



PATIENT PRESENTING CLINICAL SIGNS

Jacey Keeney History: P presents with pancreatitis, chronic diarrhea, and anorexia hx of cushings and hypothyroid
Abnormal PE/Chem/CBC/UA Results: BUN 95 ALP 297 Amylase 1515 Lipase 626

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

BREED

Dachshund

SEX

Female, spayed

The left kidney is prominent in size (4.30 cm in length) with an irregular shape. Numerous cortical cysts are present, the largest measuring 2.60 cm in diameter. The largest cyst causes capsular expansion. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

AGE

17 Yrs.

The right kidney is normal size (5.48 cm in length) with a slightly irregular shape. Numerous cortical cysts are visualized. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

WEIGHT

6.2 kg.

Adrenal Glands

The left adrenal gland is enlarged (0.62 cm at cranial pole) (0.87 cm at caudal pole) (1.96 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is enlarged (1.03 cm at cranial pole) (0.86 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

Hayley Heindel

Spleen

The spleen is normal in width (1.14 cm in width at the level of the hilus) with an elongated contour. A 0.64 cm ill-defined hypoechoic nodule/area is visualized. The remaining parenchyma is of appropriate echogenicity and echotexture. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Mason Dixon Animal
ER

Liver

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance. A 2.12 cm hypoechoic nodule is observed on the left side. In addition, a 0.93 cm hypoechoic nodule is observed in the caudate process. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. De Cordon

Gastrointestinal

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The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal to mildly thickened (up to 0.48 cm). with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in

DATE

1/17/2023



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some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

SPECIES

Canine

The base and limbs of the pancreas are prominent tin size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Dachshund

Free Abdomen

SEX

Female, spayed

Trace free fluid is observed. The mesentery in the mid-abdominal region is slightly hyperechoic/reactive. A 0.73 cm left medial iliac lymph node is visualized. The node is normal in shape and echogenicity.

Other

AGE

17 Yrs.

A brief visualization of the thorax reveals a few suspected ring down lesions.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.2 kg.

Primary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The bowel pattern is suggestive of inflammatory bowel disease. However, GI biopsies would be necessary to confirm this diagnosis.
- Trace ascites.

Secondary Findings:

- Bilateral, degenerative renal changes with cortical cysts and right dystrophic mineralization.
- The bilateral adrenomegaly is consistent with the previous diagnosis of pituitary dependent hyperadrenocorticism.
- The mild splenomegaly along with the hypoechoic nodule could be consistent with a benign process (i.e., lymphoid hyperplasia or similar). Alternatively, emerging neoplasia is possible.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The suspected ring down lesions in the thorax could be consistent with pulmonary parenchymal disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:
 1. A fecal evaluation for ova/Giardia, if not already performed.



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2. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
 3. Low fat limited antigen diet (when the patient is eating).
 4. Initiation of a fiber supplement.
 5. Ultimately, GI biopsies may be warranted. However, given the patient's age, the risks of the procedure need to be weighed against the benefits.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
 - Given the splenomegaly consider a fine needle aspirate of the spleen, if clotting status is appropriate.

