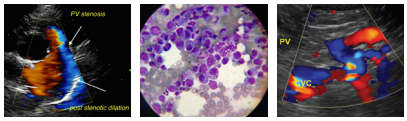
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

2/2/22

PATIENT

Lexie Pearson

SPECIES

Canine

BREED

Morkie

SEX

Spayed Female

AGE

4/3/10

WEIGHT

12.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Pearson

INVOICE

35359

PRESENTING CLINICAL SIGNS

Has had chronic pancreatitis. Seems nauseous again. Last bout was October 2022

Current Medications: Currently on Famotidine 5mg.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT 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.

Dorsal to the urinary bladder, there is a small, round structure, consistent with a small amount of fluid within the uterine stump.

The right kidney is normal in size (3.22 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

The left kidney is normal in size (3.93 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

Adrenal Glands

The right adrenal gland is normal in size (1.75 cm long x 0.54 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 (1.89 cm x long x 0.58 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

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

Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. Within the lumen, a 4-5 cm long, bright, echogenic linear structure is present with strong acoustic shadowing. No evidence of masses/nodules.

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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Gastritis – Microulceration cannot be ruled out.
- 4-5 cm long foreign object within the lumen of the stomach – No evidence of obstruction.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Non-obstructive nephrolithiasis
- A small amount of fluid is seen within the uterus/uterine stump

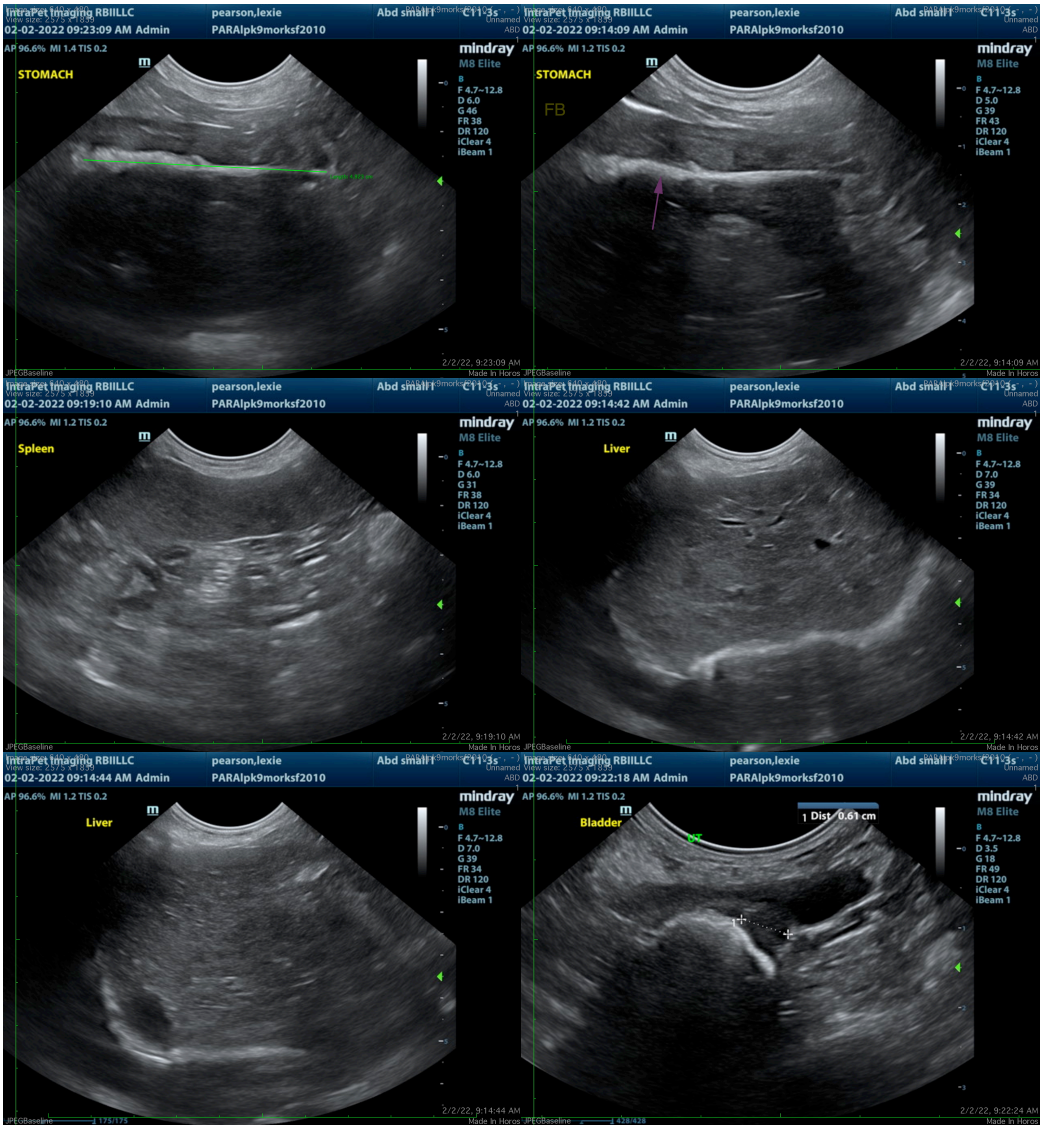
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

