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Clinical Sonography & Telecytology
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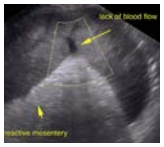
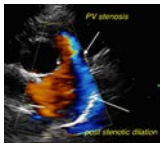
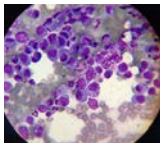
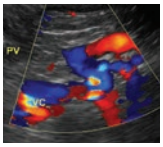

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Harley Meeker

SPECIES
Canine

BREED
Dachshund

SEX
Spayed Female

AGE
11 Years

WEIGHT
9.3 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amanda Crook – Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. David Graty

INVOICE
43918

DATE
7/11/23

PRESENTING CLINICAL SIGNS

Acute ADR, tense abdomen and dehydration, still e/d/u/d normally per client

Abnormal PE/Chem/CBC/UA Results: Labwork – see attached CHEM = ALT 750, ALKP 1950, GGT 32, Chol 341, Cl 105, cPL normal; CBC = MCV 61.1, Retic 6.1, Neu bands susp, EOS 0.01, Plt 81(not confirmed on manual), PCT 0.10.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. Some crystal appearing mineral/sand debris is also noted. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.07 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 (4.09 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 (1.0 cm at the cranial pole and 0.70 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 (0.56 cm at the cranial pole and 0.63 cm at the cranial 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

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. In the left liver there are multiple (4+) approximately 1.0 cm and just under 1.0 cm in diameter anechoic cystic nodules. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as 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.

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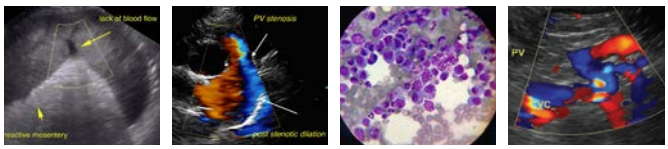

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is 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 (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 observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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

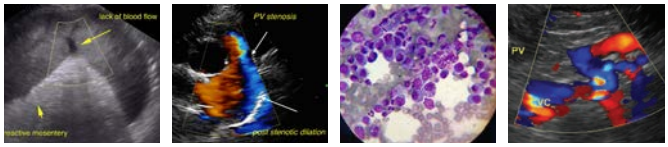
In the cranial abdomen adjacent to the stomach there is a prominent hypoechoic 0.40 cm x 0.70 cm lymph node.

ULTRASONOGRAPHIC FINDINGS

- At least mild acute pancreatitis, or potentially emerging versus resolving acute pancreatitis suspected with likely adjacent reactive lymphadenopathy. Having said that, infiltrative neoplasia affecting the lymph node can't be definitively ruled out without tissue sampling. Given this patient's reported laboratory changes, however, as well as enhanced hyperechoic fat adjacent to both the pancreas and the liver, a concurrent or potentially even primary hepatopathy is also suspected with differentials including benign infectious or inflammatory hepatopathy versus less likely infiltrative neoplasia.
- The anechoic cystic nodules within the liver likely represent benign incidental hepatic cysts. However, hematomas and/or even abscesses can't be definitively ruled out and may be contributing to the suspected hepatopathy.
- 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.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the liver is recommended if patient's coagulation status is appropriate, ideally obtaining a sample of the diffuse parenchymal changes as well as the anechoic cystic nodules for both cytology as well as possibly culture and sensitivity if indicated based on cytology results could all be considered if patient's coagulation status is appropriate.



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Additionally, 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 ration is recommended.

