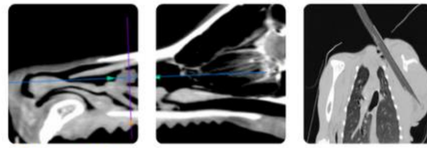


PATIENT

Mugsley Fonacier

SPECIES

Canine

BREED

Pug Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.2 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates Veterinary Hospital

REFERRING VET

Dr. Merkel

INVOICE

14444

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Hx of pancreatitis. Presents Mar 17 with abd discomfort, panting and vomiting. Eats a low fat food but had access to cat food, and a hx of ingesting condoms.
- PE noted abd discomfort and prominent spleen. BW showed markedly elevated PLI, mildly elevated ALT. Initial tx @ home with gabapentin, Omeprazole, Onsior, Cerenia.
- Returned for hospitalization Mar 18th. Radiographs unremarkable. Lost interest in food at her 3:30pm meal. Discharged home for the evening -client notes drinking but anorexic. Found clear vomit overnight, and regurgitated in the car this am
- PE March 19th shows signs of marked abd distension. Repeat radiographs reveal a gas distended stomach, and a radiopaque structure along L abd wall creating a mass effect. ALT slightly improved today, but ALP now elevating.
- Current Medications: Methadone 0.2mg/kg Q6PRN, Pantoprazole 1mg/kg SID, Cerenia 1mg/kg SID, Ampicillin 22mg/kg Q8, KCl 0.25mEq/kg/hr

Abnormal PE/Chem/CBC/UA Results: See BW attached BW performed March 19 Urea (BUN) 10.6 2.5 - 9.6 mmol/L Potassium 2.8 3.5 - 5.8 mmol/L ALT 146 10 - 125 U/L ALP 594 23 - 212 U/L Amylase 1,894 500 - 1,500 U/L Lipase 5,657 200 - 1,800 U/L Catalyst Pancreatic Lipase >2,000 0 - 200 U/L (performed March 17) Primary Question to Be Answered in This Exam ID of structure along Left abd wall - spleen vs liver vs ? R/o GI obstruction, regurgitation secondary to GI stasis vs physical obstruction. evaluate pancreas given such elevations in PLI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

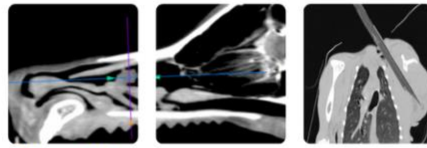
Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 5.1 cm in length. The right kidney measured 4.5 cm in length. Mild bilateral pyelectasia was evident. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.58 cm in length x 0.70 cm and 0.39 cm in width. The right adrenal gland measured 1.69 cm in length x 0.46 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small gallbladder containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fluid and ingesta distended stomach with poor peristaltic activity but with a normal thickness of the wall and no loss of layering and maintain a 1:3 muscularis to mucosa ratio.

Pancreas

Normal pancreas size (left pancreas measured 0.40 cm in width) with a hypoechogenic appearance and an irregular capsule. Marked increase in the echogenic appearance of the mesenteric fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Scant amount of ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Distended stomach.
- Pyelectasia.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis. The most likely etiology for the gastric distension would be hypermotility, secondary to either the hyperkalemia or the pancreatitis or a combination of both. Although the pyelectasia is most likely incidental and associated with therapy, underlying low-grade pyelonephritis needs to be considered. Ascites can be ascribed as secondary to the pancreatitis.

Further assessment that could be considered would be urinalysis and possibly urine culture. Management would be to continue with the current therapy, adding a prokinetic agent such as cisapride or metoclopramide and placing a nasogastric tube, allowing for emptying of the stomach and being able to feed small frequent meals of a low-fat intestinal type diet.

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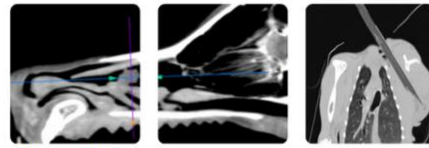

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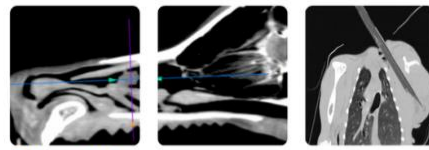

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com