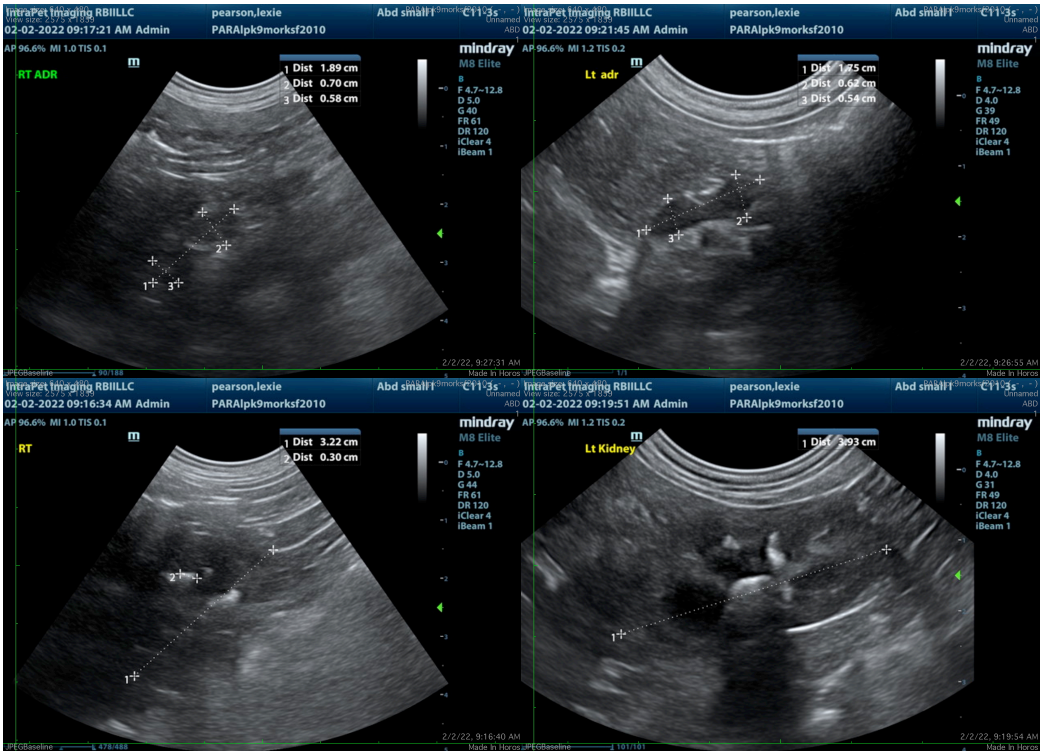
Further diagnostic recommendations include a fine needle aspirate of the liver and spleen if patient's coagulation status is appropriate, as well as a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess gastrointestinal tract and pancreas given this patient's reported history of chronic pancreatitis.

The gastric foreign body does not appear obstructive. However, given the concurrent inflamed mucosa, it is likely irritating, and may or may not be contributing to the nausea. Recommendations include endoscopy to further assess/remove the foreign body, and then medically manage gastritis with antiemetics and gastroprotectants as needed until clinical signs resolve.

If not already evaluated, CBC, serum chemistry panel, electrolytes, and urinalysis are also recommended.

The presence of the uterus is of unknown clinical significance. With normal vitals, normal lab work, and no vaginal discharge, monitoring is recommended at this time.





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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