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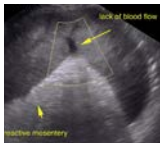
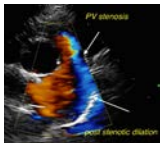
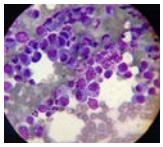
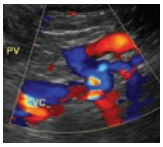

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1-800-838-4268 info@sonopath.com

PATIENT
Benny Sechler

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Neutered Male

AGE
12 Years

WEIGHT
23.2 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Susan Lincoski

HOSPITAL NAME
University Drive VH

REFERRING VET
Dr. Susan Lincoski

INVOICE
43575

DATE
12/20/22

PRESENTING CLINICAL SIGNS

T=100.2 Benny (MS grandparent's dog) was seen at Four Springs yesterday due to vomiting, lethargy and inappetence. He is a longstanding (years) diabetic getting 14u of novolin bid. Last dose was Sunday am. No known toxins, fb ingestion etc. Bloodwork revealed ALT unreadable, and hemoconcentration noted. He was treated with cerenia and B12, and sq fluids. No further vomit but still lethargic and won't eat. He is up to date on vaccines, including Lepto. On exam, he has tacky mm's. Abdomen is soft. Normal thorax auscultation. Bilateral cataracts and OD corneal pigmentation (longstanding issue). Discussed further workup, check BG and Fru (BG was 84 yesterday), supportive care with IV fluids, metro, ampicillin and abdomen US to evaluate liver, etc. OK to use midaz/torb IV for ultrasound sedation. Abnormal PE/Chem/CBC/UA Results: ALT was too high to measure, did not run here as dilution as yet. GGT=17, TBIL=3.9. HCT=63.3, BG was 84 on bloodwork from 12/19 (did not have insulin since 12/18 am). Pending BG/FRU at time of US submission.

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 area of the prostate is examined without evident pathology.

The right kidney is normal in size (5.02 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.

The left kidney is normal in size (5.51 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

The right adrenal gland is normal in size (0.84 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

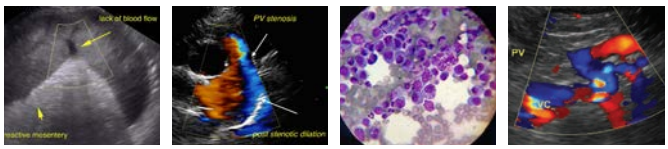
The left adrenal gland is normal in size (0.46 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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 a small amount of anechoic free fluid around the pancreas and spleen.

There is no apparent lymphadenopathy noted in these images.

In the left cranial abdomen, there appears to be a space occupying mass displacing the spleen cranially. The mass extends caudally to the cranial urinary bladder, measuring approximately 6.4 cm x 4.4 cm in size with a homogeneous, primarily hyperechoic appearance.

PRIMARY FINDINGS

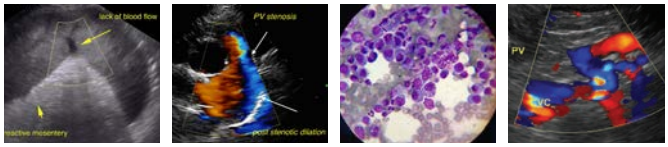
- **Chronic inflammatory hepatopathy –** An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.
- Acute pancreatitis
- **Left cranial abdominal mass** – Differentials include an intraabdominal lipoma or potentially liposarcoma versus other. Given the location, association with the pancreas can't be ruled out but is considered less likely.