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

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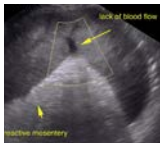
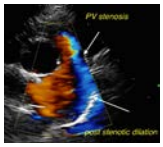
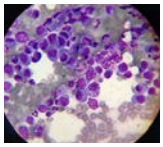
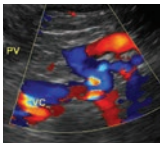

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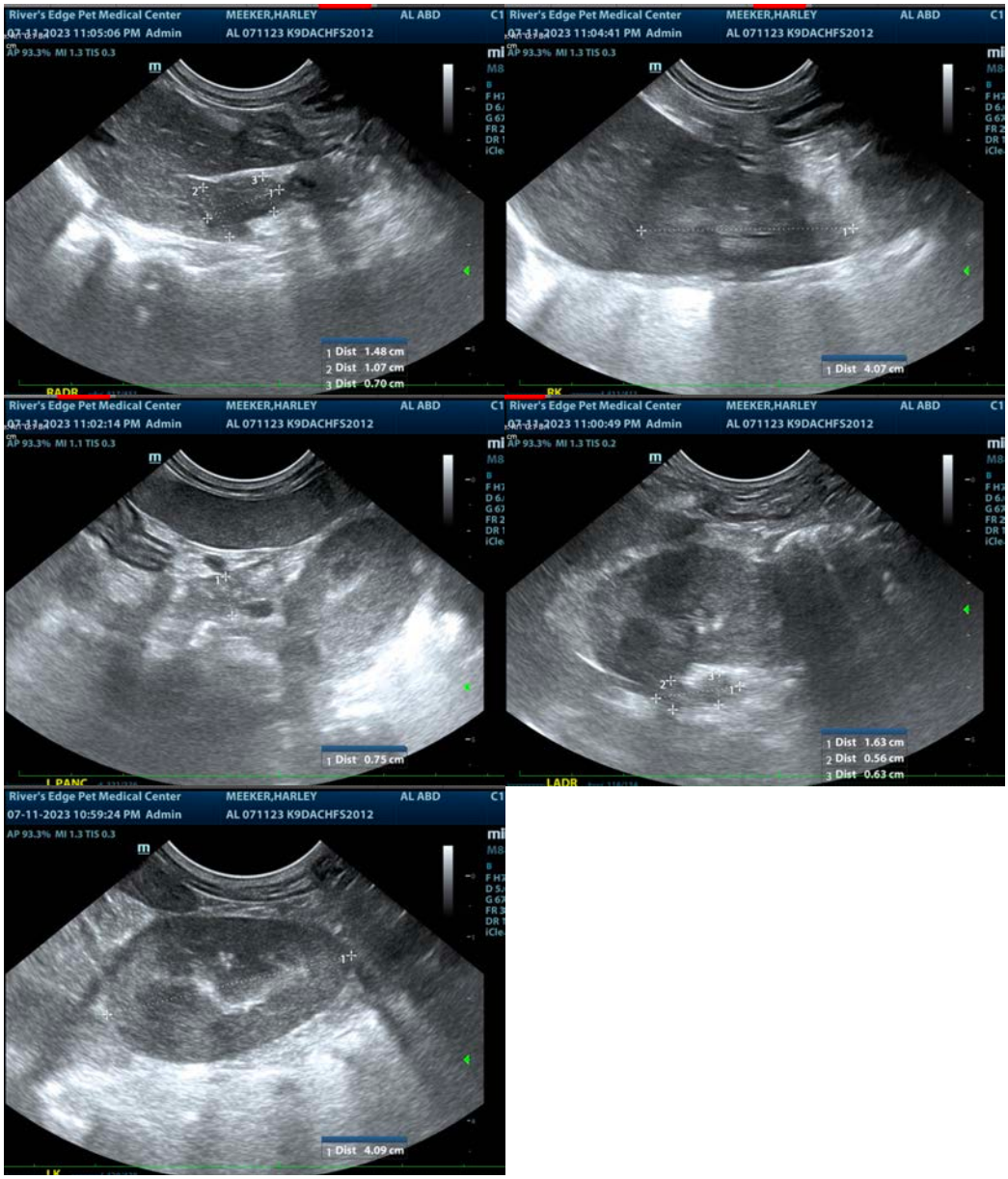

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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