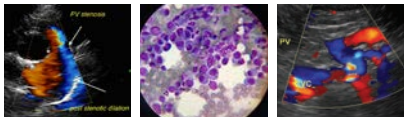
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

12/13/22

PATIENT

Nova Coleman

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed Female

AGE

12/5/13

WEIGHT

13.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Lewis

INVOICE

43412

PRESENTING CLINICAL SIGNS

Pet presented 11/5/22 for a comp exam. Owner noted that pet had been vomiting for 2 weeks. Bloodwork and urine testing showed uncontrolled diabetes and DKA. Pet was transferred to Animal Emergency in Bel Air where she was hospitalized for 3 days and treated for DKA. Pet has since been placed on Vetsulin but we are having difficulty regulating her. Last curve (12/6) on 4 units BID still remained in the 500s to 750. Pet also has a grade 4/6 murmur. No imaging has been done at this point

Current Medications: Vetsulin 5 units BID (increased to 5 units on 12/6
Lab Results: 11/5: ALKP 559. Glucose 612 at diagnosis
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.38 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 infarcts observed. Small non-obstructive nephroliths are present and mild pyelectasia.

The left kidney is normal in size (4.98 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 infarcts observed. Small non-obstructive nephroliths are present and mild pyelectasia.

Adrenal Glands

The right adrenal gland is normal in size (2.2 cm long x 0.94 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.81 cm long x 0.57 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. In the right cranial liver, there is a discrete 1.2 cm round hyperechoic nodule. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity. In the area of the right pancreas, there is an approximately 1.0 cm round cystic area that could represent pancreatic cysts or a cystic lymph node in the area can't be ruled out.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Diffusely, mesenteric fat is enhanced/hyperechoic surrounding the bowel and pancreas.

PRIMARY FINDINGS

- **Mucosal speckling –** Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

- Chronic active pancreatitis with possible pancreatic cysts or cystic lymph node in the area of the right pancreas. Given the hyperreactive mesentery, an acute on chronic flare up or potentially resolving pancreatitis is probable.

- **Heterogenous Liver with a hyperechoic nodule –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. The hyperechoic nodule is most consistent with a benign myelolipoma, nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc. Primary hepatic neoplasia can't be ruled out but is considered much less likely.

SECONDARY FINDINGS

- Mild non-obstructive nephrolithiasis bilaterally in the kidneys

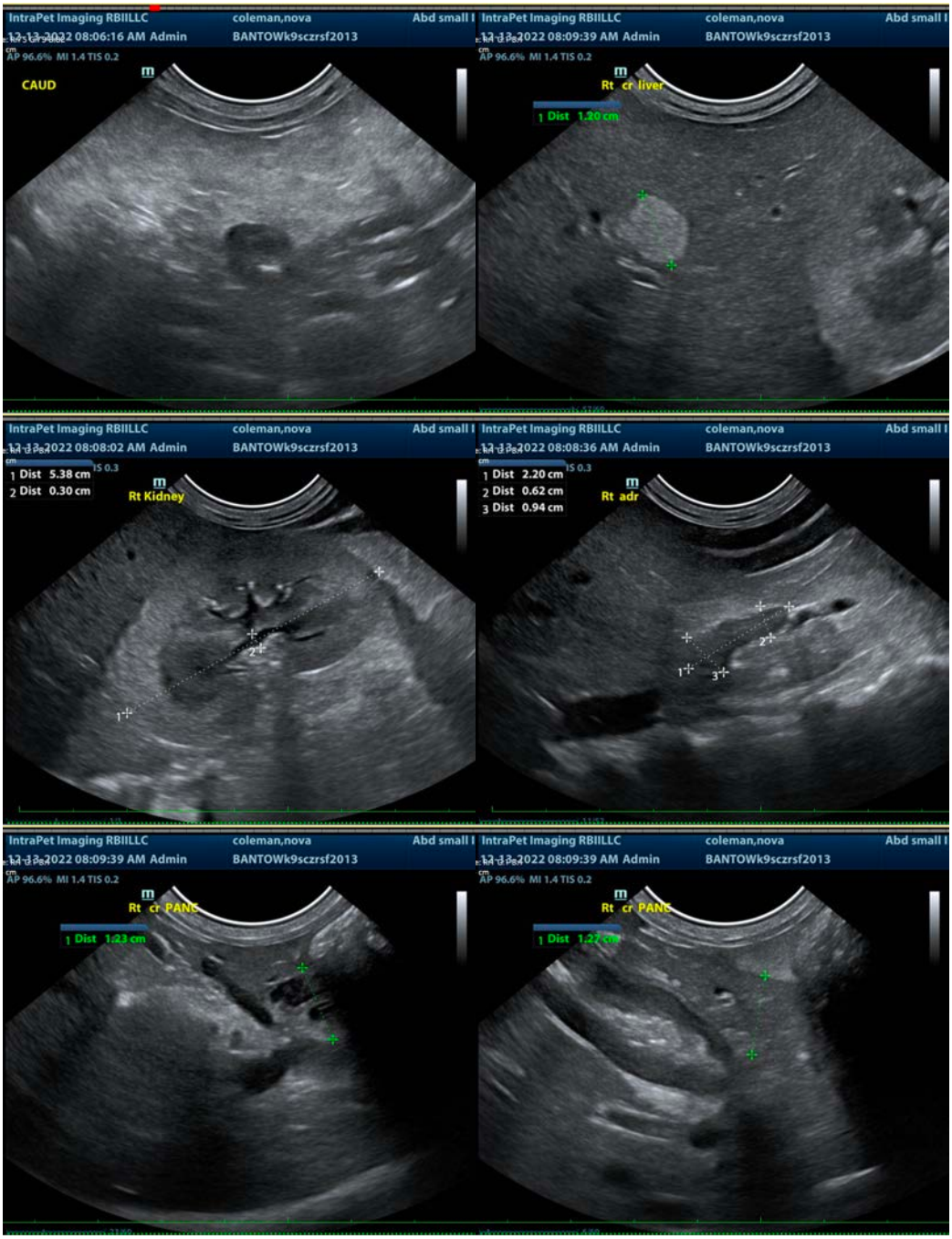
- **Mild bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

