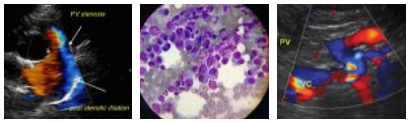
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

11/5/21

PATIENT

Rodney Walker

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

2004

WEIGHT

19.7 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Animal Emergency H

REFERRING VET

Dr. Roper

INVOICE

14192

PRESENTING CLINICAL SIGNS

History: Lethargic, Vomiting with Blood, & Not Eating.
Date: 11-03-2021 Notes: Patient presented to AEH 6-8 weeks ago for GI distress and was diagnosed with pancreatitis. Patient got better. Patient is on a chicken and rice diet. Friday patient had explosive diarrhea. Saturday patient got a little better. On Sunday patient had vomit or diarrhea with blood. Owner could not distinguish between the two. Owner gave GI medicine (Owner doesn't know what it is).

Current Medications: Buprenorphine, Ampi/Sublactam, Maropitant, Fenbendazole, Proviable.
Lab Results: Attached.
Date of Previous IntraPet Ultrasound: 9/14/2021.
Sedation: Not required for scan.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney presented normal size (5.05 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (4.76 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.49 cm at caudal pole) (2.12 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.51 cm at cranial pole) (0.86 cm at caudal pole) (2.46 cm in length); with an irregular shape and possible mass effect. The parenchyma is subtly heterogeneous in appearance with some loss of glandular detail. No focal lesions are observed. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.58 cm at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is hyperechoic to mineralized. A small amount of gravity dependent mineralized sand as well as a small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The right limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to the surrounding omental fat and diffusely mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen
There is no evidence of free fluid. 1-2 mesenteric lymph nodes are seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with mild chronic active pancreatitis. Changes are similar to the previous sonogram.
- Porcelain gallbladder (mineralization of the gallbladder wall). This finding is typical of cholecystitis but has been associated with gallbladder adenocarcinoma in some cases. Changes are similar to the previous scan.
- Right adrenal enlargement/mass effect- similar to the previous scan

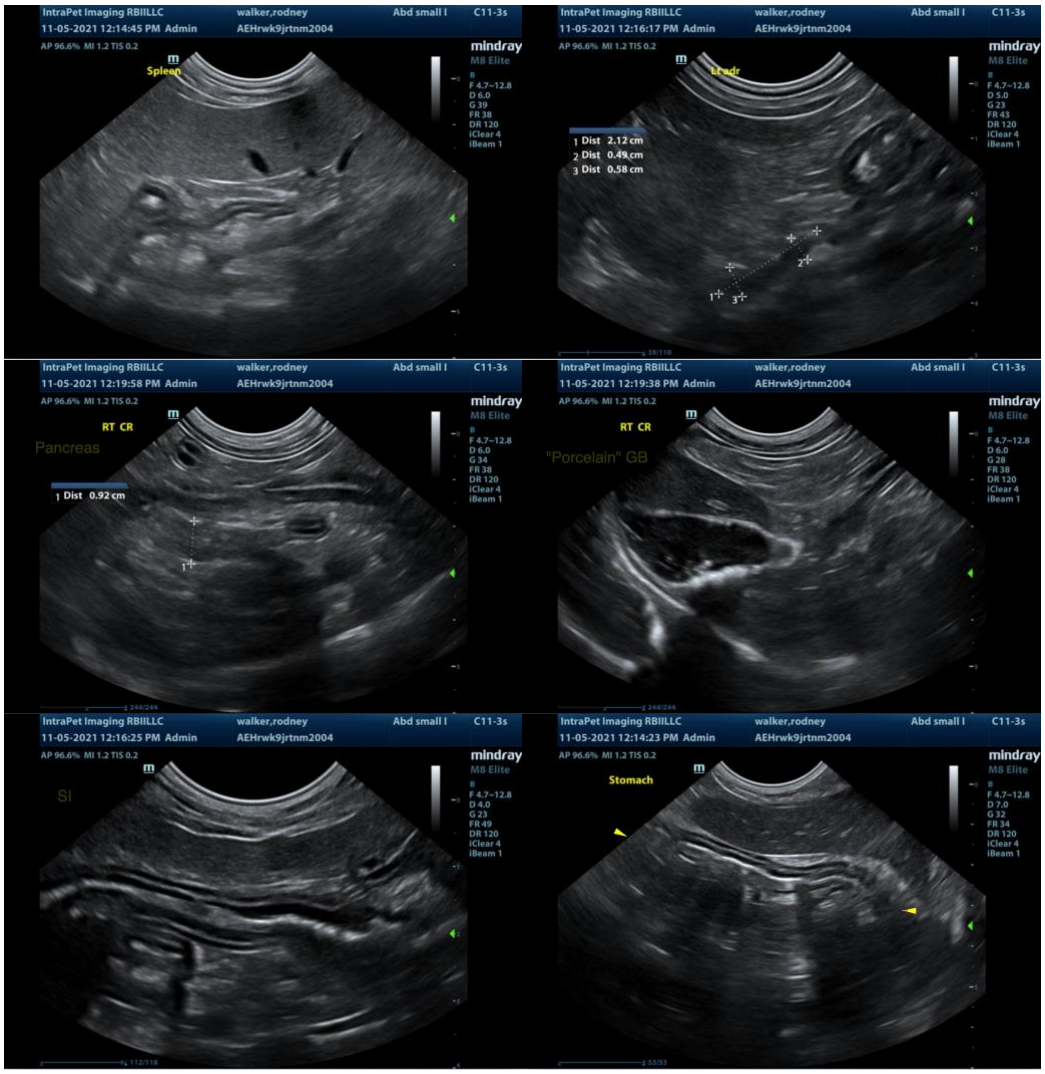
Secondary Findings

- 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 unlikely.
- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Bilateral age-related renal pathology with dystrophic mineralization

*An obvious cause for the patients' clinical signs is not identified in the study. They may be associated with a pancreatitis flair up, acute gastroenteritis, occult neoplasia, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- GI panel, including serum cobalamin, folate, TLI and PLI
- Supportive care for acute pancreatitis/gastroenteritis is recommended. If clinical signs do not improve with 48-72 hours of supportive care, a more advanced GI work-up may be warranted.
- Given the patients age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com