SECONDARY FINDINGS

- **Hyperechoic splenic nodules –** most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's clinical signs and laboratory changes are most likely secondary to a combination of acute pancreatitis and active hepatopathy. Recommendations include a quantitative PLI if not recently evaluated, as well as testing for Leptospirosis and potentially, pending results and clinical improvement with treatment, liver sampling, beginning with a fine needle aspirate if patient's coagulation status is



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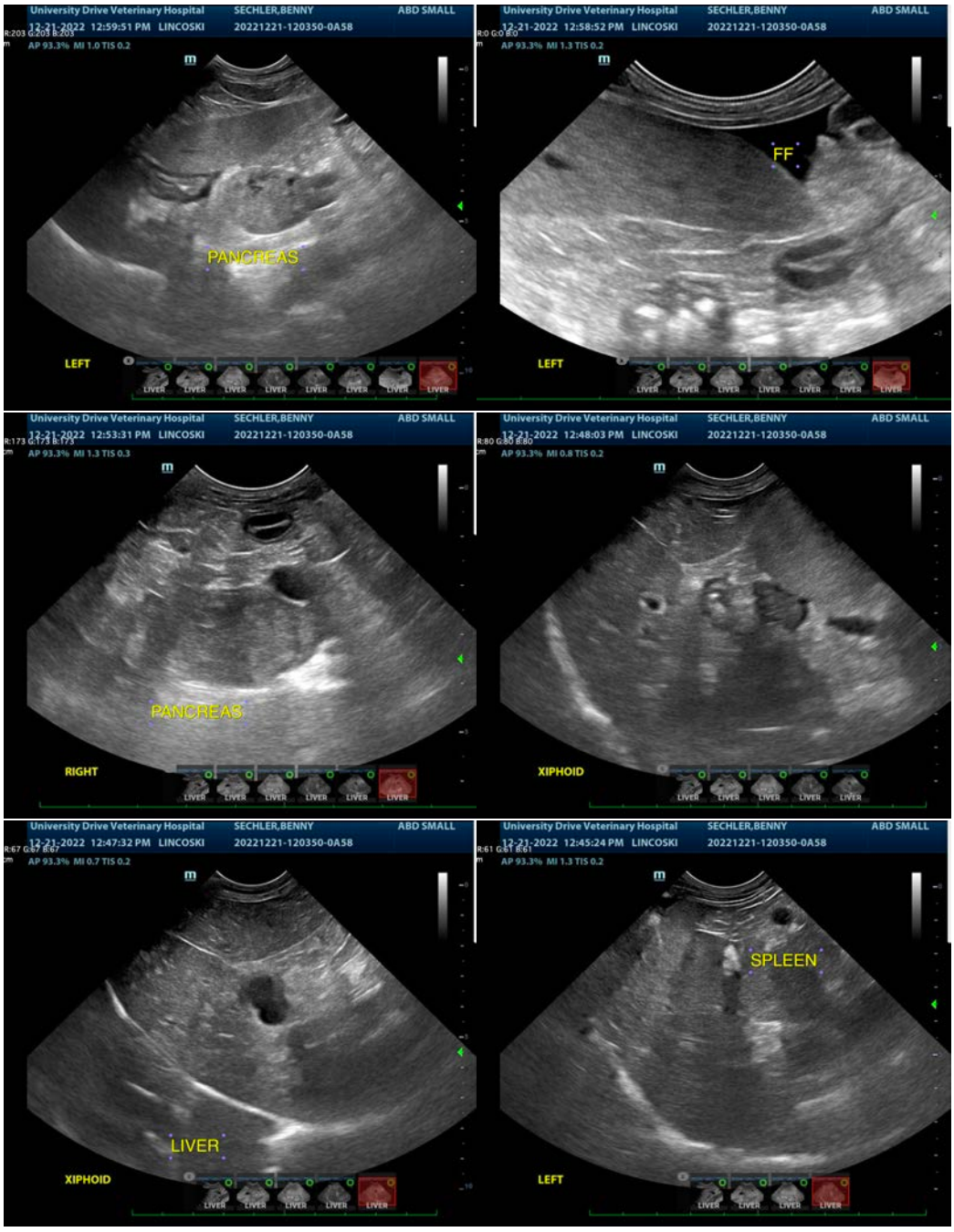
appropriate.

Additionally, a fine needle aspirate of the left cranial abdominal mass is recommended if the patient's coagulation status is appropriate.

Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.



