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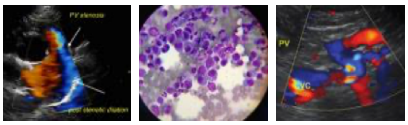

SonoPath

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DATE

9/14/21

PATIENT

Rodney Walker

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Male, neutered

AGE

2004

WEIGHT

20.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

12084

PRESENTING CLINICAL SIGNS

Not Eating, Lethargic, Vomiting, and Diarrhea.
History: Date: 09-12-2021 Notes: Was here yesterday for mainly diarrhea, although he had vomited a couple days previously and once
while at hospital. Owner preferred to try OP tx first. He initially seemed to be doing ok but then vomited a large amount today and has not
been interested in eating.

Current Medications: Gabapentin Capsules 100mg, Sucralfate Tablets 1gm, Metronidazole Tablets 250mg, Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Sucralfate Tablets 1gm, Entyce soln. 30mg (per ml)
Lab Results: CBC chem WNL, cPL abnormal
Radiographs: Abdomen 2 View- no evidence of obstruction; liver may be slightly enlarged
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
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 cm, are normal.

The prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.00 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is slightly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.21 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is slightly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.27 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 normal size (0.54 cm at cranial pole) (0.48 cm at caudal pole) (1.67 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 (1.42 cm at cranial pole) (0.91 cm at caudal pole) (2.10 cm in length) with an irregular shape and a mass effect throughout the gland. The parenchyma is mildly heterogeneous with loss of glandular detail. Surrounding vasculature appears normal with no obvious evidence of vascular invasion. The mesentery effacing the serosal surface is hyperechoic.

Spleen

The spleen is normal in size (xxx cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. A few small, irregular myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver
The liver is subjectively prominent in size with swollen slightly rounded peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous and mottled in appearance. Several small ill-defined hyperechoic nodules are observed throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thickened (up to 0.22 cm), irregular and hyperechoic to mineralized. A moderate amount of aggregated echogenic to mineralized mostly gravity-dependent 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 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. No obstructive 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 surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

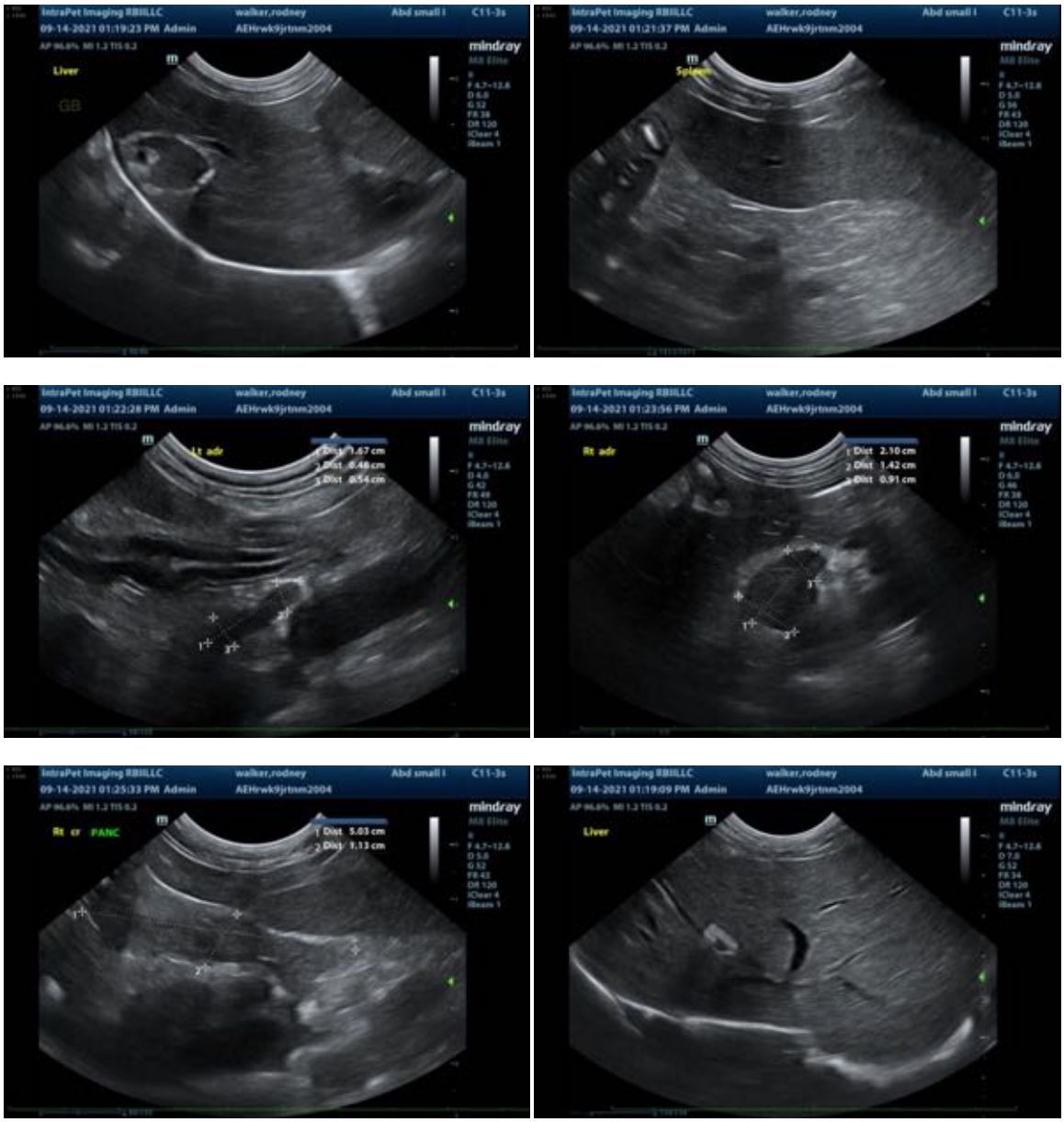
- The pancreatic changes are suggestive of mild acute or chronicm active pancreatitis.
- “Porcelain” gallbladder. This finding is most consistent with cholecystitis. However, it has been associated with biliary carcinoma in some cases. Gallbladder sludge, non-mucocele.
- In light of the normal liver values, the sonographic hepatic parenchymal changes are most consistent with benign age-related pathology (i.e., regenerative nodular hyperplasia, remodeling and/or vacuolar hepatopathy).
- Right adrenal mass effect. Differentials include early neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) vs regenerative nodular hyperplasia.

