



PATIENT PRESENTING CLINICAL SIGNS

Archie Ritchardson
SPECIES Canine
 Abdomen painful. Vomiting in kennel IMAGING R lateral and DV rads taken and USS performed. Mesentery markedly hyperechoic. Small volume free fluid caudal to liver. liver homogenous. gb wnl. small volume fluid in stomach. Intestines mildly distended with fluid in places. Possible mass/ abscess/ enlarged lymph node caudal to stomach. difficult to see what it is attached to if anything. kidneys nad. urinary bladder has some sediment inside - sample collected via cystocentesis. Unsure whether pancreatitis or GI obstruction with mass.

BREED Cocker Spaniel
 Abnormal PE/Chem/CBC/UA Results: Cytologic evaluation of Peritoneal effusion - highly cellular with a small amount of blood on a purple, amorphous background consistent with protein. Nucleated cells consisted predominantly of neutrophils with a small number of macrophages. No infectious agents or atypical cell population was noted. Consistent with marked neutrophilic exudate. Catalyst Pancreatic Lipase- 563U/L Creatinine 36µmol/L Urea 1.8 mmol/L.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

M Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE 9yr
 The CT study reveals a ~ 5 cm size partially walled or fluid filled cavitory lesion with indistinct peripheral rim enhancement in the left limb of the pancreas. The surrounding mesentery is involved and presents fat stranding consistent with extensive regional inflammation as well. Mild regional lymphadenopathy is present. A small volume of peritoneal free fluid is observed adjacent in the cranial abdomen.

INTERPRETED BY

Nele Eley (Ondreka),
 DVM Dr. med. vet.,
 DipECVDI

The liver presents portal halo signs suggestive of her periportal edema or inflammation.
 Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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The adrenal glands are within normal limits for size, shape and organ architecture.
 The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

REFERRING VET

Gracie May Venes

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left pancreatic limb abscess vs acute (necrotizing) focal pancreatitis with partial encapsulation
- Regional peritonitis and lymphadenitis
- Mild hepatopathy, likely reactive due to inflammation

DATE

12/6/2025

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Archie Ritcharson

Differential diagnosis includes focal necrotizing pancreatitis and pancreatic abscess. Neoplastic cavitory pancreatic mass can never be ruled out entirely but is considered highly unlikely here. FNA or guided drainage of the pancreatic lesion could be performed for cytology and culture to rule out infection.

SPECIES

Canine

Supportive management for pancreatitis with clinical and ultrasonographic monitoring can be considered. Consider antimicrobial treatment if secondary infection is suspected. Monitor hepatic parameters as well as pancreatic lipase.

BREED

Cocker Spaniel

SEX

M

AGE

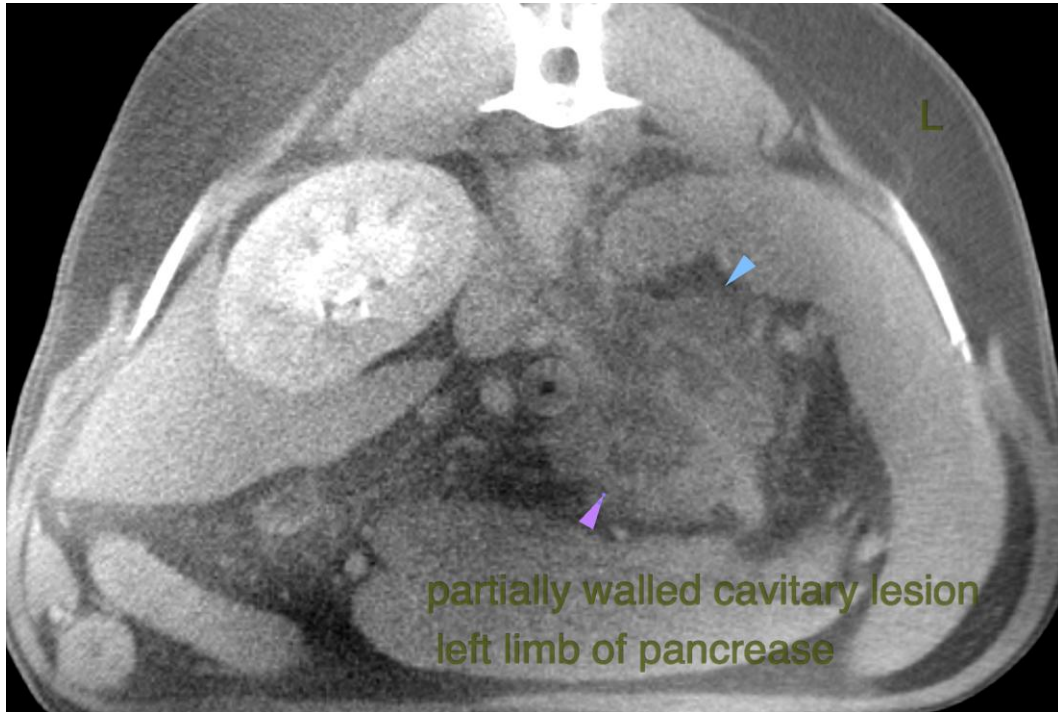
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

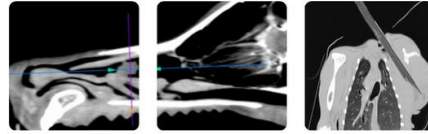
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