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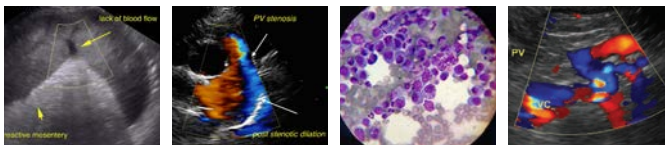

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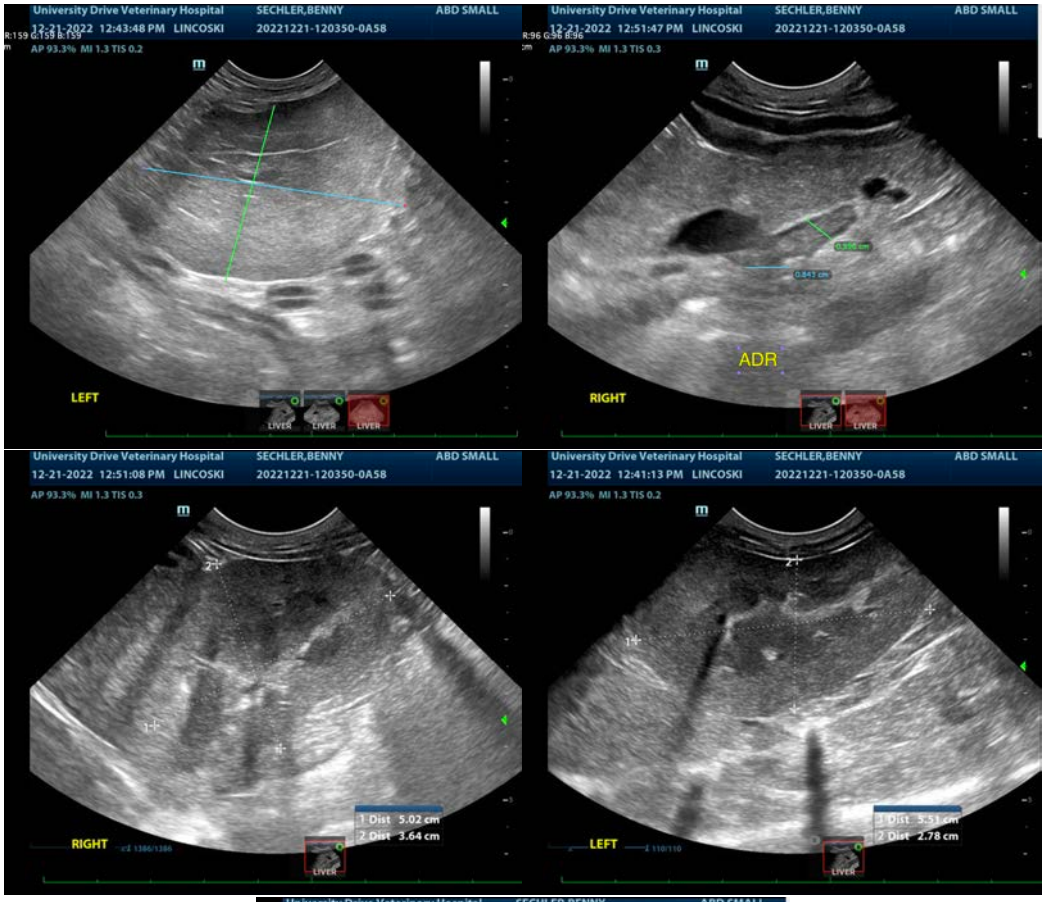

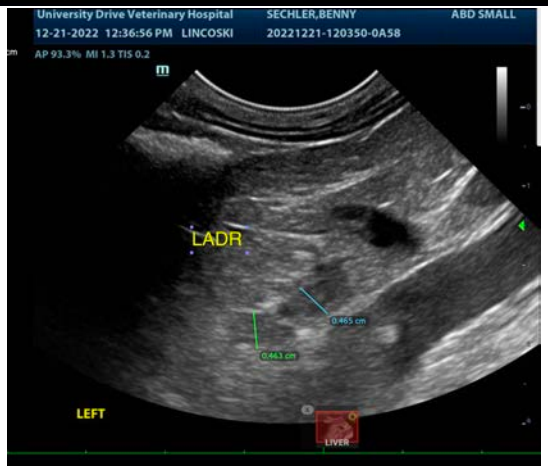

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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