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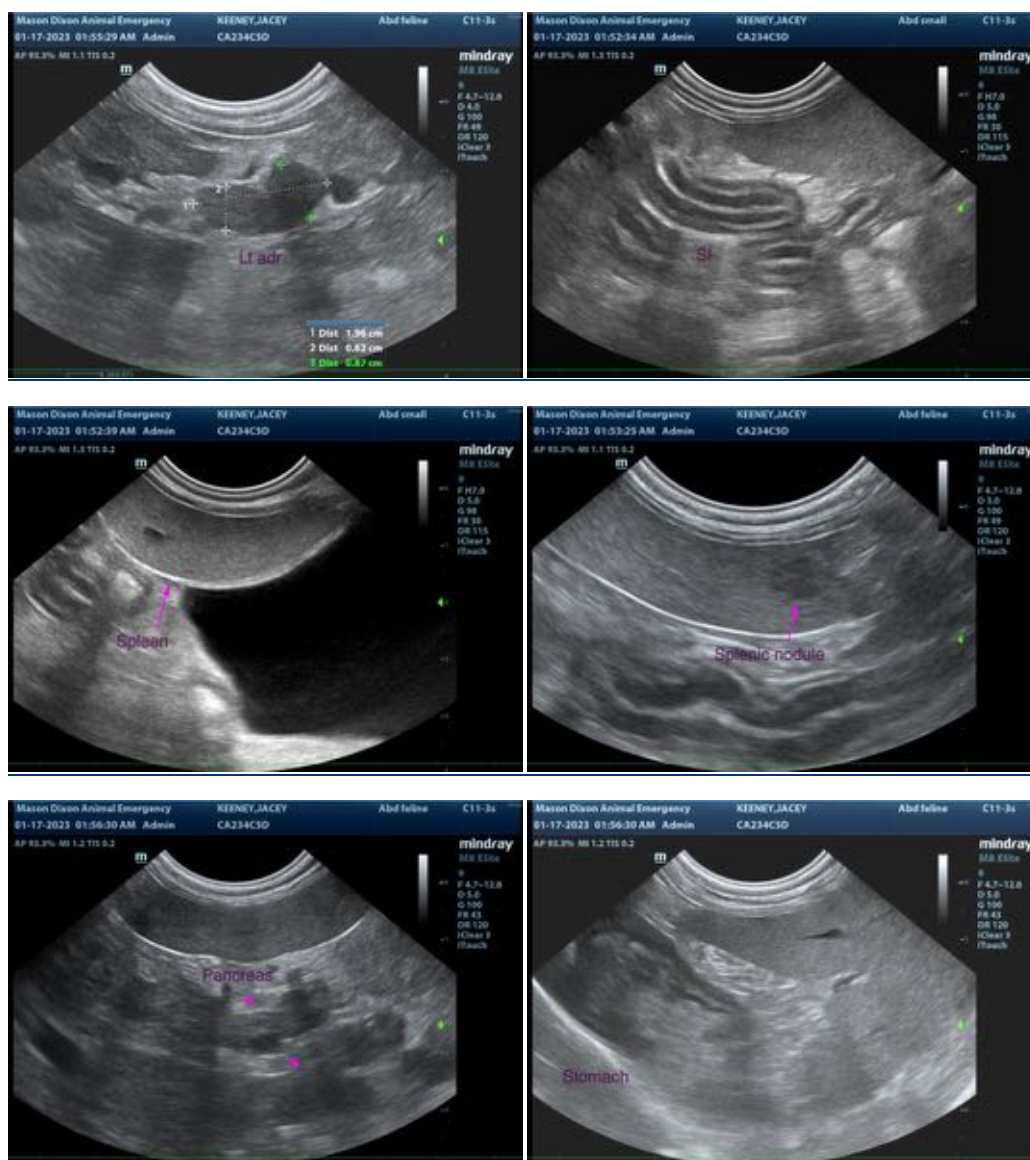
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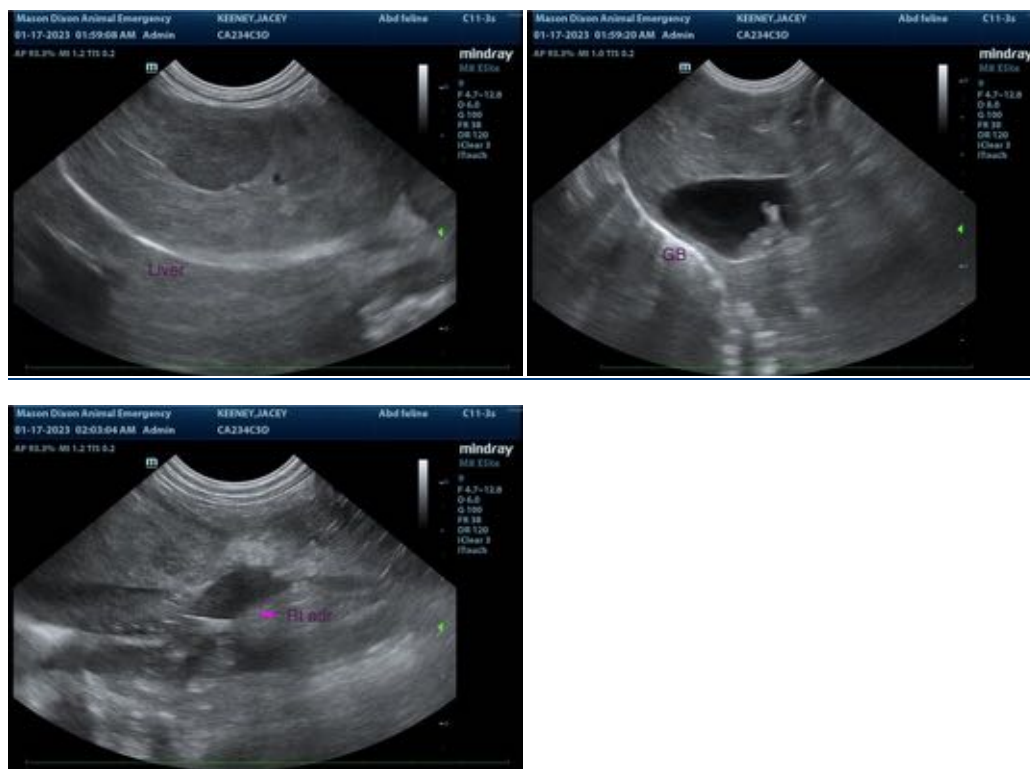
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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