

**DATE PRESENTING CLINICAL SIGNS**

5/11/22

Painful, concern for IVDD. On 5/9 seen at Falls Road AH- concern on x-ray for possible cranial abdominal mass.

PATIENT

Zeek Ocampo

Current Medications: Gabapentin, Rimadyl, Methocarbamol, Buprenorphine 0.15mL SQ at 9:30am today. Lab Results: 4/27/22 all WNL. Waiting on tick serology.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested by DVM.

SPECIES

Canine

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Miniature Schnauzer

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. A small amount of suspended echogenic debris is observed within lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

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

AGE

7/21/2015

The left kidney is normal in size (5.33cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

18.6 lbs.

The right kidney is normal size (5.77 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.56 cm at caudal pole) (2.48 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.

HOSPITAL NAME

Jacksonville VH

The right adrenal gland is normal size (0.43 cm at cranial pole) (0.49 cm at caudal pole) (2.22 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.

REFERRING VET

Dr. Kablis

Spleen

The spleen is normal in size (1.32 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.79 x 0.70 cm hypoechoic nodule is observed just distal to the hilus. In addition, a 0.78 x 0.41 cm hypoechoic nodule is observed at the medial aspect, just proximal to the hilus. Splenic vasculature is normal.

INVOICE

13357

Liver

The liver is subjectively normal to slightly prominent 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 gallbladder is of normal contours and

contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Bilateral, age-related renal changes with dystrophic mineralization.
- The pancreatic changes are suggestive of chronic active pancreatitis (mild).
- The splenic nodules could be consistent with a benign process (i.e., foci of lymphoid hyperplasia or extramedullary hematopoiesis). Alternatively, emerging neoplasia may be present.

*There is no obvious evidence of an abdominal mass. It is unclear if the patient's discomfort is secondary to pancreatitis, an orthopedic/neurologic issue or other underlying disorder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine needle aspirates of the splenic nodules, if clotting status is appropriate. Alternatively, consider a repeat ultrasound in 4 weeks to assess for progression.
- Given the pancreatic changes, consider a prescription low-fat diet to help prevent pancreatitis flare ups in the future. Also provide supportive care as needed when symptoms occur.



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.

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