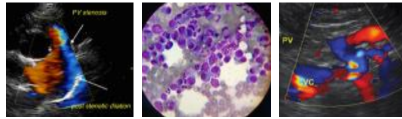
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/27/23

PATIENT

Simon Kissel

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

11/18/11

WEIGHT

8.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Oliver

INVOICE

21305

PRESENTING CLINICAL SIGNS

History: Vomiting and decreased appetite with elevated spec cPL of greater than 1500, dog has chronic pancreatitis, IBD, seizure disorder, currently on specialized diet, cerenia, keppra, gabapentin, ondansetron, and budesonide (has been seen by Internist)

Current Medications: Enrofloxacin.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

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 left kidney measures 3.01 cm. The right kidney measures 3.67 cm. Small bilateral cortical cysts are noted.

Adrenal Glands

Left adrenal gland is normal in size (1.65 cm long x 0.38 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.52 cm long x 0.4 cm at cranial pole and 0.32 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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). No focal nodules or masses are observed. 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.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. 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 visible stomach wall is normal in thickness 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. 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 and layering. Contents are consistent with soft to liquid stool present in the colon.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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

Primary Findings

- 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.

- Mild 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.

Secondary Findings

- Age-related kidney changes with small bilateral cortical cysts

- Pancreatic age-related remodeling **–** Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

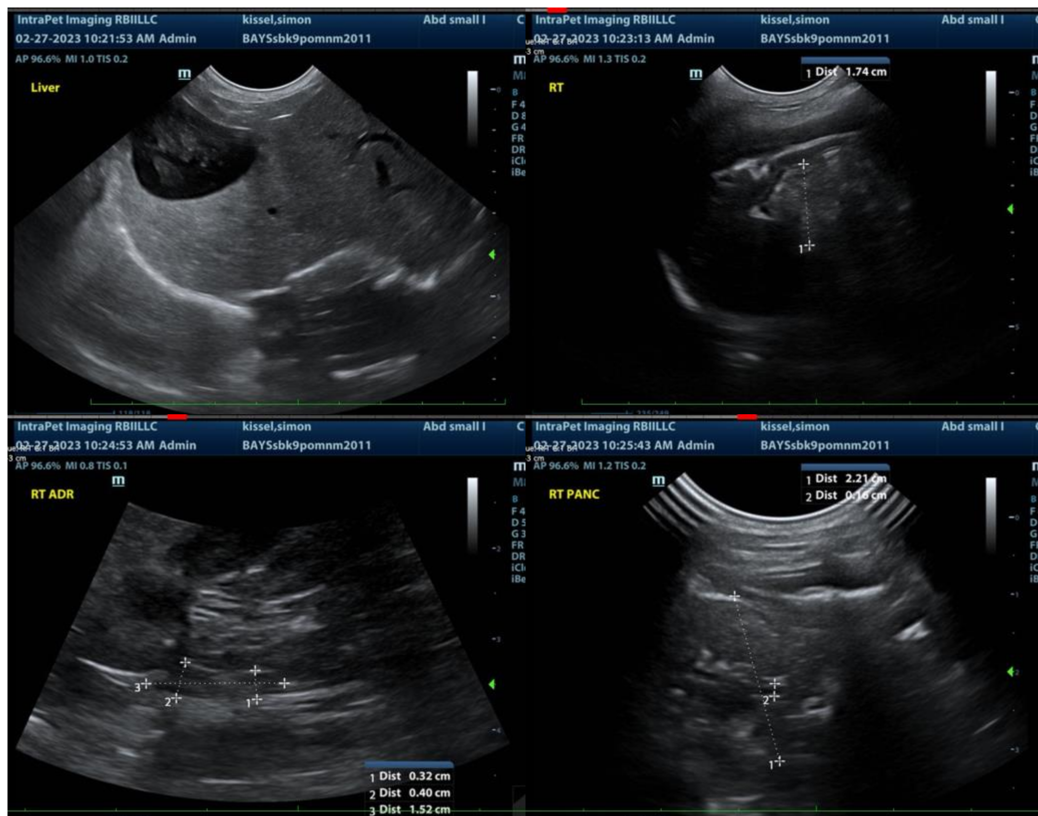
The appearance of these images is primarily as would be suspected in a patient receiving steroid therapy, combined with benign or incidental age-related changes. Recommendations given the previous history of IBD in the presence of recurrent clinical signs, include further investigation of digestion and absorption to see if treatment can be tweaked, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic