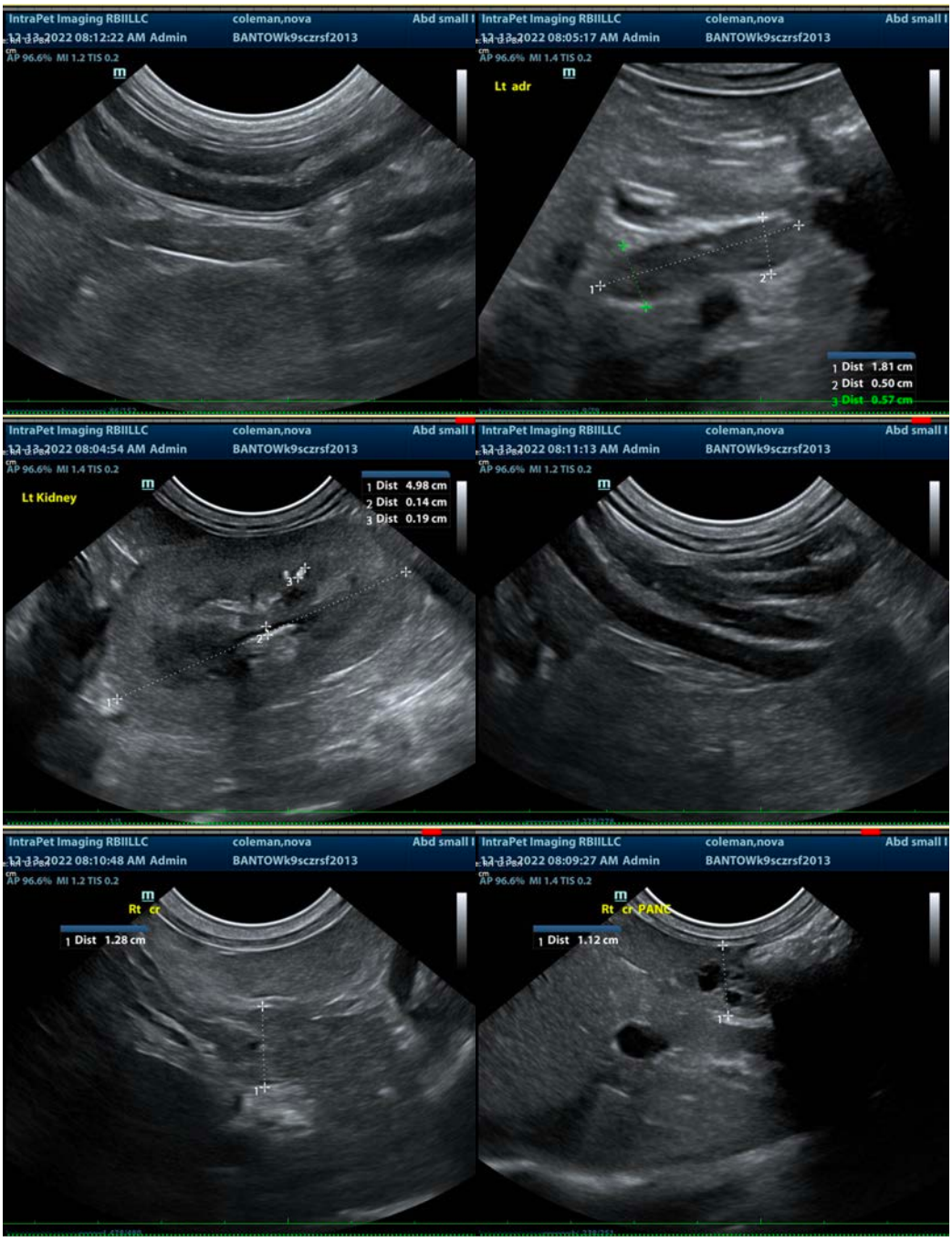
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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, a urine culture is recommended, or if this patient is already on antibiotics, a urine culture a week to 10 days after finishing antibiotics should be considered.

Otherwise, in addition to supportive/symptomatic medical management as well as insulin therapy, etc., if tolerated, transition to a low-fat diet could be considered.

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Rt cr PANC
1 Dist 1.12 cm

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
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