



PATIENT

Molly McGuire

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

13 Years

WEIGHT

64

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

44640

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Anorexia, weak, lethargy. Painful when palpated cranial abdomen Current Meds: Cerenia 60 mgs SID, Doxy 200 mgs BID

Abnormal PE/Chem/CBC/UA Results: Positive Anaplasmosis, ALT = 143 ; ALP = 198 ; BUN = 28 ; CR. = 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 6.59 cm. The left kidney measures 6.55 cm.

Adrenal Glands

The right adrenal gland is normal in size (2.52 cm long x 1.44 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.

The left adrenal gland is normal in size (2.62 cm long x 0.60 cm at the cranial pole and 0.45 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 subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is mildly edematous. 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.



PATIENT

Molly McGuire

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.

SPECIES

Canine

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

BREED

Labrador Retriever X

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 and anechoic free fluid is noted.

SEX

Spayed Female

Free Abdomen

There is a small amount of anechoic free fluid throughout the abdomen, primarily within the cranial abdomen, and markedly enhanced hyperechoic mesenteric fat throughout the cranial abdomen.

AGE

13 Years

There is no apparent lymphadenopathy noted in these images.

WEIGHT

64

PRIMARY FINDINGS

- Acute pancreatitis
- **Hyperechoic hepatomegaly** - This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.
- **Mildly edematous gallbladder wall** - This is a common occurrence with free abdominal fluid.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

SECONDARY FINDINGS

- Age related kidney changes
- **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.

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A quantitative PLI is recommended if not already evaluated.

INVOICE

44640

To further evaluate the mild azotemia, if not recently evaluated, a 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 ratio is recommended.

DATE

2/1/23

The appearance of the ultrasound pathology suggests likely pancreatitis as the cause of this patient's clinical signs, as well as likely the result of mild prerenal azotemia and mildly increased liver enzymes. However, given the marked degree of inflammatory change in the cranial abdomen and the hyperechoic hepatomegaly, a concurrent hepatopathy can't be ruled out.

Testing for Leptospirosis could be considered now or planned pending patient response to management of pancreatitis and anaplasma.