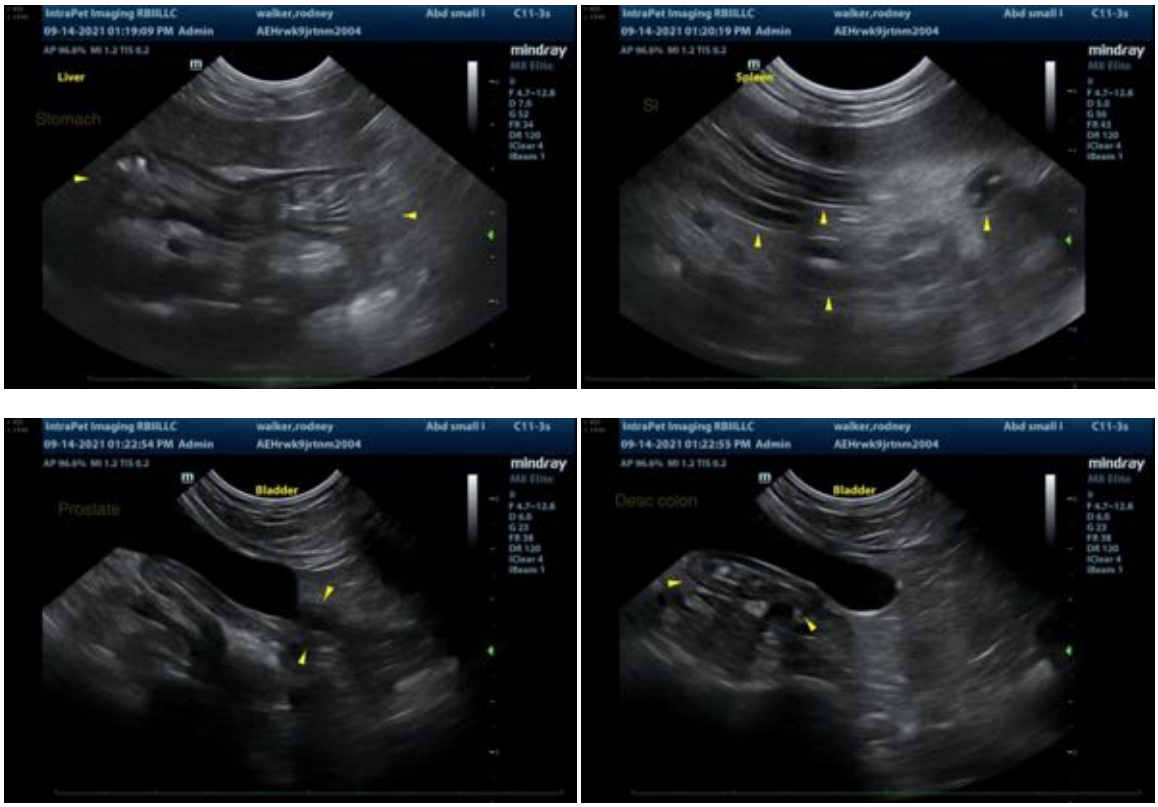
Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral age-related renal changes with dystrophic mineralization and mild pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis/cholecystitis is recommended.
- Also consider a PLI +/- full GI panel to further evaluate for pancreatitis and concurrent gastrointestinal disease.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To further assess the right adrenal changes, consider a low-dose dexamethasone suppression test, urine/blood catecholamine levels and a baseline blood pressure measurement.





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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