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Clinical Sonography & Telecytology
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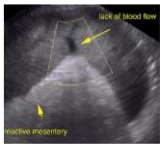

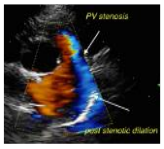

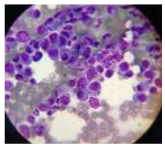
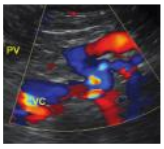

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1-800-838-4268 info@sonopath.com

PATIENT

Peanut Special

SPECIES

Canine

BREED

Terrier Mix

SEX

M/N

AGE

8 yrs

WEIGHT

32

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHyer

INVOICE

14815

DATE

8/9/22

PRESENTING CLINICAL SIGNS

Recheck ultrasound from 8/27/22. Diagnosed with pancreatitis. Still poor appetite.
Abnormal PE/Chem/CBC/UA Results: Repeat blood pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 5.0 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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/ Gallbladder

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 dependent to non-dependent yet nonorganized, variably echogenic gallbladder debris. The gallbladder and peripheral gallbladder were otherwise sonographically unremarkable. No evidence of gallbladder or peripheral gallbladder inflammatory criteria or post hepatic obstructive pattern was noted. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach was primarily empty with mild luminal gas and without evidence of persistent gastric distention with retained fluid. No evidence of mechanical pyloric outflow obstruction was noted. Intact yet mildly prominent gastric wall layering was noted.

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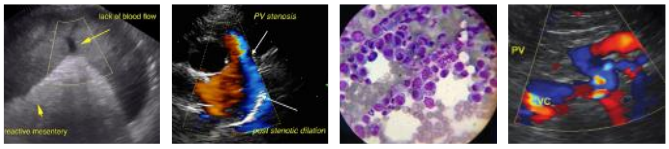

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The duodenum exhibited intact yet mildly prominent wall layering with minor duodenal ileus. No evidence of a duodenal obstructive pattern was noted. The visualized small intestine distal to the duodenum was sonographically unremarkable.

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

Pancreas

The pancreas base and right pancreatic limb exhibited mild generalized enlargement to swollen appearance with areas of mild capsule asymmetry. Hypoechoic to nonhomogeneous parenchyma compare to adjacent hyperechoic peripancreatic to cranial abdominal omentum was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification.

Free Abdomen

No obvious evidence of peritoneal free fluid was noted.

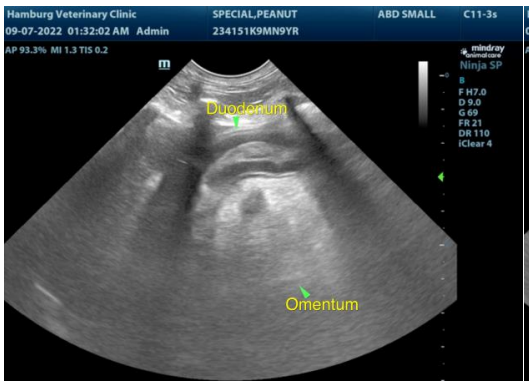
ULTRASONOGRAPHIC FINDINGS

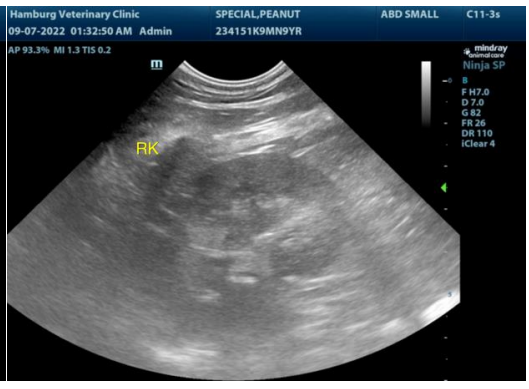
- Persistent active pancreatitis with regional peritonitis
- Empty stomach with persistent secondary gastroduodenitis pattern
- Mild reactive / vacuolar hepatopathy pattern
- Gallbladder debris (non-mucocele) - nonspecific, potentially owing to nonobstructive cholestasis or fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of persistent pyloric outflow delay or gastric stasis, although evidence of persistent gastroduodenitis and pancreatitis were present. The extensiveness of the pancreatitis may be somewhat reduced compared to the previous study, yet continued active pancreatitis Is present.

