

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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DATE PRESENTING CLINICAL SIGNS

3/30/23 Chronic GI upset despite long-term bland diet (Purina EN), labwork showing consistently elevated Lipase and positive CPL.

PATIENT

Ailish Struss Current Medications: Levothyroxine 0.4mg BID, has been on thyroid medications for 4+years.

Lab Results: Continued elevated Lipase and positive CPL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic IV.

SPECIES

Stat Report: Not requested.

Struss

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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.

SEX

Boxer

The right kidney is normal in size (6.87 cm), shape and echogenicity. It has smooth peripheral margination.

AGE

There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

4/8/14

The left kidney is normal in size (6.5 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.

WEIGHT

67 Pounds

Adrenal Glands

INTERPRETED BY

The right adrenal gland is normal in size (2.71 cm long x 0.85 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

The left adrenal gland is normal in size (2.71 cm long x 0.68 cm at the cranial pole and 0.78 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Lake Shore Pet
Hospital

Spleen

REFERRING VET

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.

Dr. Ashley

Liver

INVOICE

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.

46319

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 visible stomach wall is normal in thickness 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

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Sublumbar lymphadenopathy is present, both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

ULTRASONOGRAPHIC FINDINGS

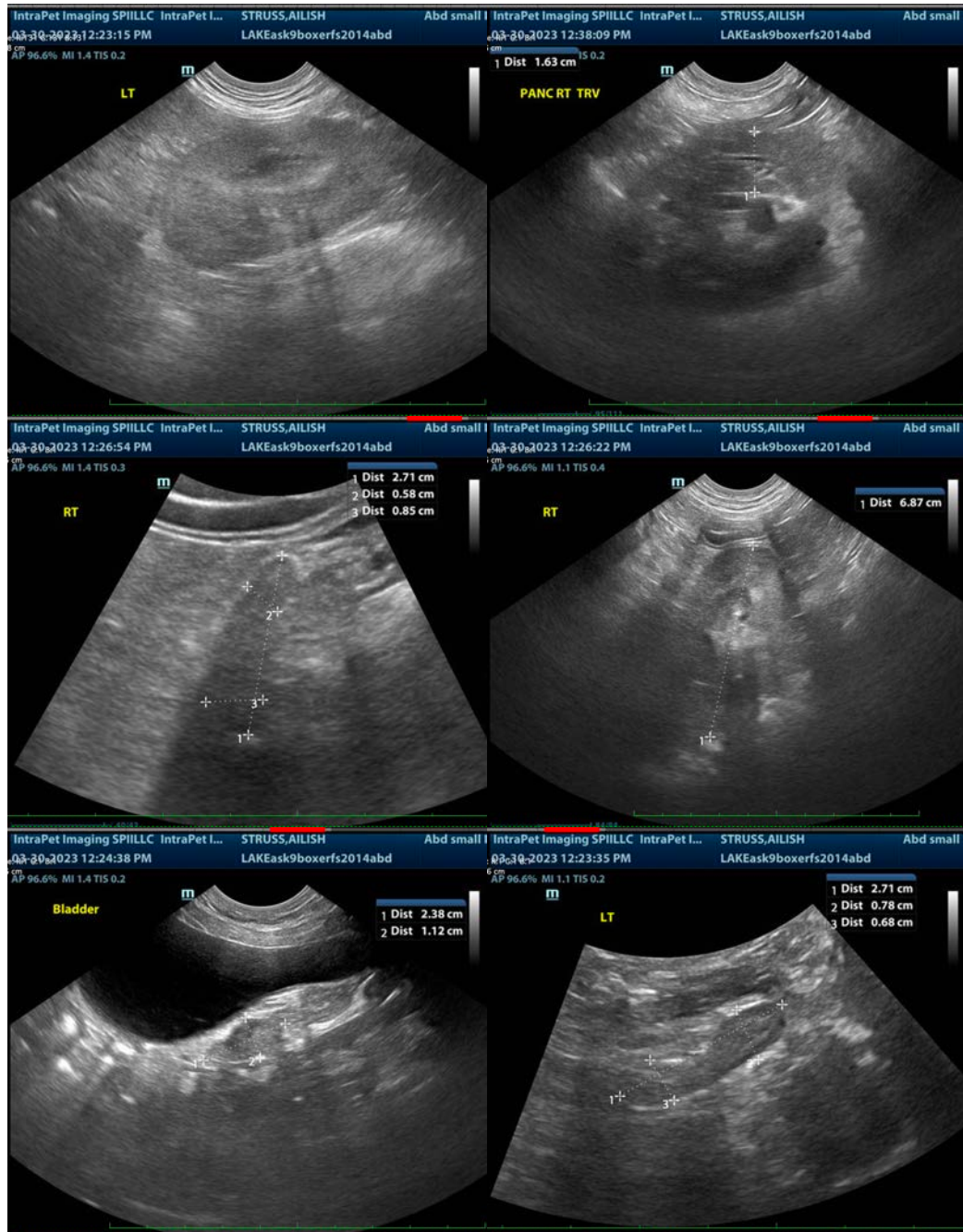
- Chronic active pancreatitis
- Sublumbar lymphadenopathy – Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's chronic laboratory changes may be secondary to chronic active pancreatitis, given the appearance of the pancreas in these images. However, given the concurrent lymphadenopathy combined with the fact that PLI is not 100% specific for pancreatitis and can be increased with a host of other differentials as well, especially if this patient has diarrhea and/or weight loss combined with vomiting, further evaluation of gastrointestinal health is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory. Additionally, if diarrhea is part of this patient's history, 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. If tolerated, transition potentially to a hydrolyzed protein diet could be considered, and then continuing or not based on trial and error response, knowing that some patient's response better to one brand or version of hydrolyzed protein diet versus another, so several trials are sometimes necessary.

Additionally, if diarrhea is part of this patient's clinical signs, a probiotic such as Visbiome or Provable could be considered.



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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