



PATIENT

Bode Cunniff

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Springer Spaniel

Summary for Bode Cunniff: 11.5 YO MN Springer Spaniel 54# Hx of arthritis spine and hips, anxiety On Galliprant intermittently for pain control, Trazodone for anxiety BW done in March 21 showed high Alk Phos (1301) and sl hi chol (363) - otherwise WNL Repeated BW done Aug 21 in preparation for COHAT showed consistently high Alk Ph (1481), very high triglycerides (4271). Pt is asymptomatic for pancreatitis but suspected. Pt was switched to Royal Canin GI low fat diet within the past week COHAT performed today prior to abdominal ultrasound (routine scale and polish only), pt was on LRS @ 150ml/hr IV for 4 hours prior to ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

AGE

11.5 Years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.9 cm in diameter.

WEIGHT

54 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm. The right kidney measured 6.2 cm.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

IMAGING BY

Loetitia Saint-Jacques,
LVT

Bilateral symmetrical mildly prominent adrenal glands were present with uniformly hypoechoic parenchyma. No evidence of masses or nodules. The right adrenal gland measured 1.0 cm at the cranial pole and 0.97 cm at the caudal pole. The left adrenal gland measured 0.74 cm at the cranial pole and 0.89 cm at the caudal pole.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Kris Moger

Liver

INVOICE

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The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Moderate coarse echotexture noted with evidence of minor parenchymal remodeling. A solitary, echogenic hepatic nodule measuring 2.3 cm

DATE

9/3/21



PATIENT

Bode Cunnif in diameter was present. 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.

SPECIES

Canine **Gastrointestinal**

BREED

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained gastric ingesta present.

Springer Spaniel

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.

SEX

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

Neutered Male

Pancreas

AGE

Diffuse enlargement of the mid to left pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

11.5 Years

WEIGHT

54 Pounds

ULTRASONOGRAPHIC FINDINGS

- Mid to left active pancreatitis with regional peritonitis
- Chronic vacuolar hepatopathy pattern with minor parenchymal remodeling and focal benign nodule
- Mild gallbladder (non-mucocele)
- Mild chronic renal changes

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING BY

The focal benign hepatic nodule is likely consistent with focal area of nodular hyperplasia with lipogranuloma.

Loetitia Saint-Jacques,
LVT

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The appearance of the pancreas is suggestive of current active pancreatitis and regional reactive to inflamed mesentery. However, the possibility of pancreatic neoplasia, which may present in similar sonographic manner, cannot be definitively excluded. Pancreatic FNA (if accessible and assuming normal clotting status and using 25-gauge needle) may be considered for screening cytology. Otherwise, aggressive medical therapy for active pancreatitis and associated peritonitis with as-needed gastrointestinal support recommended. Ideally, recheck sonogram in 3-5 days recommended to reassess the area of the pancreas.