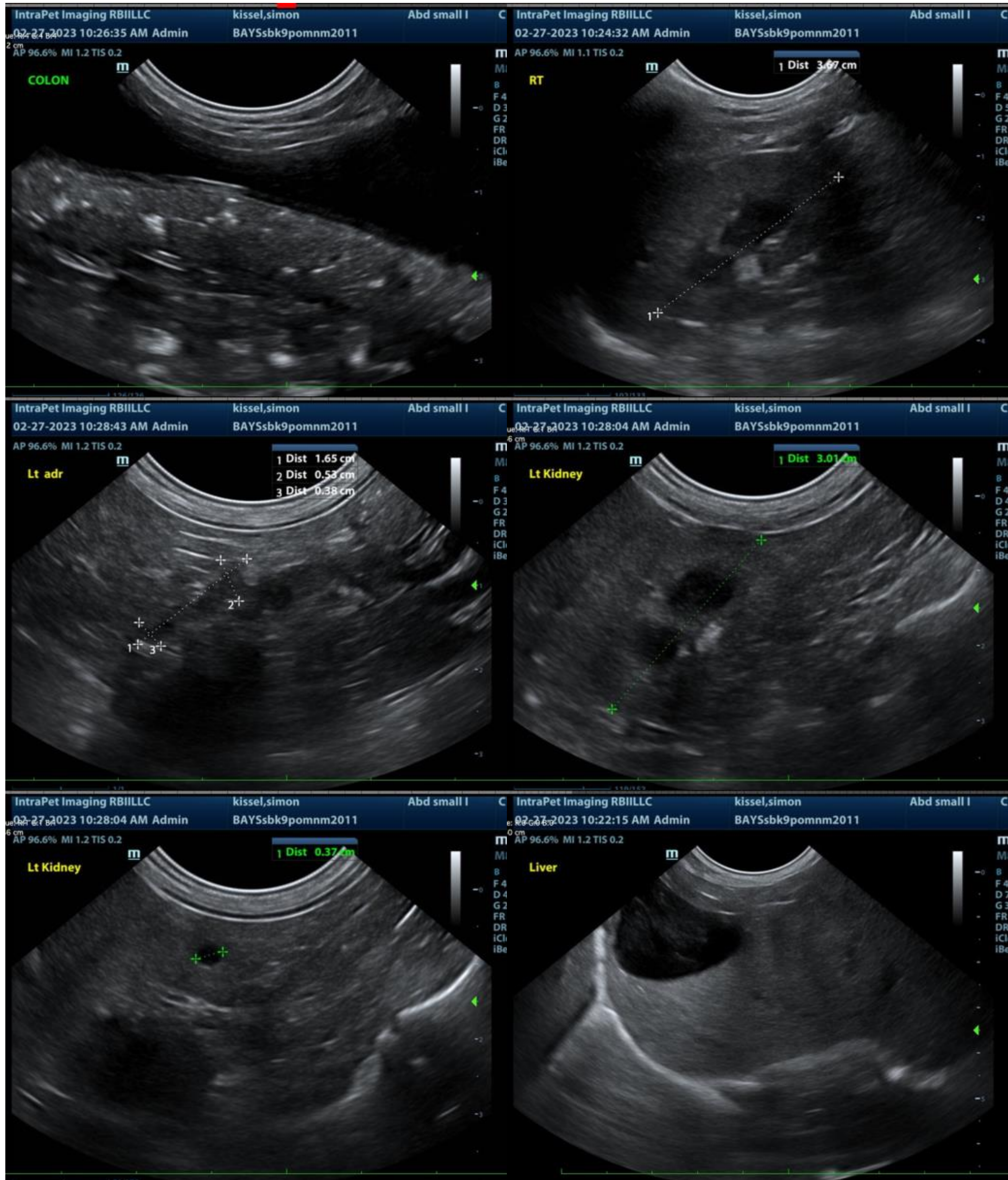
function.

Additionally, further evaluation for possible concurrent infectious or parasitic disease is recommended with a fecal exam (if not recently evaluated), as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic, such as Visbiome or Proviable, and potentially a transition in diet from the prescription diet that the patient is reportedly already receiving, to a new, either hydrolyzed protein diet or potentially a low-fat diet (especially if pancreatic levels are high and/or albumin level is low, etc.) based on trial-and-error results. It's important to remember that some patients respond better to one brand of hydrolyzed diet vs another brand. So, even if this patient is currently receiving a hydrolyzed protein diet, transition to a different one may be helpful.

Ultimately, however, a recheck with this patient's internist may be recommended for a consideration of biopsies or potentially a tweak in steroid therapy or addition of alternative therapies, etc.

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COLON
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Abd small I
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RT
1 Dist 3.67 cm
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BAYSsbk9pomnm2011
Abd small I
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Lt adr
1 Dist 1.65 cm
2 Dist 0.53 cm
3 Dist 0.38 cm
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Lt Kidney
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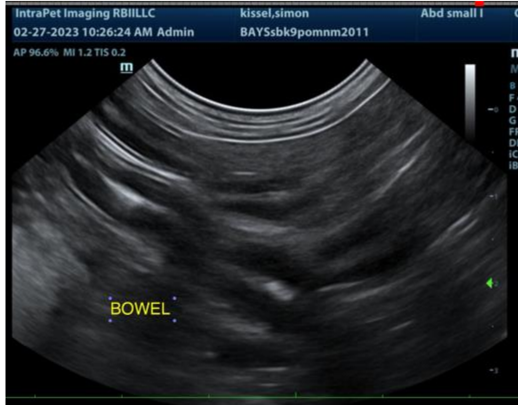
Liver



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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