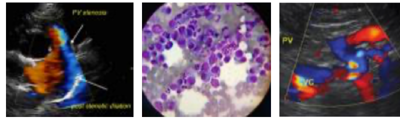
IMAGING PERFORMED BY

IntraPet.com



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

DATE
7.6.2022

PATIENT
Elliot Matyas

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
7/23/2008

WEIGHT
65lbs

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

HOSPITAL NAME
Harborside Mobile VC

REFERRING VET
Dr. Hawkins

INVOICE
11201

PRESENTING CLINICAL SIGNS

CC: panting for years. no coughing. no shortness of breath.
PE: no heart abnormalities auscultated. Panting likely secondary from arthritis. Elevated spec CPL 5/23/22 and 6/17/22 (has increased)
History of prior bouts of pancreatitis

Current Medications: Methocarbamol 500 mg BID for arthritis, Carprofen 75 mg BID, Cerenia 160 mg SID, Cytopoint every 12 weeks, Sucralfate PRN and Proin PRN.
Lab Results: Suffers from bouts of pancreatitis.
Date of Previous IntraPet Ultrasound: 9/3/2020. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. The mucosal surface in the region of the apex is slightly irregular. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (6.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.23 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (5.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The **left adrenal gland** is mildly enlarged (0.71 cm at cranial pole) (0.89 cm at caudal pole) (2.75 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 upper limits of normal size (0.80 cm at cranial pole) (0.83 cm at caudal pole) (2.39 cm in length) with a normal shape and smooth peripheral contours; 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 subjectively normal in size (2.56 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is mottled in appearance with several small, ill-defined, hyperechoic nodules throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

Liver
The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature 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 to moderate amount of hypergenic debris is observed within the lumen, most of which is gravity dependent and some of which is suspended. 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 pyloric outflow tract is patent. 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 right limb of the **pancreas** is visible 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to prior inflammatory episodes, early fibrosis or chronic pancreatitis.

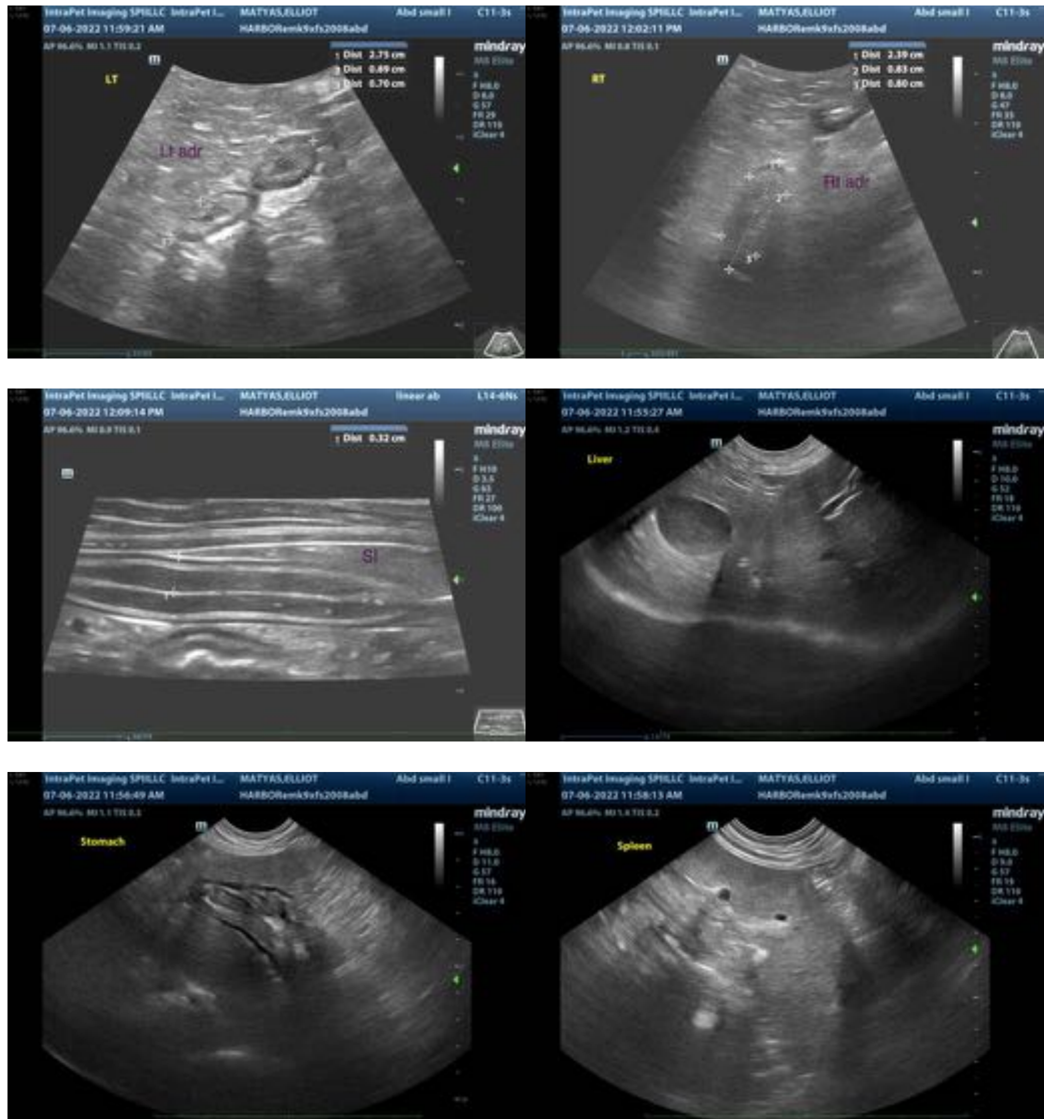
Secondary Findings

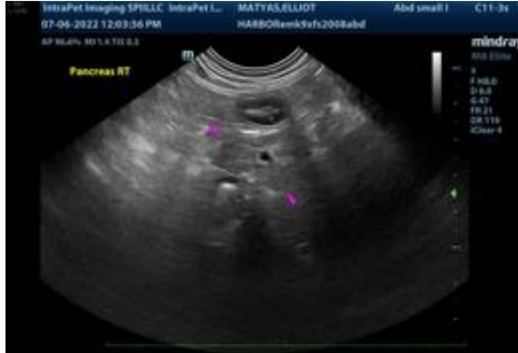
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder debris – incidental
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). The diffuse splenic parenchymal changes are similar to the previous sonogram. The small, hyperechoic nodules are most consistent with a benign process (i.e., myelolipomas) with a low possibility emerging neoplasia.
- Minor bilateral age-related renal changes with pyelectasia
- Borderline bilateral adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of recurring pancreatitis, a prescription low-fat diet is recommended for long-term maintenance, as well as continued symptomatic care as needed.

Given the sonographic changes in the kidneys and urinary bladder, consider a urinalysis +/- urine culture and sensitivity, if indicated.





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