



PATIENT PRESENTING CLINICAL SIGNS

Bo Brammeier High CPL and symptoms of chronic active pancreatitis. Owner was seen at another clinic and wants an ultrasound to confirm and eliminate other causes like IBD.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Chihuahua X

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.

SEX

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.0 cm diameter.

AGE

10 Years

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. The right kidney measured 4.2 cm. The left kidney measured 3.6 cm.

WEIGHT

Unknown

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 0.46 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Jenna Walsh, CVT

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

HOSPITAL NAME

Rolling Vet LLC

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

REFERRING VET

Dr. Larsen

Gastrointestinal

INVOICE

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic, nonshadowing ingesta and chyme, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.30 cm.

DATE

9/21/21



PATIENT

Bo Brammeier

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.26 cm.

SPECIES

Canine

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

Pancreas

BREED

Chihuahua X

The pancreas was normal in size and contour with mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Neutered Male

- Mild heterogeneous pancreas
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta/chyme.

AGE

10 Years

SECONDARY FINDINGS

- Mild chronic renal changes
- Mild gallbladder debris (non-mucocele) – likely incidental

WEIGHT

Unknown

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the pancreas was not consistent with active pancreatitis. Minor heterogeneous pancreatic parenchyma (which may indicate minor parenchymal remodeling associated with age or previous inflammatory episode or low-grade chronic inflammation possible. No overt evidence of pancreatic neoplasia. No overt evidence of altered gastrointestinal wall layering suggestive of inflammatory or neoplastic infiltrative enteropathy. However, if the patient has a chronic history of gastrointestinal signs, underlying inflammatory gastroenteropathy cannot be definitively ruled out without biopsies. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Empirically, conservative therapy for chronic pancreatitis and as-needed gastrointestinal support would be reasonable.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

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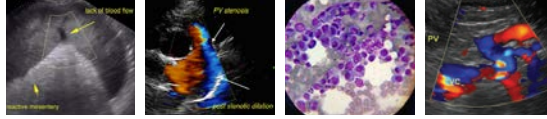
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SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

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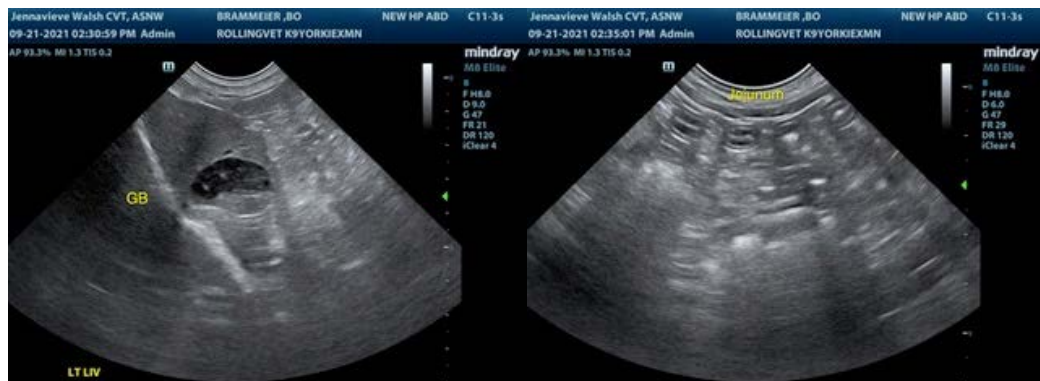
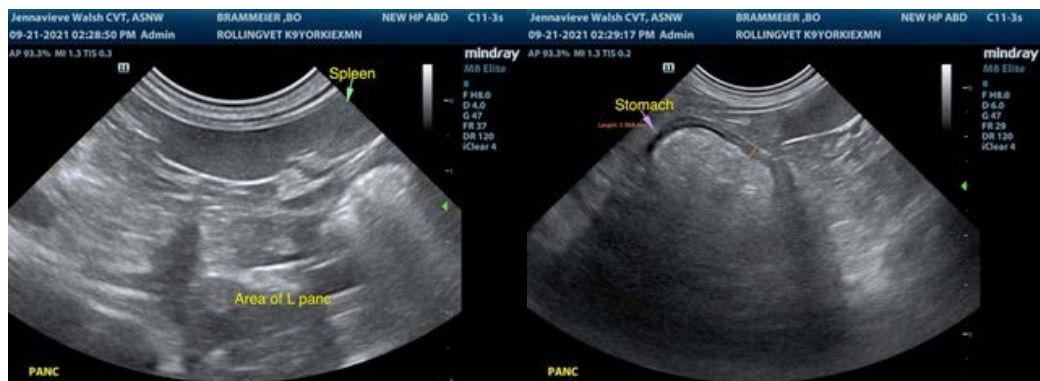
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PATIENT

Bo Brammeier

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.

SPECIES

Canine

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.

BREED

Chihuahua X

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Neutered Male

AGE

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WEIGHT

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