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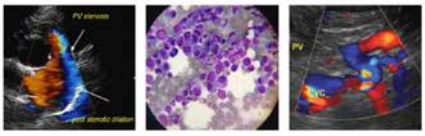

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Chance Catto

SPECIES
Canine

BREED
Pug

SEX
Neutered Male

AGE
11 Years

WEIGHT
32.4 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Wixom Family Pet Practice

INVOICE
39043

DATE
6/23/22

PRESENTING CLINICAL SIGNS

Not eating well past couple weeks, lost 4.5lbs. Newly diagnosed diabetic today.
Abnormal PE/Chem/CBC/UA Results: See attached labs. Painful abdomen.

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 (4.9 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 (4.66 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 measures 0.65 cm at the caudal pole, which is normal. Due to inflammation in the area, full visualization is not possible, but there is no overt pathology.

The left adrenal gland is normal in size (0.47 cm at the cranial pole and 0.60 cm at the caudal), 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). A 0.6-0.7 cm hypo- to anechoic nodule is noted, non-capsule disrupting, at the tail of the spleen. 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.

Gastrointestinal

The visible gastric wall is normal in thickness and layering, except at the level of the pylorus, where the pylorus is diffusely thick, hypoechoic/edematous in appearance, with a 1.5 cm x 0.85 cm hypoechoic tissue swelling/nodule entering the lumen of the pylorus. The stomach is markedly fluid distended.

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.

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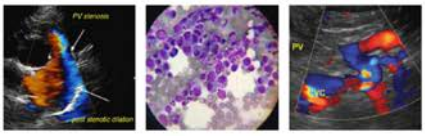

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The 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. Acute changes appear to primarily affect the right limb. Within the right limb, there is occasional heterogeneous, hyperechoic tissue within the otherwise hypoechoic parenchyma, including a 1.5 cm heterogeneous, hyperechoic nodule near the body of the pancreas. The area around the body and right limb of the pancreas and the pylorus is surrounded by markedly hyperechoic enhanced fat and mesentery.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. **See pancreas.

PRIMARY FINDINGS

- Severe acute pancreatitis with likely secondary inflammation and edema around the pylorus, resulting in gastric ileus and partial delayed emptying. Infiltrative disease including inflammatory, infectious, and even neoplastic disease at the level of the pylorus cannot be ruled out.

SECONDARY FINDINGS

- Hypoechoic splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Acute canine pancreatitis – Medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid support is recommended. If possible, a fresh frozen plasma transfusion and hyperbaric oxygen therapy (HBOT) could be beneficial. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.
- If after managing pancreatitis and controlling the inflammatory changes in the cranial abdomen likely secondary to the pancreatitis, the pylorus is still thickened, a fine needle aspirate and/or biopsy via gastroscopy of the pyloric region is recommended.
- If not recently evaluated, a quantitative PLI is recommended.

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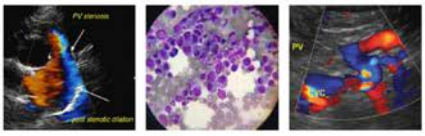

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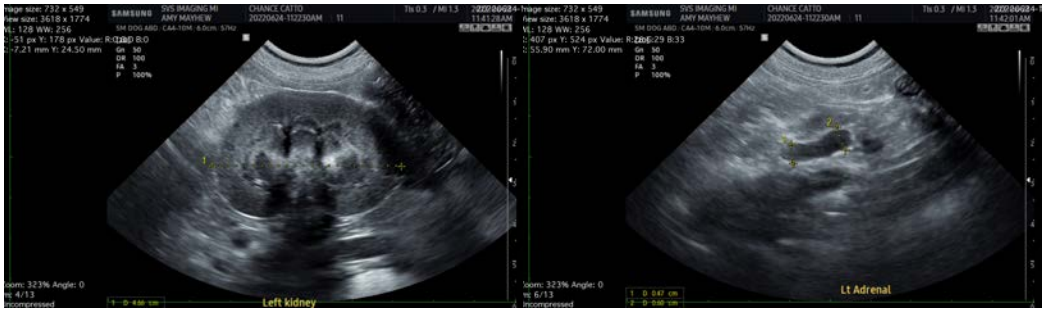

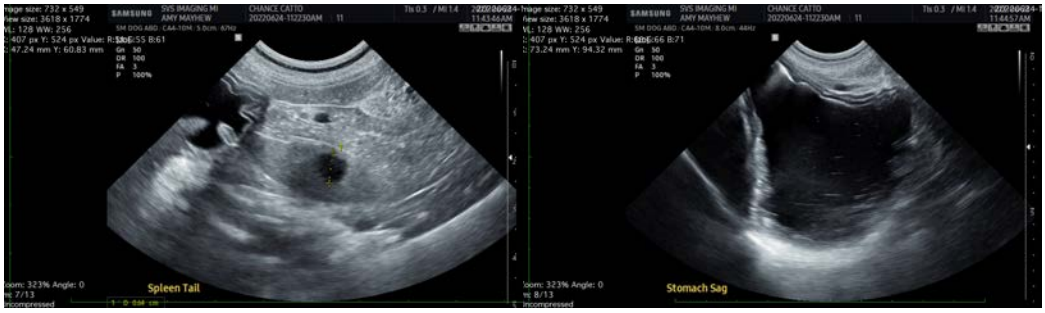

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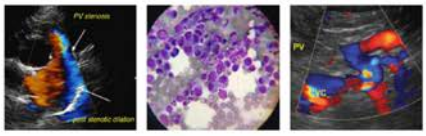

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com