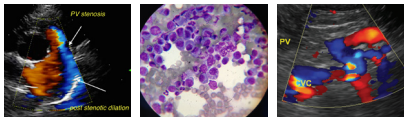
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/16/22

PATIENT

Leia Bruce

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Spayed Female

AGE

2/15/11

WEIGHT

43.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Mt. Airy AH

REFERRING VET

Dr. Riley

INVOICE

35703

PRESENTING CLINICAL SIGNS

History: decreased appetite, intermittent vomiting.

Lab Results: low ALB 1.5, low Glob 1.5, Low USPG 1.008, SDMA 15.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
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 (4.97 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 (5.6 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 (1.82 cm long x 0.79 cm at the cranial pole and 0.57 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 (2.04 cm long x 0.72 cm at the cranial pole and 0.72 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

The 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.

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, but mildly fluid distended. 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 pancreas is diffusely hypoechoic with a coarse architecture and ill-defined margins. There is a loss of detail in adjacent tissues with hyperreactive mesentery surrounding the pancreas.

Free Abdomen

No free fluid appreciated. There is a 0.5 cm hypoechoic nodule in the area of the left pancreas that is either associated with the pancreas or could be a small reactive lymph node.

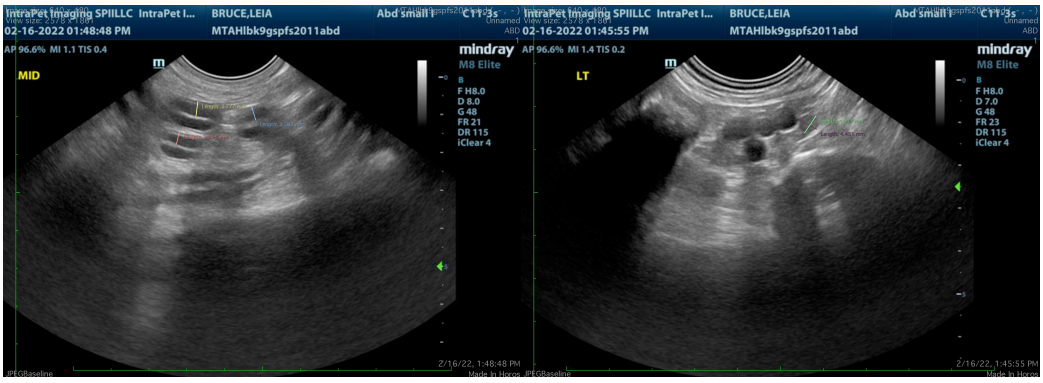
ULTRASONOGRAPHIC FINDINGS

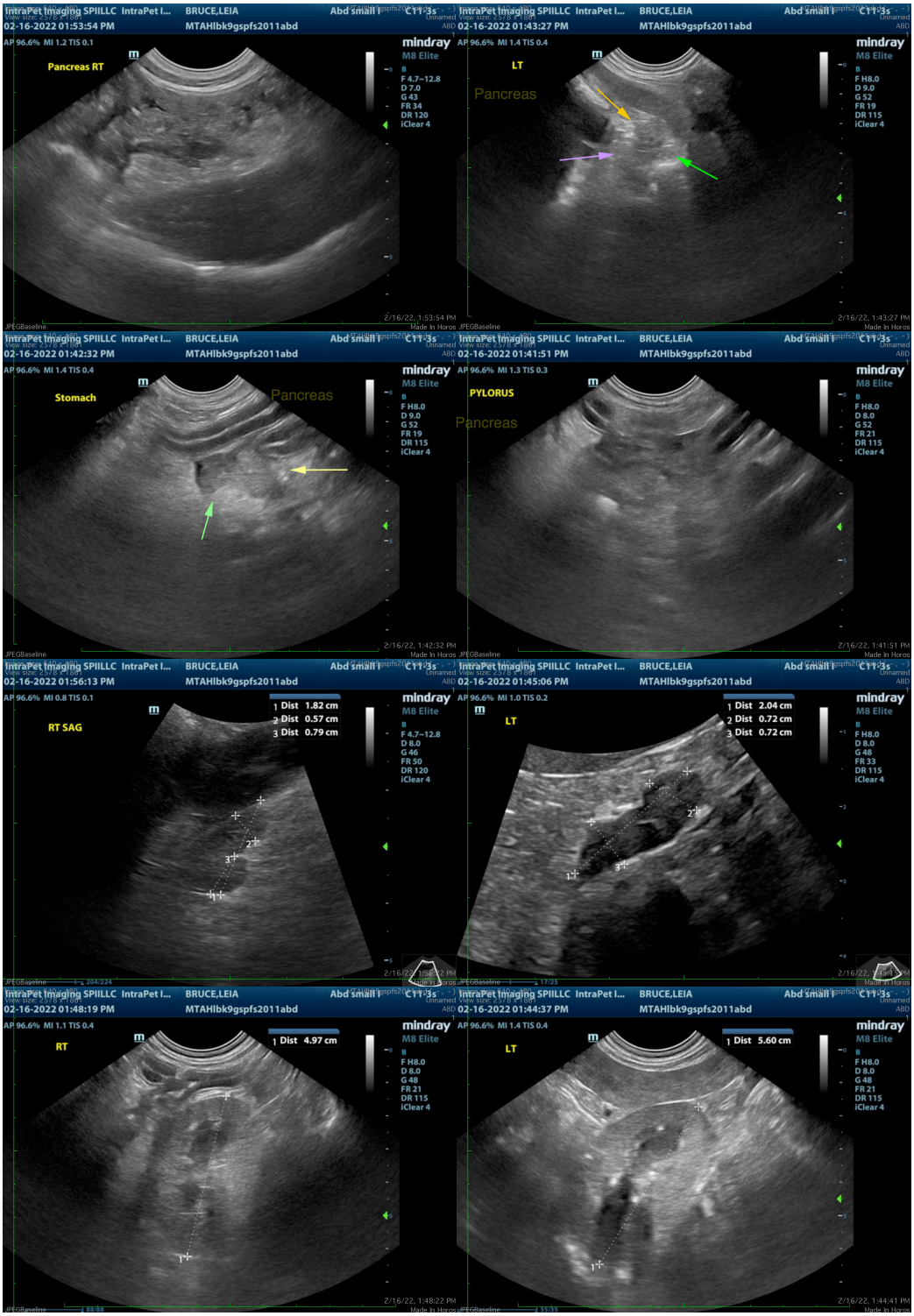
- Moderate acute edematous pancreatitis with possible concurrent pancreatic nodule versus reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the pancreas, but also for further assessment of the gastrointestinal tract, given the hypoalbuminemia. A visibly normal gastrointestinal tract does not rule out infiltrative inflammatory bowel disease or concurrent protein losing enteropathy. If there is protein in the urine with an otherwise quiet sediment, a urine protein/creatinine ratio is also recommended to further work up the hypoalbuminemia.

In the meantime, however, recommendations include medical management of the pancreatitis with antiemetics, gastroprotectants, IV fluids, appetite stimulants if necessary, pain management if necessary, +/- broad-spectrum antibiotics and a low-fat diet. When clinical improvement and ultrasonographic improvement are noted, recheck of the abdomen would be recommended, and if hypoalbuminemia persists, then further investigation for possible protein losing enteropathy is recommended.





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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