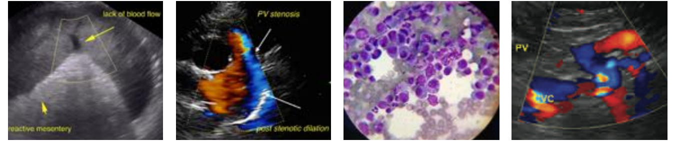


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bella Kariotis

SPECIES
Canine

BREED
Morkie

SEX
Spayed Female

AGE
12 years

WEIGHT
4 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Chain of Lakes Animal Clinic

REFERRING VET
Dr. Chesanek

INVOICE
95465

DATE
1/24/22

PRESENTING CLINICAL SIGNS

Presented 3 days ago for soft stool and decreased appetite for the last week or so. Will only eat treats, ate a small amount of food yesterday. No vomiting, no hx of toxin or FB, no known table scraps.
Decreased energy
Abnormal PE/Chem/CBC/UA Results: BW: 09/27/21 01/24/22 TP: 4.6 Alb: 1.4 Alb: 2.6 Fecal: neg Glu: 149 Plt: 422

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (2.8 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (3.0 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.29 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

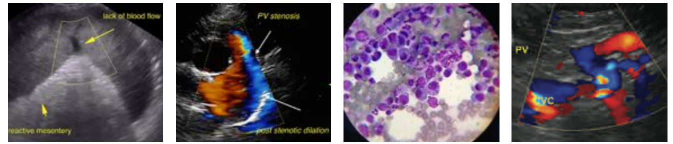
Right adrenal gland is normal in size (0.29 cm at cranial pole and 0.51 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick cm. There is no evidence of CBD dilation.



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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas appears a hypoechoic, edematous mass. This is characterized by heterogenous parenchyma, ill-defined margins and hyperechoic fat and mesentery as well as free fluid surrounding the area of the pancreas.

Free Abdomen

Lymph nodes are normal with no observed enlargement. There is a small to moderate amount of anechoic free fluid as well as diffusely hyper reactve/hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

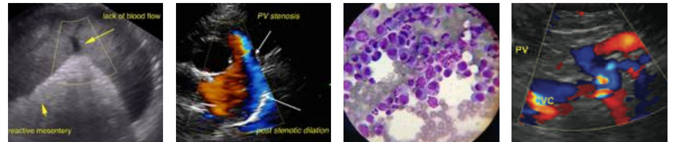
Primary Findings

- Severe acute pancreatitis accompanied by free fluid and hyperechoic mesentery suggestive of peritonitis, which is likely secondary to the pancreatitis.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.
- Canine gallbladder mucocele – GB findings are most consistent with a mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend to check blood flow of the pancreas with Doppler at one of the follow-up ultrasounds to rule out the beginnings of pancreatic necrosis. In addition, I recommend a gastrointestinal malabsorption panel, given the low albumin to further assess the function of the GI tract. This panel includes a TLI, PLI, folate and cobalamin to Texas A&M GI laboratory, so will also help to further assess the pancreatitis. If not already performed a urinalysis is recommended and if the sediment is quiet, but there is protein in the urine a urine protein to creatinine ratio is recommended to quantify any protein in the urine.

Treatment recommendations include aggressive medical management of pancreatitis with IV fluids, +/- fresh frozen plasma, appetite stimulants, anti-emetics, gastroprotectants, pain management as well as broad spectrum antibiotics. During treatment recommendations include following the appearance of the pancreas and gallbladder and if pancreatitis appears to be resolving, but clinical signs such as decreased appetite, vomiting, abdominal pain, etc. persist then a cholecystectomy may be indicated. If medical management of pancreatitis results in a resolution of clinical signs then long term recommendations include transition to a low-fat diet with close monitoring of the gallbladder as well as



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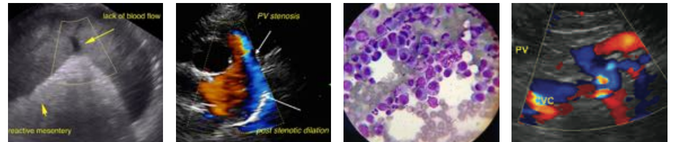
laboratory change to include increasing ALKP or increasing total bilirubin, etc. which would indicate a need for cholecystectomy down the road.



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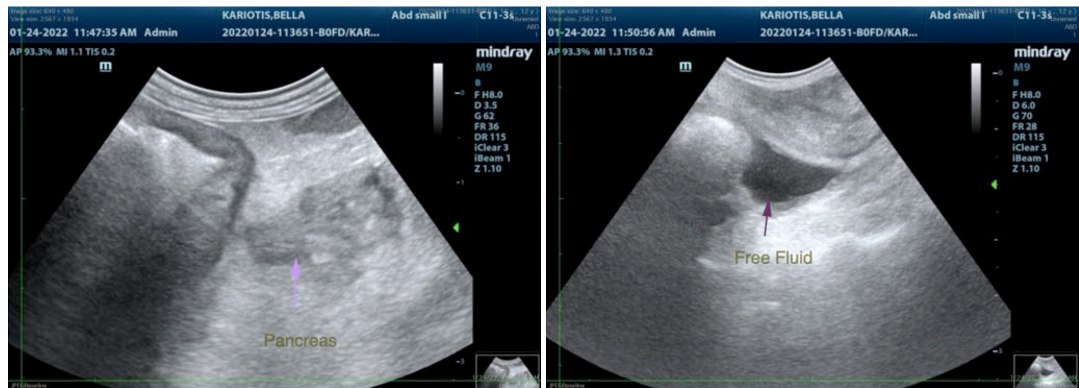

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com