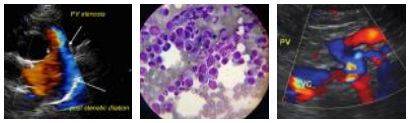
IMAGING PERFORMED BY

IntraPet.com



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

DATE

1/23/23

PATIENT

Daisy Pollock

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

12/1/14

WEIGHT

94.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

20750

PRESENTING CLINICAL SIGNS

History: 1/10 had a gastrotomy and had hairball /paper clip, did ok, but continued to have some intermittent vomiting /regurg. Did not do well with baytril, owner thinks made her vomit so stopped 1/16 had another procedure, owner is unclear about exactly what occurred, but thought was a hernia, but was not, had to shuck out disease fat, and removed a cyst on the pancreas(unsure if was biopsied) Since 1/20 intermittent vomiting, regurg. Seems to do better in am, when getting the maropitant. Then in afternoon worse, regurg water and does not eat well. only time has defecated was 3 days ago, firm stool with hair mat similar to what was removed from the stomach owner states shakes 1 hour after gaba does not do well with the sucralfate Today owner thinks when lays on side-- "lump" protrudes from abdomen only 1 BM since first surgery

Current Medications: See above.
Lab Results: See attached.
Radiographs: no dilation of esophagus , no pneumonia
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. 1.0 cm in length, shadowing mineral density is noted along the dependent wall may represent a 1.0 cm in size cystolith or several accumulated smaller cystoliths.

Left kidney is normal is size (7.27 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.72 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (2.94 cm long x 0.86 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (3.49 cm long x 0.8 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). The head of the spleen is hypoechoic compared to the remaining parenchyma, beginning at a well demarcated line, suggestive of a potential infarcted area however, scant parenchymal vascularity appears still present, based on doppler in these images. Splenic vasculature appears normal.

Liver
Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal
The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with soft granular appearing stool.

Pancreas
The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Markedly enhanced hyperechoic mesenteric fat and omentum is noted in the cranial abdomen, surrounding the stomach and the pancreas, as well as the ventral abdominal wall incision.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute pancreatitis- Some of the peripancreatic inflammatory changes could be normal post-op inflammation, secondary to the reported gastrotomy vs related to just pancreatitis.
- Possible early emerging or potentially resolving splenic infarct
- Markedly enhanced cranial abdominal mesentery and omentum is likely normal post-op variant/inflammation given this patients reported recent surgery combined with suspected pancreatitis. There is no visible evidence of perforation or further obstruction in these images at this time, however, neither can be 100% definitively ruled out.

Secondary Findings

- Urinary bladder cystoliths
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary

disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

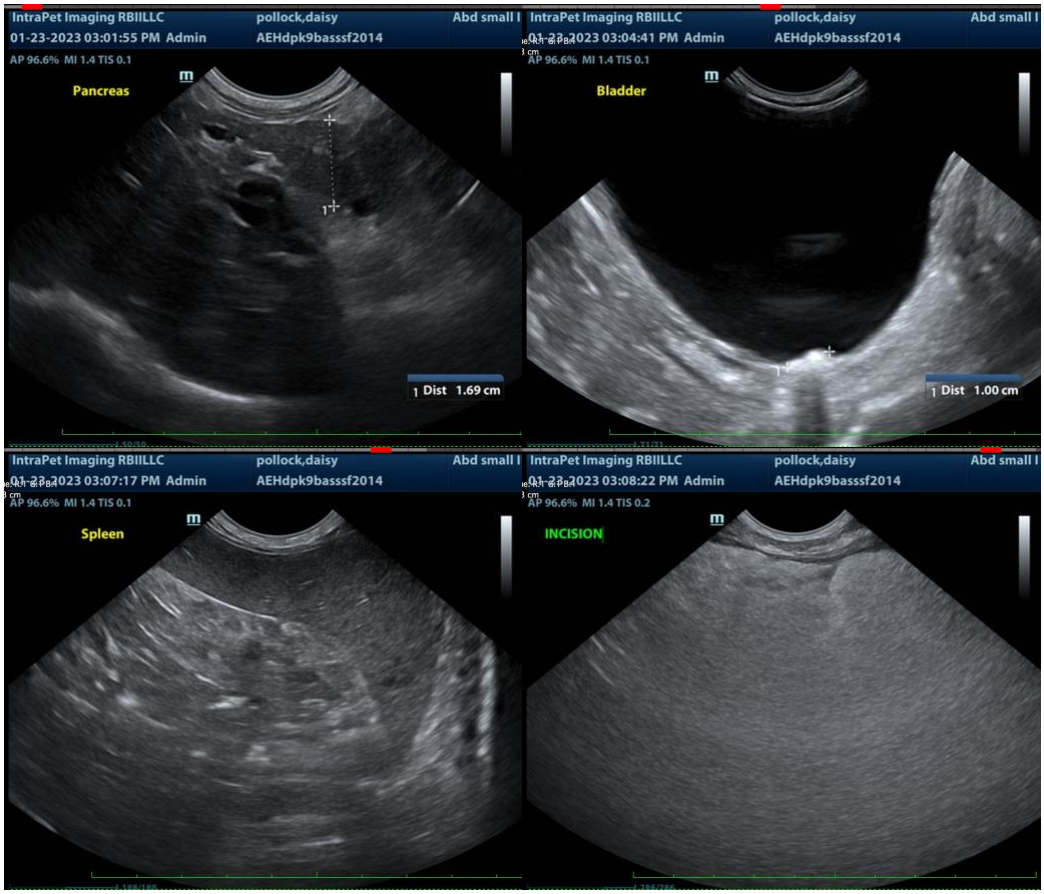
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

