

**DATE PRESENTING CLINICAL SIGNS**

2/24/22

Owner started noticing some exercise intolerance on walks about two months ago. Acts sore. Sits down and doesn't want to go further, which is very unlike patient. On exam, only mild/moderate splenomegaly and abdominal tensing on palpation.

PATIENT

Juno Manno

Current Medications: Apoquel 16mg.

Lab Results: NSF.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Walker Coonhound

SEX

Neutered Male

AGE

12/20/12

WEIGHT

78 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Abbey Animal Hospital

REFERRING VET

Dr. Kluttz

INVOICE

35897

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.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (6.36 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 (6.91 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 (2.84 cm long x 0.79 cm at the cranial pole and 0.84 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 (2.97 cm long x 0.72 cm at the cranial pole and 0.82 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.

GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 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. Off of the right limb of the pancreas, there is a 3.0 cm x 3.5 cm homogeneous, hypoechoic mass that appears to have mineral foci throughout it. There is mildly hyperechoic mesentery and fat surrounding the mass.

Free Abdomen

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

PRIMARY FINDINGS

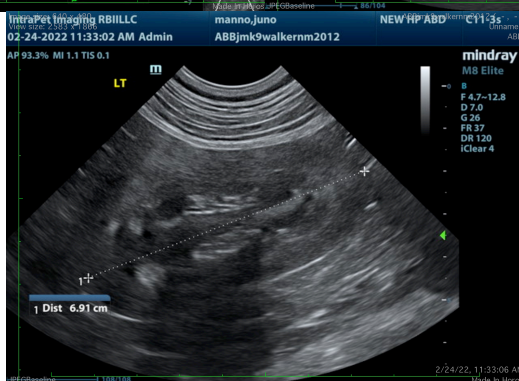
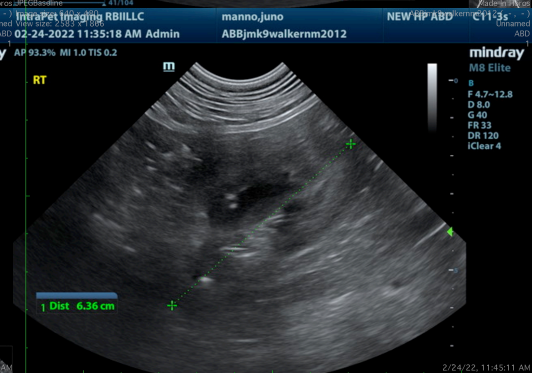
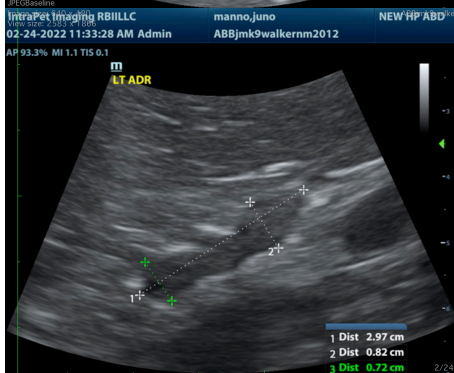
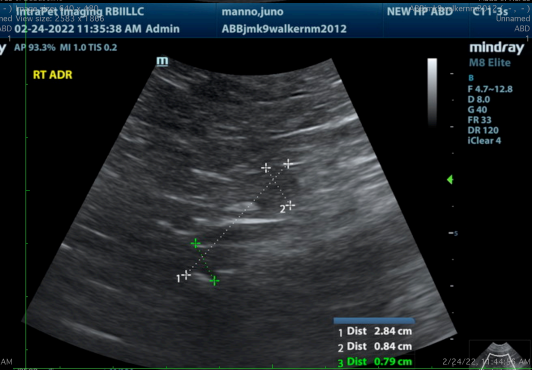
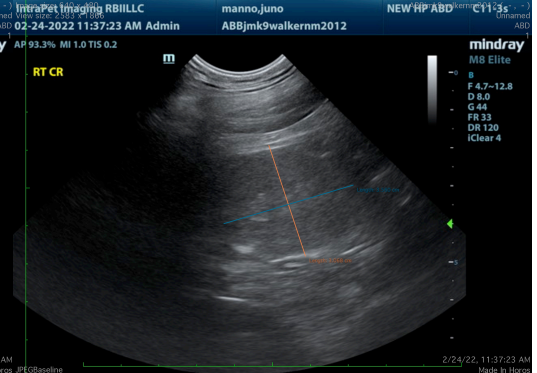
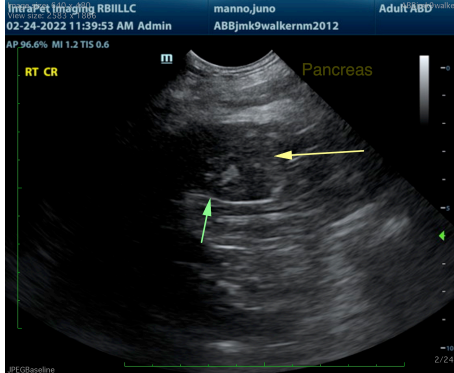
- Round, discrete, hypoechoic mass in the right cranial abdomen with mineral that appears to be associated with the pancreas – Rule outs include chronic pancreatitis with potentially some acute on chronic inflammation versus infiltrative neoplasia. Nodule associated with the liver or bowel, and/or an enlarged lymph node cannot be definitively ruled out. However, the mass appears most closely associated with pancreatic tissue.

SECONDARY FINDINGS

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a fine needle aspirate of the right cranial abdominal mass believed to be pancreatic in origin, if patient's coagulation status is appropriate. If not recently evaluated, 3-view thoracic radiographs are recommended for further assessment of cardiopulmonary status as well as to further investigate possible metastatic disease. Given the mildly hyperreactive tissue surrounding the mass, an acute pancreatitis or acute on chronic pancreatitis may be the cause of this patient's reported abdominal pain, and medical management for pancreatitis with supportive care combined with pain management, given the reported pain, may be warranted with monitoring of the mass for changes/improvement/regression prior to pursuing the fine needle aspirate. Other considerations, however, are that this is an incidental finding, and the pain is orthopedic and/or neurologic in nature.



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.

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