



PATIENT

Peyton Kennedy

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

8 years

WEIGHT

83 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Carmellini

INVOICE

42238

DATE

1/18/23

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting / lethargy / diarrhea yesterday. CBC / Chem unremarkable except ALP 1200, Amylase/Lipase out-of-range. Previously healthy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to (3.0) cm.

Both kidneys are hyperechoic, and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (6.9) cm in length. The right kidney is (7.3) cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (6.4) mm at the cranial pole and (8.2) mm at the caudal pole. The right adrenal gland height is (7.6) mm at the cranial pole and (7.6) mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver parenchyma is diffusely disrupted with hypoechoic nodules that have a hyperechoic center. The lesions measure up to 2.0 cm in diameter. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with hypoechoic fluid and echogenic sediment. The gastric wall is (4.1) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (3.9) mm. The jejunal wall measures up to (3.4) mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.5) mm, with intact wall layering. The ileocecal junction is visualized and appears normal

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Pancreas

The entirety of the pancreas is markedly swollen and hypoechoic with anechoic regions throughout. The surrounding omental fat is hyperechoic and there are small pockets of free fluid in the region. The pancreatic duct appears normal.

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Free Abdomen

There is focal free fluid present in the abdomen in the region of the liver and pancreas. The associated omentum and intraabdominal fat are hyperechoic. The enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

1. Severely inflamed pancreas with regional peritonitis.
2. Target lesions throughout the liver.

SECONDARY FINDINGS:

1. Chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the lesion in the liver and the severity of the pancreatic inflammation raise concern for pancreatic carcinoma. Alternately, necrotizing pancreatitis with septic emboli to the liver are a less likely possibility. Finally, it is possible that the lesions in the liver are benign and unrelated to the current disease process. FNA with a 25-gauge needle of the lesions in the liver and pancreas as well as sampling of the free fluid are recommended for definitive diagnosis. Additional supportive recommendations include:

- Supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed).
- Highly digestible low-fat intestinal diet should be encouraged as soon as vomiting can be controlled.

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- Complications such as hypoalbuminemia, hyperglycemia, and hypokalemia should be managed as they arise.

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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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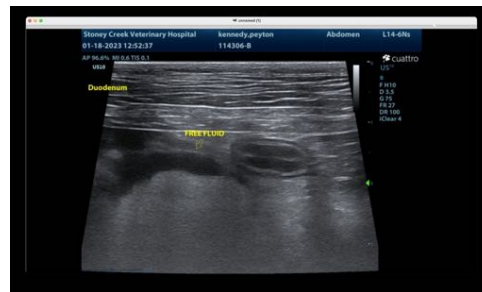
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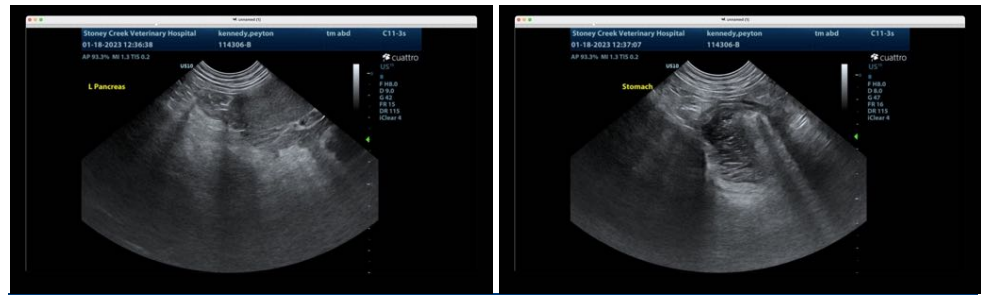
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com