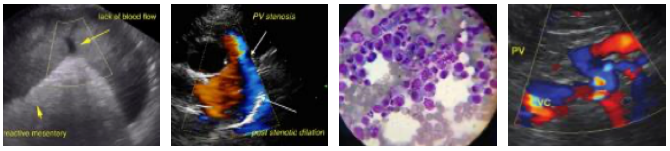
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Carmelita Perez

SPECIES
Canine

BREED
Dachshund

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
10.6 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Davila

INVOICE
15064

DATE
6/20/23

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound. Pt is hospitalized with pancreatitis / DM and inappetence. Liver enzymes are elevated Tx: Will leave Carmelita with Cerenia and Ondansetron and repeat bloodwork tomorrow. Hyperglycemia: Diabetes vs neoplasm vs other Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs: RL view has a +/- mass on the retroperitoneal space (images were sent for interpretation) CBC: Eosinophils 0.02 K/µL (0.06 - 1.23) CHEM: Glucose 308 mg/dL (70 143) Calcium 7.4 mg/dL (7.9 - 12) Sodium 136 mmol/L (144 - 160) Chloride 105 mmol/L (109 - 122) ALT 139 U/L (10 - 125) Amylase 1,501 U/L (500 - 1500)

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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (5.12 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.58 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm at cranial pole) (0.41 cm at caudal pole) (2.10 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.

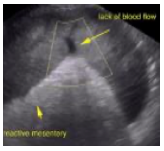
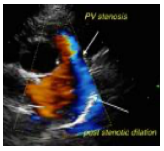
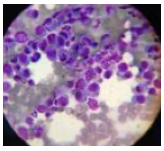
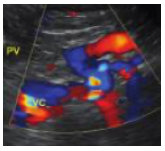
The right adrenal gland is normal size (0.41 cm at cranial pole) (0.42 cm at caudal pole) (2.40 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.60 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subjectively hypoechoic and homogeneous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. 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 debris is

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Carmelita Perez

SPECIES
Canine

BREED
Dachshund

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
10.6 lbs.

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

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Davila

INVOICE
15064

DATE
6/20/23

observed within the lumen, some of which is gravity-dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and 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 obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are suggestive of chronic +/- active pancreatitis with age-related remodeling +/- fibrosis.

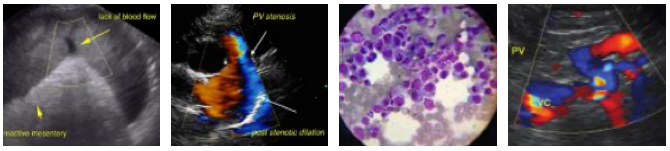
Secondary Findings:

- The hepatic parenchymal changes are non-specific and could be consistent with diabetic hepatopathy, regenerative nodular hyperplasia, age-related remodeling, inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis, other hepatopathy.
- Mild bilateral chronic renal changes. The bilateral pyelectasia may be secondary to pyelonephritis, age-related remodeling, PU/PD, fluid therapy or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a cPLI to further evaluate for pancreatitis.
- A urinalysis is recommended to assess for glycosuria, ketonuria, etc. A urine culture and sensitivity should also be considered to evaluate for occult infection.
- While awaiting test results, symptomatic care, including IV fluid therapy, regular insulin, GI protectants, pain medication +/- broad spectrum antibiotics should be considered.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Carmelita Perez

