

PATIENT PRESENTING CLINICAL SIGNS

Poppy Johnson Chronic, intermittent abdominal pain, shaking legs, nausea, low appetite. Today was cPL positive
Current Medications Telmistarten, Vetmedin, Gabapentin, Cerenia, Epakitan Primary
SPECIES Question/Differential to Be Answered in This Exam Why does this patient get recurring pancreatitis or have constant pancreatitis?

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

12 Years

WEIGHT

12.4 Pounds

Abnormal PE/Chem/CBC/UA Results: Most recent labs 1/4/23 SDMA 24 Creat 1.7 BUN 56 May 2023: cPL positive. Today cPL positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.40 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral is observed. A chronic infarct is noted in the left kidney, as is a cortical cyst in the cranial pole and pyelectasia that measures 0.24 cm. The left kidney measures 4.69 cm. The right kidney measures 4.5 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.64 cm long x 1.06 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 (2.2 cm long x 0.59 cm at the cranial pole and 0.60 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Vetco Total Care

REFERRING VET

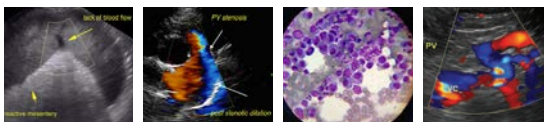
Dr. DeMarco

INVOICE

43225

DATE

6/15/23



PATIENT *Gastrointestinal*

Poppy Johnson 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 with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is empty with no evidence of obstruction or foreign material.

BREED

Schnauzer The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Pancreas

Spayed Female 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.

AGE

Free Abdomen

12 Years

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

WEIGHT

There is no apparent lymphadenopathy noted in these images.

12.4 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Chronic pancreatitis – Smoldering acute on chronic pancreatitis cannot be ruled out, but if present is very mild in terms of any evident inflammation, etc. appreciated ultrasonographically.
- Mild/scant mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Chronic Kidney Disease with mild left kidney pyelectasia – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

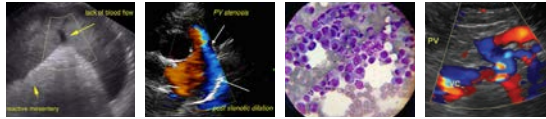
Further evaluation of this patient's gastrointestinal health (in case a malabsorptive condition or other gastrointestinal disease is contributing to the chronic intermittent gastrointestinal signs) is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

Additionally, if not already evaluated, a fasted triglyceride level could be considered to further investigate possible hypertriglyceridemia as a contributing factor.

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Additionally, given the very mild nature (if at all) of the changes associated with the pancreas, evaluation for referred cervical and/or spinal pain presenting as abdominal pain should be considered.



PATIENT

Poppy Johnson

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

SPECIES

Canine

Ideally, a low-fat diet would be considered for this patient, especially if there is concurrent hypotriglyceridemia. However, low-fat diets are often higher in protein, which may not be the appropriate choice, given the patient's other conditions. Therefore, consultation with a veterinary internist or nutritionist may be helpful to best plan a diet, potentially even a homecooked diet.

