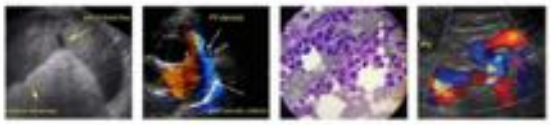
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jefferson Wall

SPECIES

Canine

BREED

Pharoah Hound

SEX

Neutered Male

AGE

9.3.2017

WEIGHT

27 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline VH

REFERRING VET

Dr Kris Moger

INVOICE

12649

DATE

4.3.23

PRESENTING CLINICAL SIGNS

History: Sedation Dexdomitor 0.1ml/Butorphanol 0.1ml IV- Dxed with pancreatitis 10/22, pt was exhibiting abdominal pain as his only symptom. Switched pt to low-fat diet (Hills I/D LF), he has been asymptomatic since. Recent Bw for pre-anesthetic procedure showed spec CPL still elevated. ABD US was recommended. Meds: Thyro Tabs 0.5mg BID

Abnormal PE/Chem/CBC/UA Results: 10/4/22 - ALT hi (190), Lipase hi (4156), spec CPL hi (416) 3/7/23 - ALT hi (189), T4 low (0.7), spec CPL hi (839)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (6.35 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.61 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and 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 in normal size (0.86 cm at cranial pole) (0.74 cm at caudal pole) (3.31 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.67 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized (the largest measuring 3.26 cm in length). In addition, a 0.84 cm cranial abdominal lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gall bladder changes could be consistent with a developing mucocele, cholestasis or less likely, fasting.

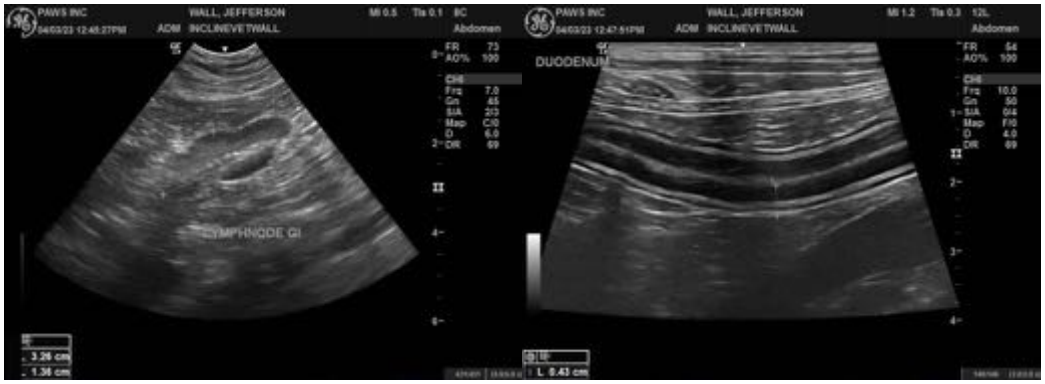
Secondary Findings

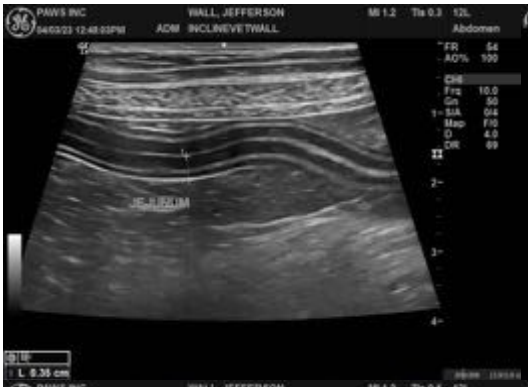
- Minor bilateral chronic renal changes
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

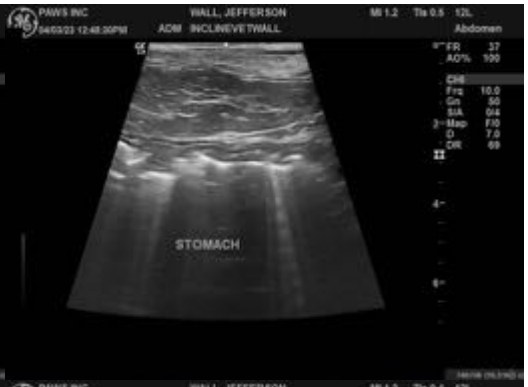
  *An obvious cause for the patient's elevated pancreatic enzymes is not definitively identified in this study. Considerations include mild chronic pancreatitis, subclinical gastrointestinal renal or hepatic disease, other.

