



PATIENT

Bailey Jacobs

PRESENTING CLINICAL SIGNS

Pancreatitis and not improving, complete panel wnl, cPLI positive

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bernese Mountain
Dog

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 was noted.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

3

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.5 cm in length. The right kidney measured 7.0 cm in length.

WEIGHT

86 lbs.

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 0.72 cm width at the caudal pole and 0.7 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

IMAGING PERFORMED BY

Dr. Shanna Sallee

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.

HOSPITAL NAME

Hermiston
Veterinary Clinic

Liver/ Gallbladder

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Shanna Sallee

Gastrointestinal

INVOICE

15000

The stomach exhibited moderate distention containing strongly shadowing to hyperechoic ingesta. No overt evidence of mechanical pyloric outflow obstruction was noted. The visualized gastric walls were sonographically unremarkable.

DATE

9-27-22

The small intestine exhibited segmental retained fluid with concurrent segmental strongly shadowing ingesta to luminal echoes. Segments of concurrent empty small intestine were also present exhibiting intact wall layering and a maintained 1:3 muscularis/mucosa ratio.

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



PATIENT

Pancreas

Bailey Jacobs

The pancreas exhibited mild prominent size with symmetrical capsule contour and subtle nonhomogeneous to hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

SPECIES

Free Abdomen

Canine

No evidence of significant lymphadenopathy or free fluid was present.

BREED

Bernese Mountain

ULTRASONOGRAPHIC FINDINGS

Dog

- Gastric and segmental small intestinal strongly shadowing ingesta / echoes, segmental retained intestinal fluid

SEX

MN

- Mildly prominent to subtly hypoechoic pancreas

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3

The strongly shadowing gastric and segmental intestinal ingesta / echoes, although nonspecific, are strongly suggestive of gastric and segmental intestinal foreign material. Segmental mild partial intestinal obstructive pattern in the areas of intestinal echoes was present. Potential for low-grade to mild concurrent pancreatitis is possible, although the sonographic pancreatic presentation in combination with positive cPL may indicate reactive or secondary pancreatic changes owing to gastrointestinal inflammation and strongly suspected gastric and segmental intestinal foreign material.

WEIGHT

86 lbs.

INTERPRETED BY

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

Exploratory laparotomy with expectation towards gastrotomy and enterotomy / enterotomies is recommended, assuming the patient is exhibiting gastrointestinal signs. Intestinal +/- pancreatic biopsies should be considered if exploratory laparotomy is negative.

