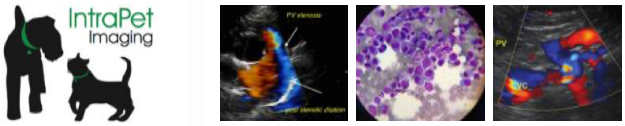
IMAGING PERFORMED BY

IntraPet.com



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DATE

9/27/22

PATIENT

Klondike Mazurek

SPECIES

Canine

BREED

Dachshund

SEX

Male, neutered

AGE

10/15/2010

WEIGHT

15 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

14022

PRESENTING CLINICAL SIGNS

Patient presents for evaluation - history of pancreatitis which appears to improve with treatment, but vomiting and soft stool will return when medications are stopped. Concern for further pancreatic pathology.

Current Medications: SQF and Cerenia given SQ on 9/26/2022
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 (1.11 cm in width) with a normal shape and smooth peripheral contours. A 0.49 cm ill-defined hypoechoic area is observed at the periphery. The remaining parenchyma was homogeneous. The prostatic urethra is not overtly dilated.

The left kidney is normal size (4.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.73 cm at caudal pole) (2.30 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 mildly enlarged (0.61 cm at cranial pole) (0.73 cm at caudal pole) (2.31 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 subjectively normal in size. A 2.29 x 1.50 cm hypoechoic to heterogeneous nodule/mass is observed at the lateral aspect. The lesion causes slight capsular expansion. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

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 amount of aggregated echogenic suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is filled with hard shadowing material. 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 retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The shadowing within the gastric lumen is concerning for foreign material.
- The small intestinal wall changes are suggestive of inflammatory bowel disease but may be a normal variant for this patient.
- The splenic nodule/mass could be consistent with an emerging tumor (i.e., sarcoma, round cell tumor) or a focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar.

Secondary Findings:

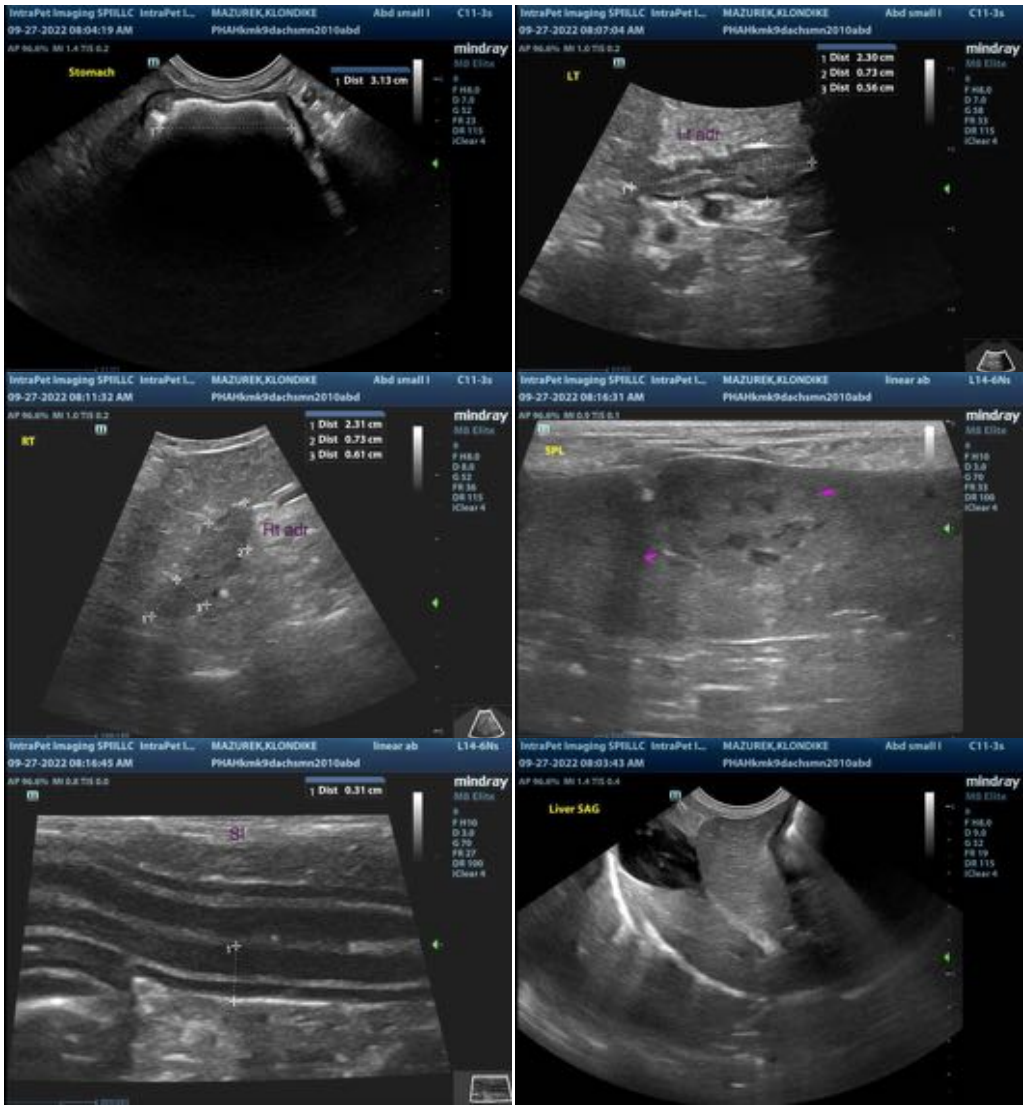
- Mild bilateral adrenomegaly.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hypoechoic area within the prostatic parenchyma may represent benign age-related remodeling or less likely, an emerging tumor.