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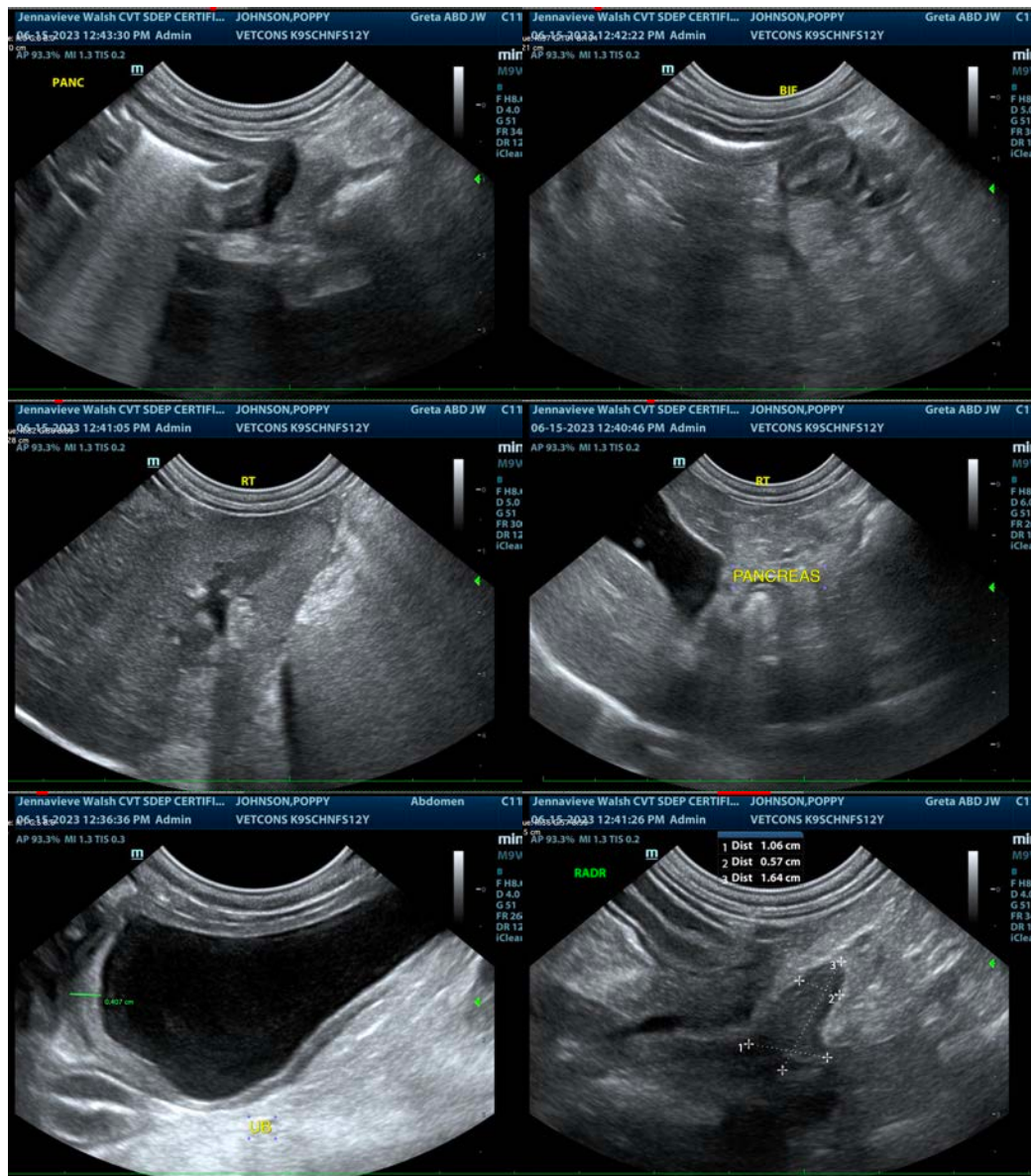
Dr. DeMarco

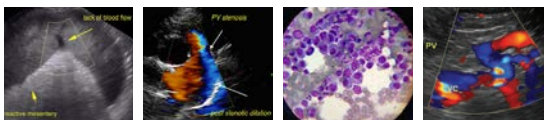
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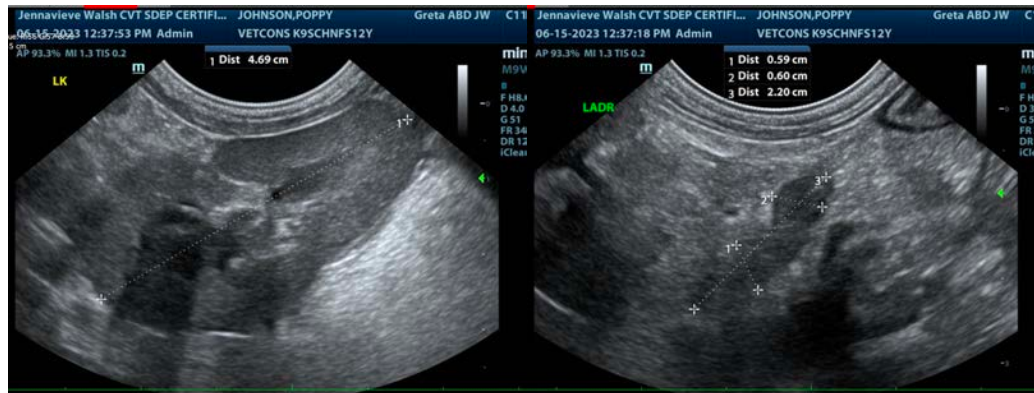
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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