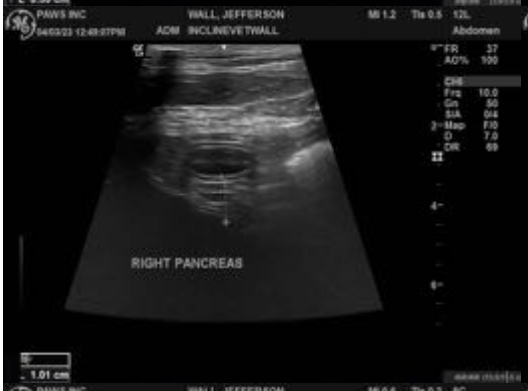
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

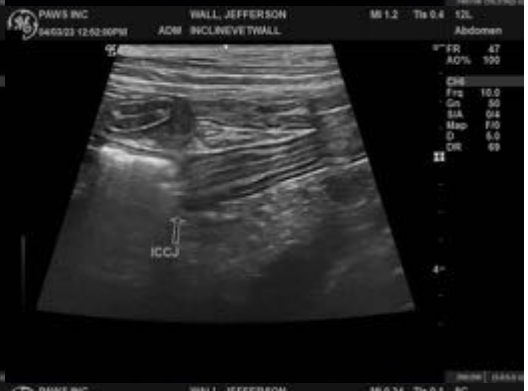
- Consider a repeat ultrasound when the patient is exhibiting clinical signs or pancreatitis.
- Given the gall bladder changes, consider a repeat ultrasound in 2-3 months. If gall bladder changes are similar or have progressed more towards a mucocele, Ursodiol therapy should be considered at that time.

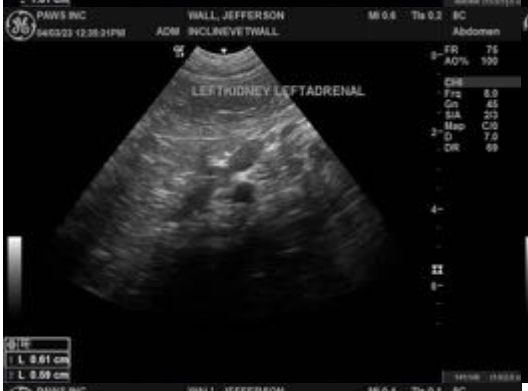


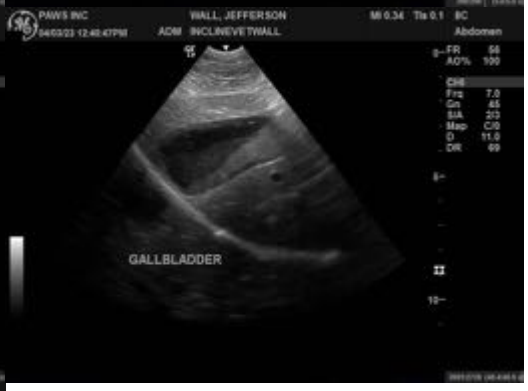

PAWS INC
WALL, JEFFERSON
ADM INCLINEVETWALL
Abdomen

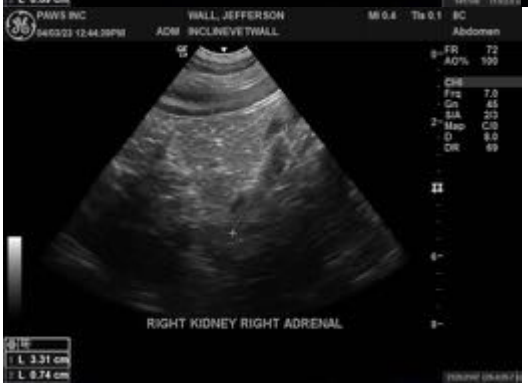

PAWS INC
WALL, JEFFERSON
ADM INCLINEVETWALL
Abdomen
STOMACH


PAWS INC
WALL, JEFFERSON
ADM INCLINEVETWALL
Abdomen
RIGHT PANCREAS


PAWS INC
WALL, JEFFERSON
ADM INCLINEVETWALL
Abdomen
ICCJ


PAWS INC
WALL, JEFFERSON
ADM INCLINEVETWALL
Abdomen
LEFTKIDNEY LEFTADRENAL


PAWS INC
WALL, JEFFERSON
ADM INCLINEVETWALL
Abdomen
GALLBLADDER


PAWS INC
WALL, JEFFERSON
ADM INCLINEVETWALL
Abdomen
RIGHT KIDNEY RIGHT ADRENAL

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.

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