PATIENT

Molly McGuire

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

13 Years

WEIGHT

64

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

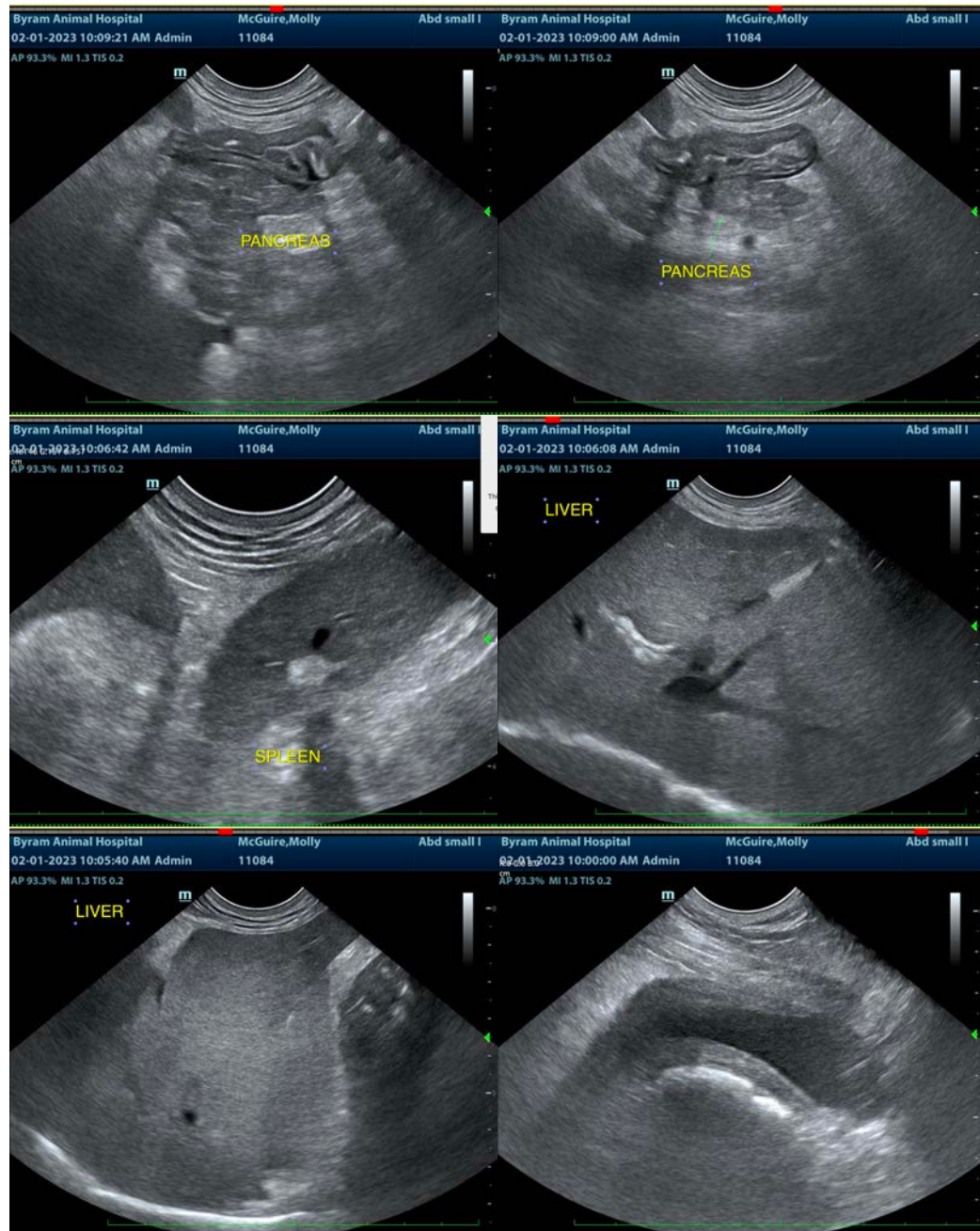
INVOICE

44640

DATE

2/1/23

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.





PATIENT

Molly McGuire

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Spayed Female

AGE

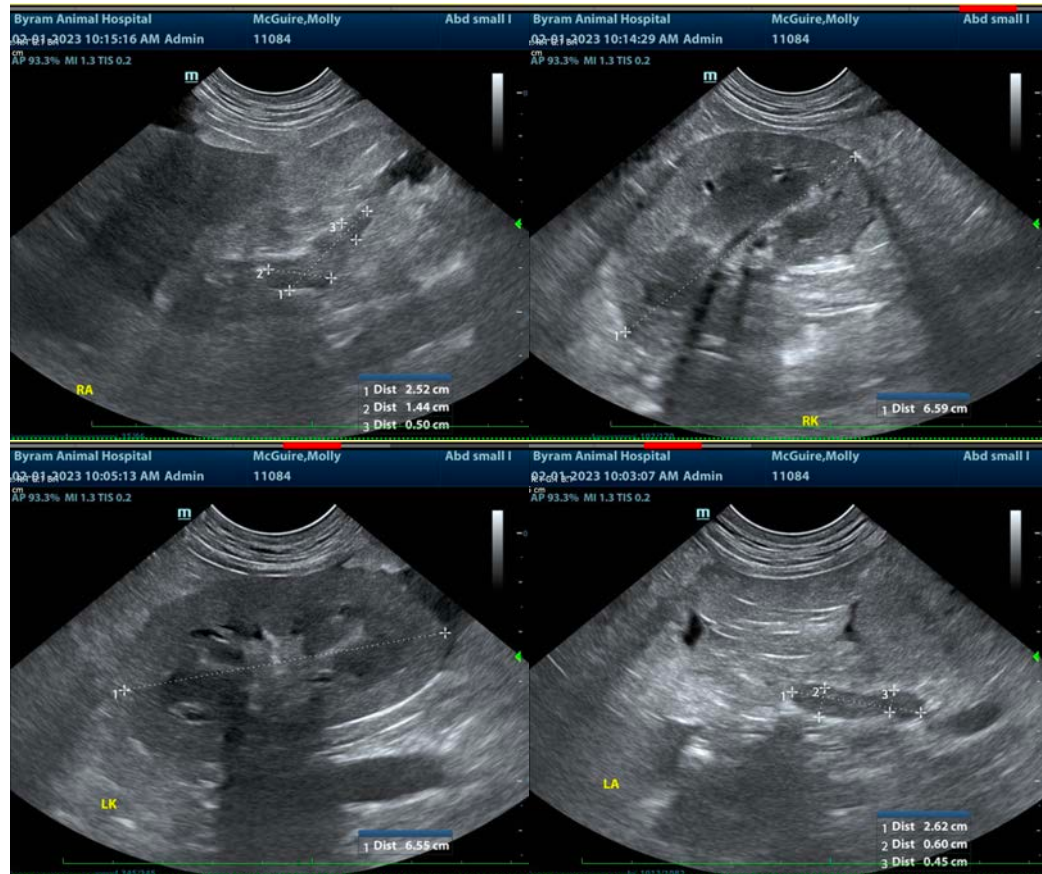
13 Years

WEIGHT

64

INTERPRETED BY

Beth Johnson, DVM
DACVIM



IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

44640

DATE

2/1/23

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