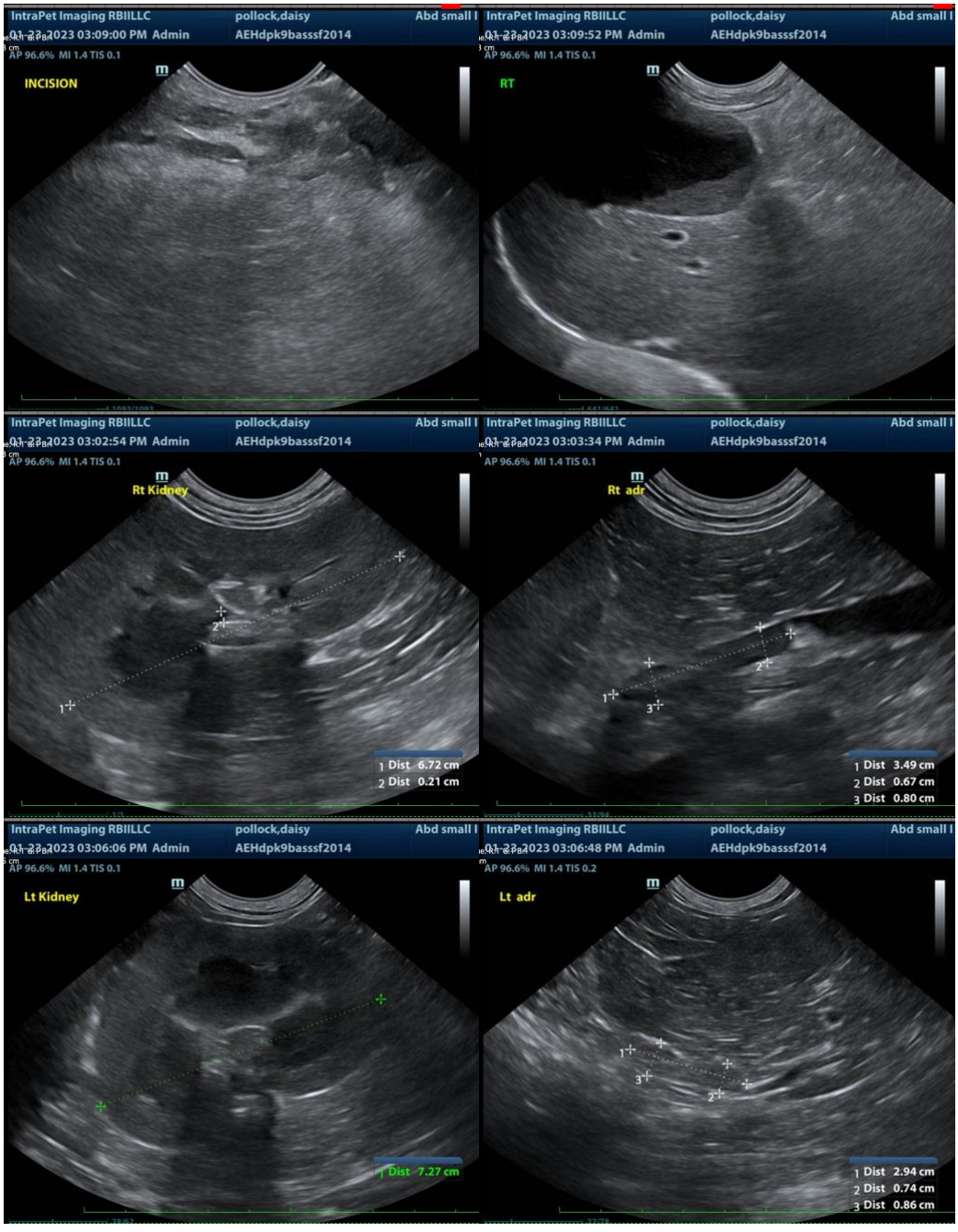
Further assessment of potentially underlying gastrointestinal disease, resulting in the original clinical signs, is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