SPECIES

Canine

BREED

Dachshund

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

10.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

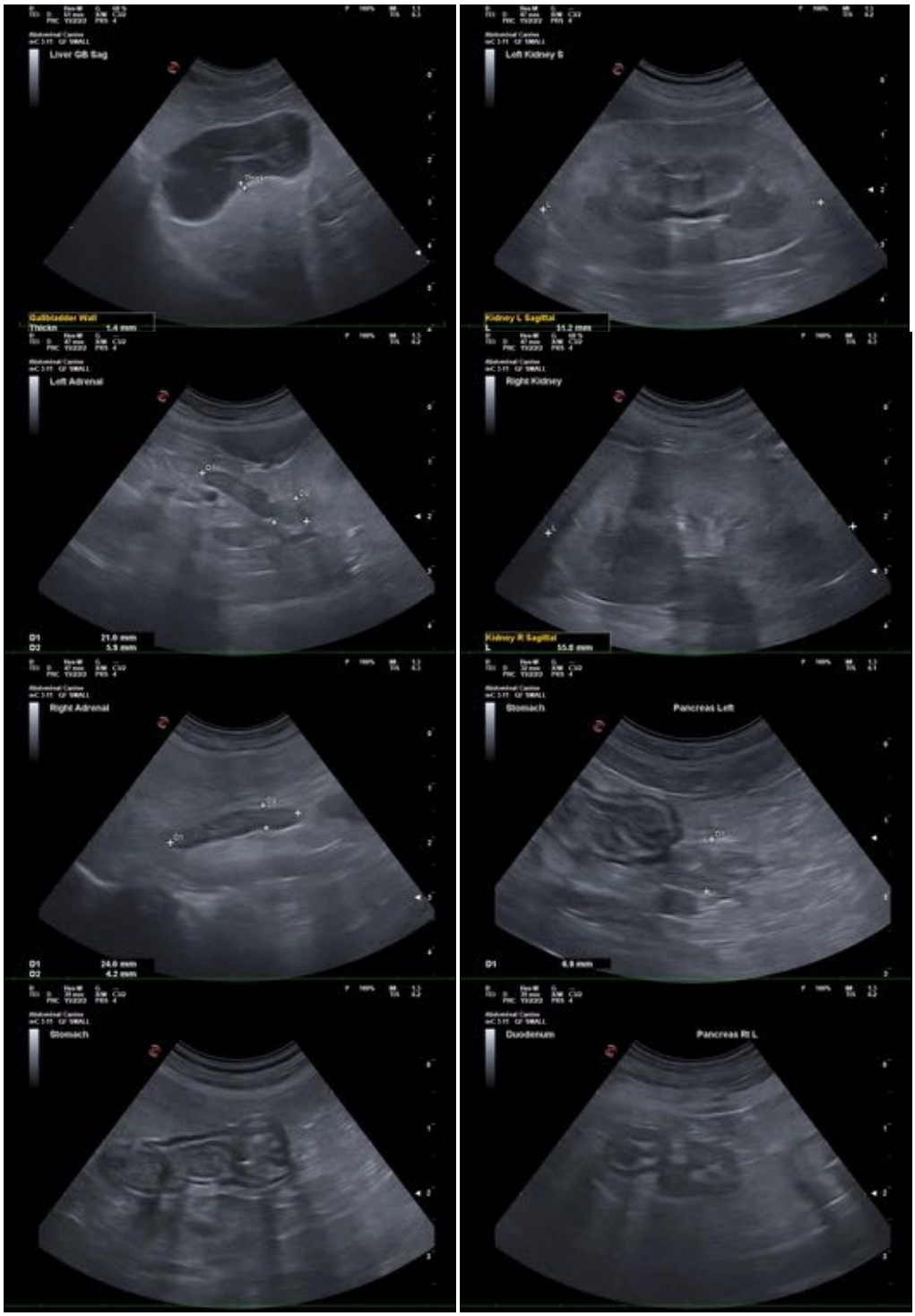
Dr. Davila

INVOICE

15064

DATE

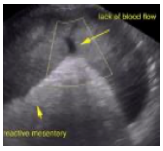
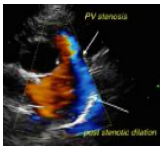
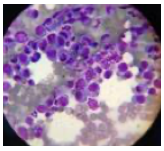
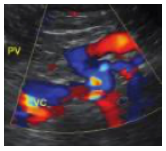
6/20/23



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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Carmelita Perez

SPECIES

Canine

BREED

Dachshund

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

10.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Davila

INVOICE

15064

DATE

6/20/23

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