IMAGING PERFORMED BY

Dr. Shanna Sallee

HOSPITAL NAME

Hermiston
Veterinary Clinic

REFERRING VET

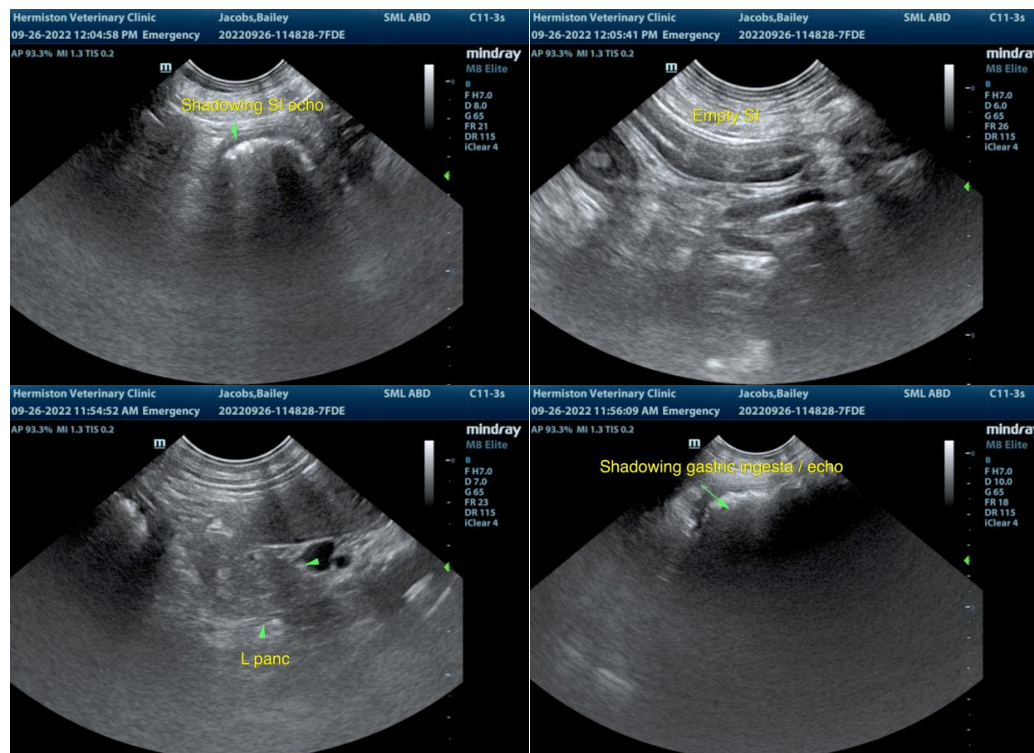
Dr. Shanna Sallee

INVOICE

15000

DATE

9-27-22





PATIENT

Bailey Jacobs

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

MN

AGE

3

WEIGHT

86 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shanna Sallee

HOSPITAL NAME

Hermiston Veterinary Clinic

REFERRING VET

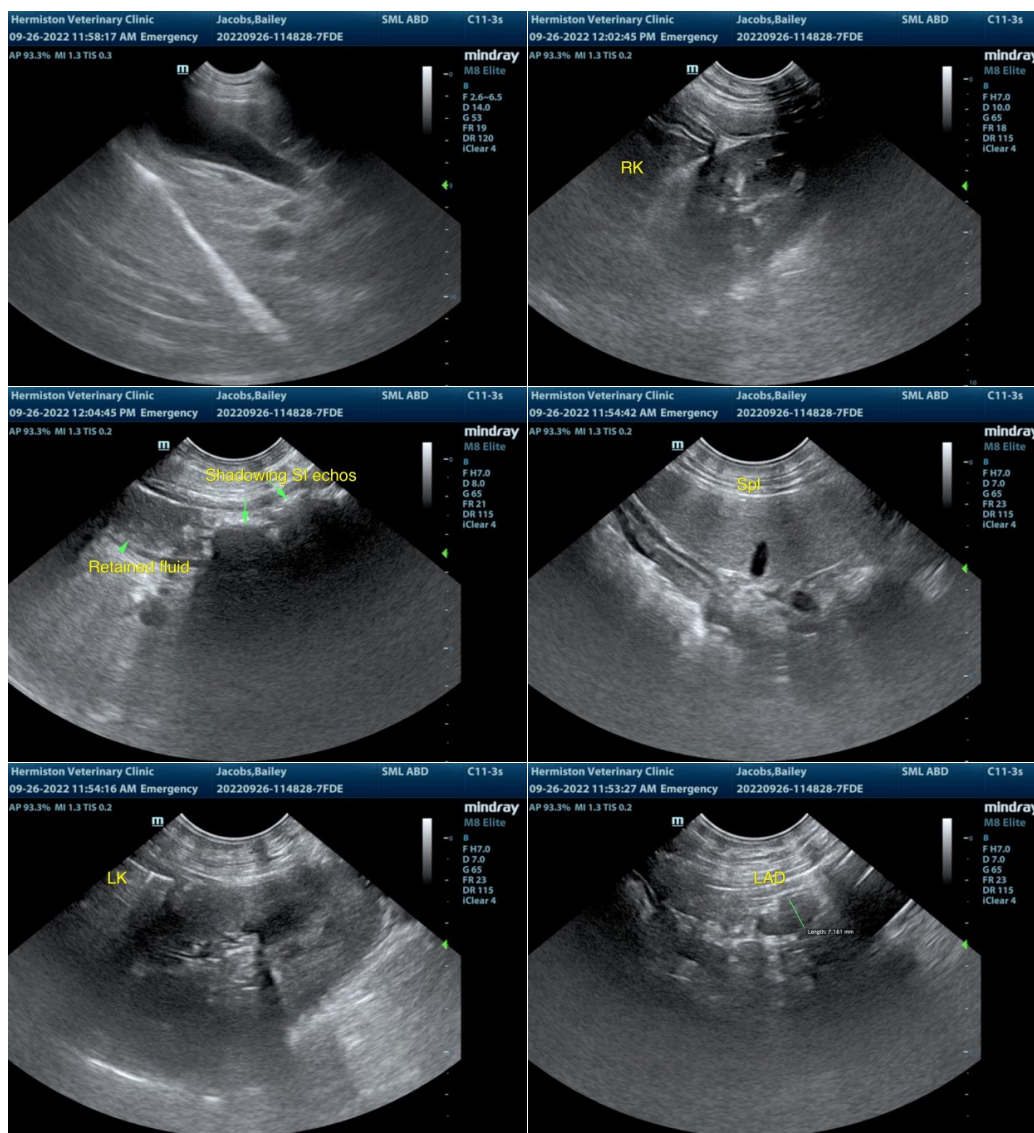
Dr. Shanna Sallee

INVOICE

15000

DATE

9-27-22



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.

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