urine sample if evidence of glucosuria. Minor potential for pancreatic neoplasia, which may present sonographically similar to active inflammation, yet considered less likely. The right adrenomegaly may indicate patient variant, hyperplasia, adenomatous change, while potential for emerging right adrenal neoplasia (although considered less likely at this time) cannot be definitively excluded.

Screening blood pressure recommended. Full adrenal workup could be considered if suspicion of hyperadrenocorticism. Empirically, hospitalization with pancreatitis therapy protocol with as needed gastrointestinal support and monitoring of clinical response is recommended. Recheck sonogram may be considered in 3-5 days, primarily to reassess the pancreas or for evidence of progressive peritoneal free fluid.

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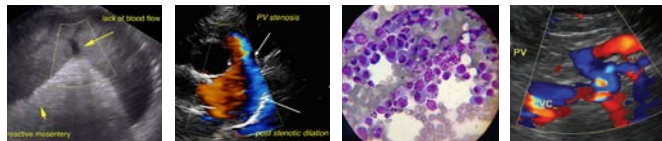
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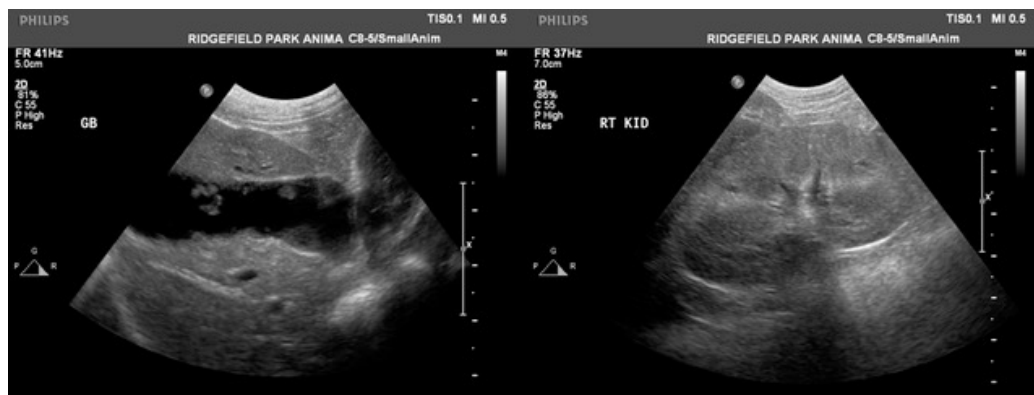
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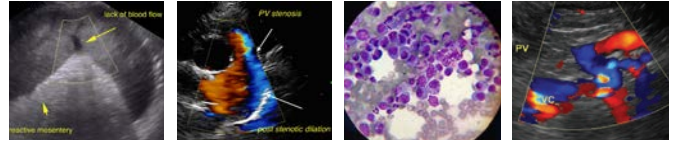
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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