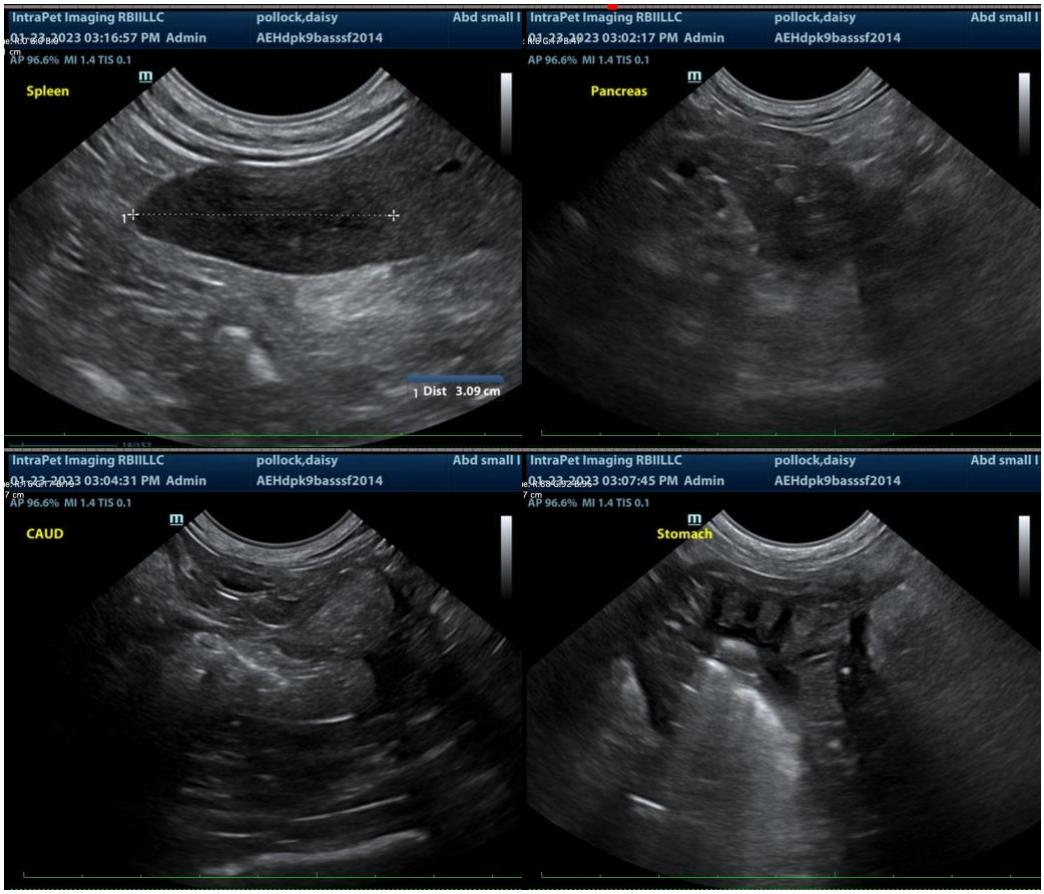
If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

In the meantime, given the marked amount of change consistent with inflammation and likely discomfort, supportive/symptomatic medical management of the gastrointestinal signs and post-operative pain, etc., is recommended with antiemetics, gastroprotectants, appetite stimulant or even a feeding tube (short-term, if necessary), pain management +/- fluid therapy, broad spectrum antibiotics, etc.

Additionally, close monitoring of the spleen for evidence of progression of the infarcted area vs improvement/resolution given the visible vascularity at this time is recommended.




IntraPet Imaging RBIILLC
pollock,daisy
Abd small I
Q1 23 2023 03:09:00 PM Admin
AEHdpk9basssf2014
AP 96.6% MI 1.4 TIS 0.1
INCISION
IntraPet Imaging RBIILLC
pollock,daisy
Abd small I
Q1 23 2023 03:09:52 PM Admin
AEHdpk9basssf2014
AP 96.6% MI 1.4 TIS 0.1
RT
IntraPet Imaging RBIILLC
pollock,daisy
Abd small I
Q1 23 2023 03:02:54 PM Admin
AEHdpk9basssf2014
AP 96.6% MI 1.4 TIS 0.1
Rt Kidney
1 Dist 6.72 cm
2 Dist 0.21 cm
IntraPet Imaging RBIILLC
pollock,daisy
Abd small I
Q1 23 2023 03:03:34 PM Admin
AEHdpk9basssf2014
AP 96.6% MI 1.4 TIS 0.1
Rt adr
1 Dist 3.49 cm
2 Dist 0.67 cm
3 Dist 0.80 cm
IntraPet Imaging RBIILLC
pollock,daisy
Abd small I
Q1 23 2023 03:06:06 PM Admin
AEHdpk9basssf2014
AP 96.6% MI 1.4 TIS 0.1
Lt Kidney
1 Dist 7.27 cm
IntraPet Imaging RBIILLC
pollock,daisy
Abd small I
Q1 23 2023 03:06:48 PM Admin
AEHdpk9basssf2014
AP 96.6% MI 1.4 TIS 0.2
Lt adr
1 Dist 2.94 cm
2 Dist 0.74 cm
3 Dist 0.86 cm



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.

Beth Johnson, DVM DACVIM
Beth.Johnson@SonoPath.com