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SEX

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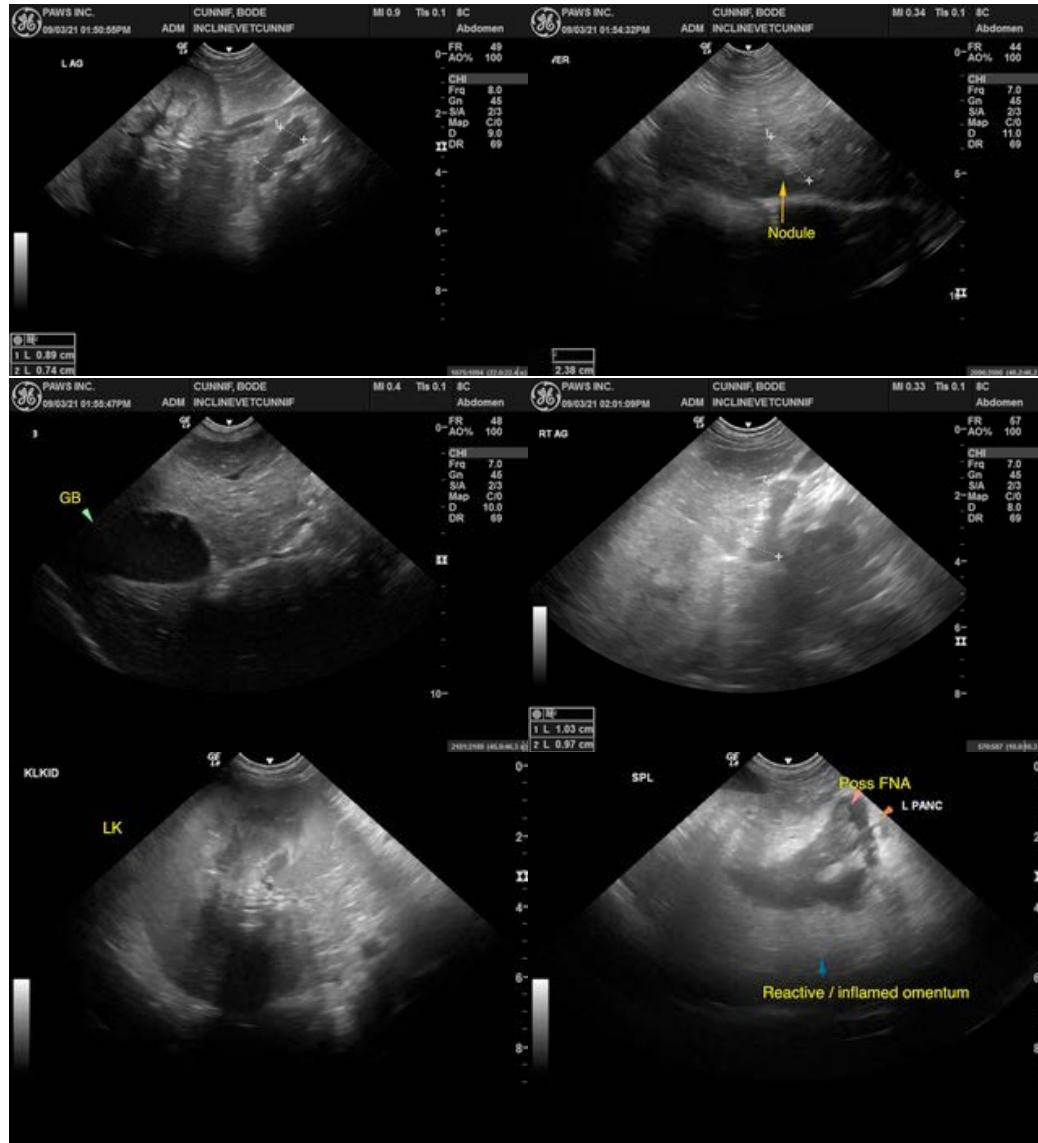
Dr. Kris Moger

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SEX

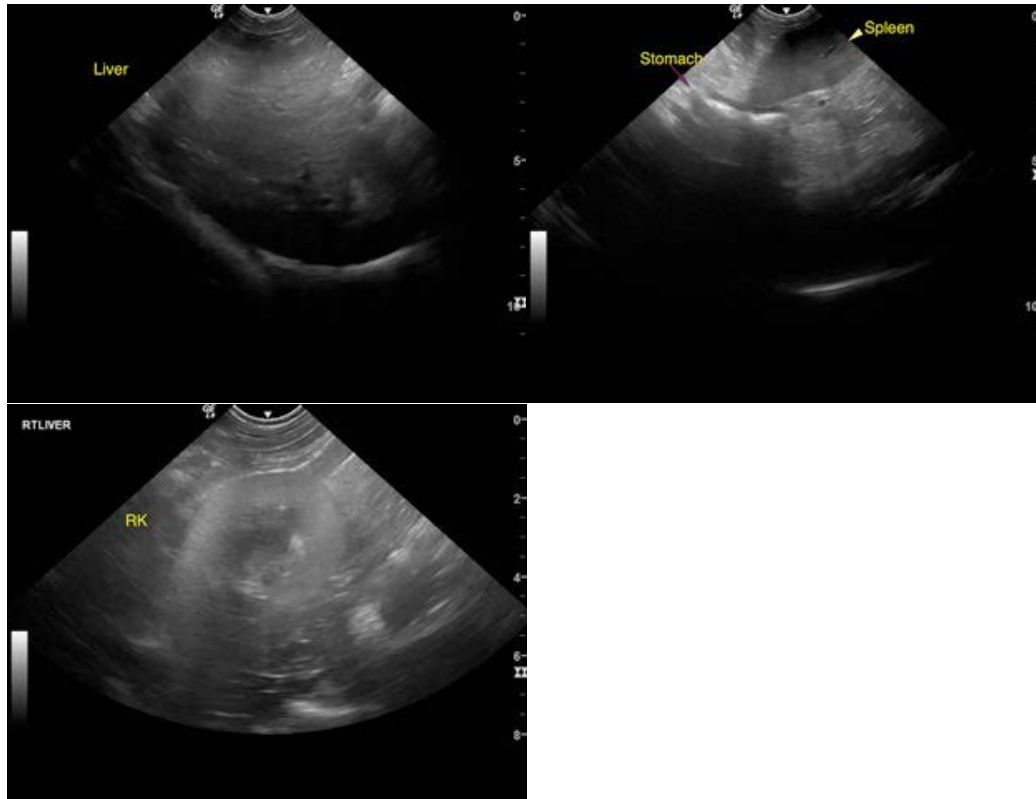
Neutered Male

AGE

11.5 Years

WEIGHT

54 Pounds



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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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

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