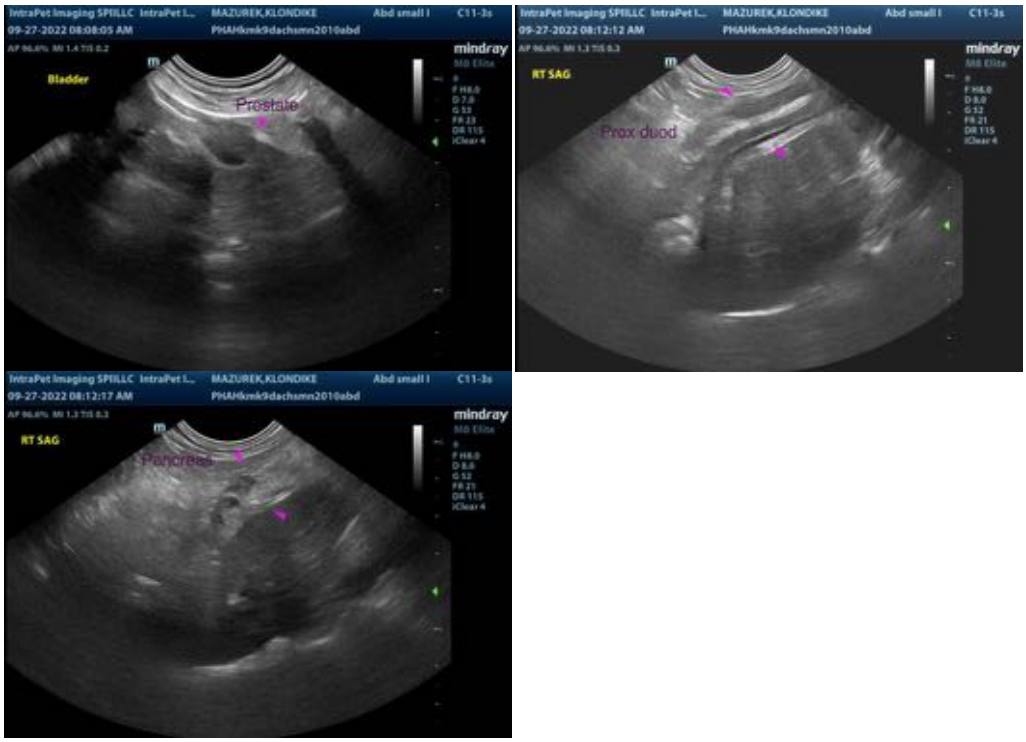
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the splenic lesion (if clotting status is appropriate). A 25-gauge needle should be used and the patient should be monitored sonographically for at least 5-10 minutes post-aspiration to assess for evidence of iatrogenic hemorrhage.
- Given the gastric contents, consider abdominal radiographs to better assess for foreign material. Alternatively, an abdominal exploratory with gastronomy can be considered. If surgery is pursued,

small intestinal biopsies should also be obtained. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.

- Given the patient's chronic history, a malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended along with a fecal evaluation for ova and Giardia. Also consider supplementation with a probiotic with a high colony count (i.e., Visbiome or Proviable Forte).





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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