Continued hospitalization with medical therapy for pancreatitis and as-needed GI support would be reasonable. Monitoring of clinical response +/- recheck sonogram if persistent / progressive clinical signs consistent with pancreatitis are noted. A continued overall guarded prognosis is warranted.





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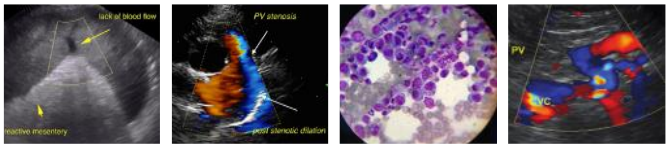

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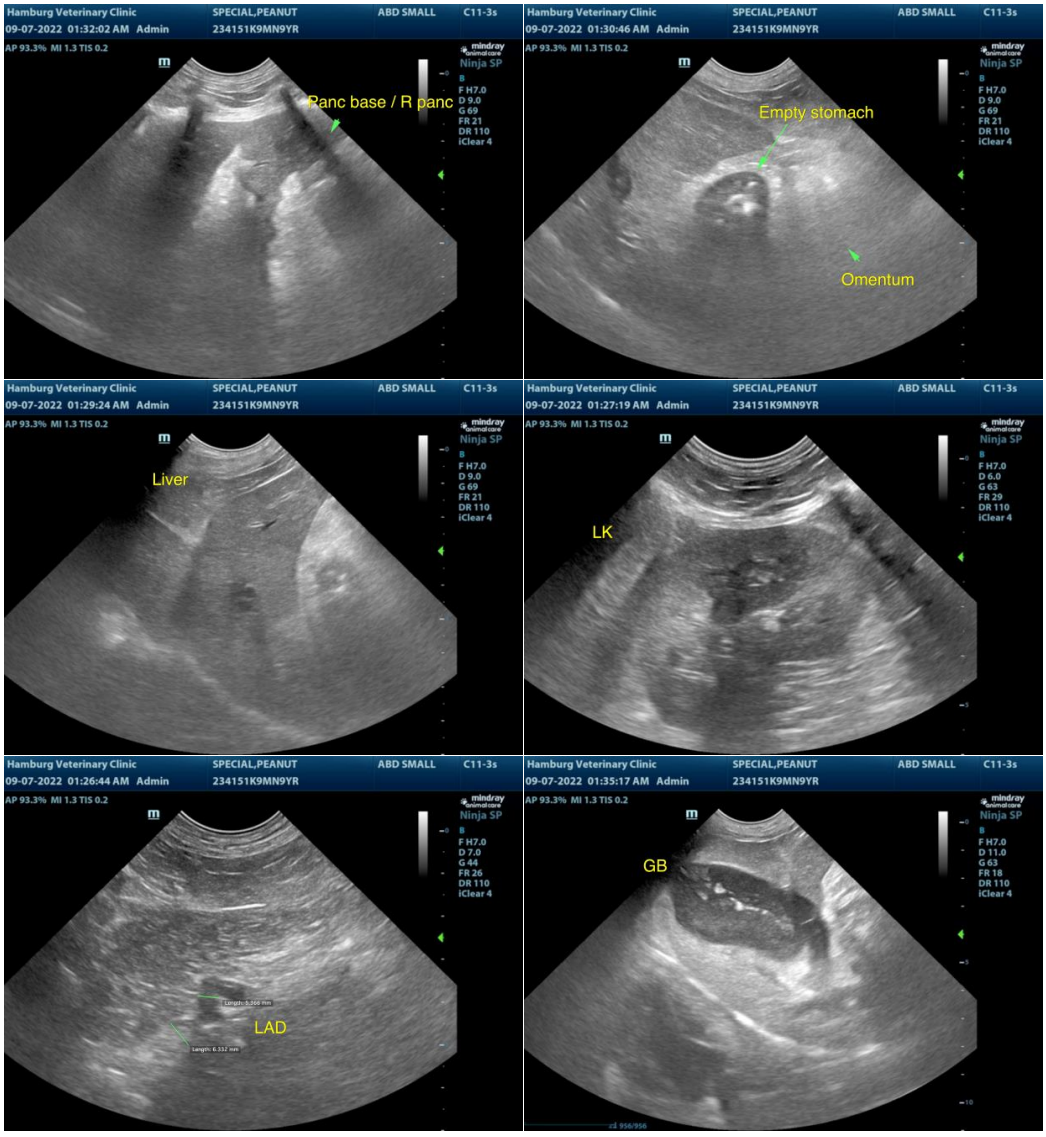

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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