



PATIENT

Barron Bollig

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

17697

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: 10/21/22 started with vomiting and anorexia issues, diagnosed as pancreatitis elsewhere including abdominal ultrasound. Has responded to medical treatment. Still not eating normally but much improved and not vomiting. Taking Cerenia 12mg and Gabapentin 50mg prn.

Abnormal PE/Chem/CBC/UA Results: PE: Stage III Dental Disease. Remainder normal. No abdominal pain on deep palpation. Labs: sending for current labs today. Labs from ER were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. 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.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.6 cm in length. The right kidney is 4.3 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 4.4 mm at the cranial pole and 5.5 mm at the caudal pole. The right adrenal gland height is 8.3 mm at the cranial pole and 4.8 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 is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 mildly distended with anechoic fluid and gas. The gastric wall is at the upper limits of normal thickness at up to 7.0 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 3.8 mm. The jejunal wall measures up to 3.5 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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The left limb and body of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

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There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- A swollen, inflamed pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas are consistent with the prior report of pancreatitis, and the changes are mild. Recommendations include:

- a cPLI level is recommended for confirmation and monitoring purposes.
- supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) are warranted.
- a highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- complications such as hypoalbuminemia, hyperglycemia and hypokalemia should be managed as they arise.
- if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

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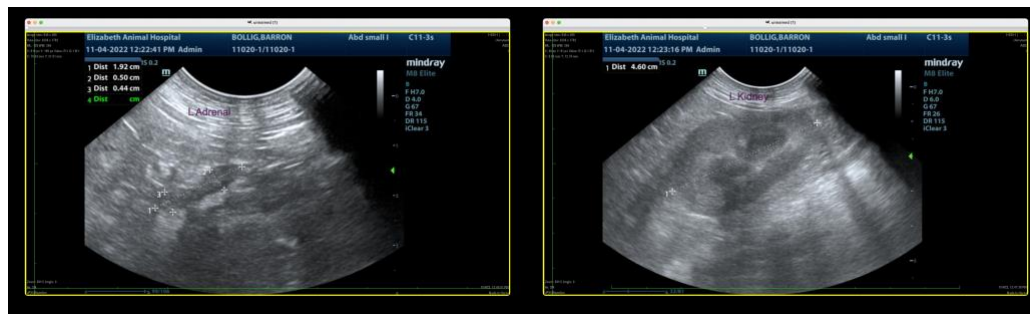
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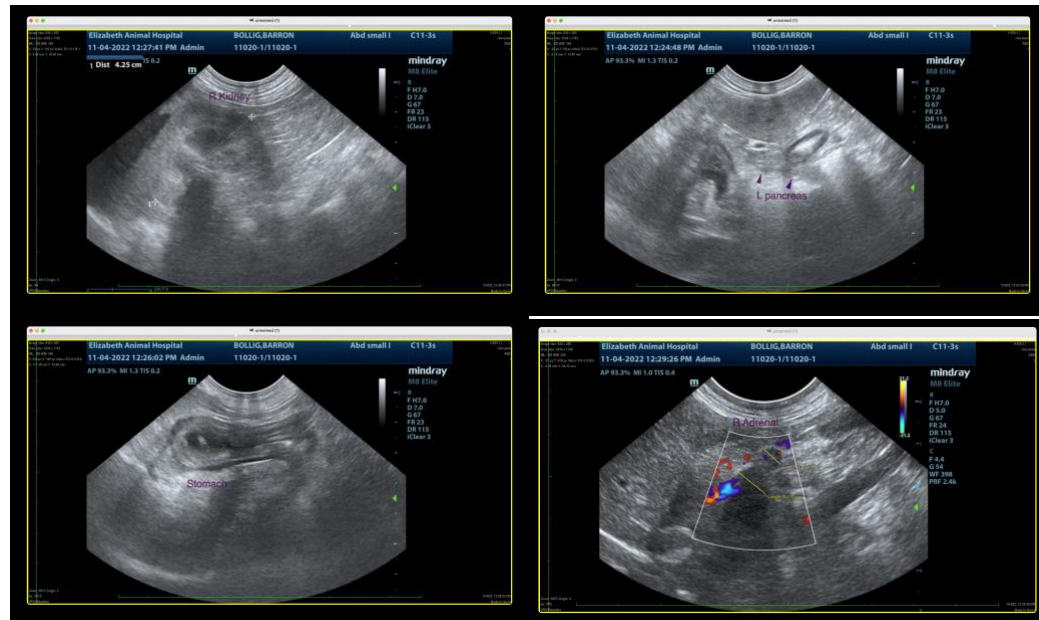
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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