



PATIENT PRESENTING CLINICAL SIGNS

Jojo Landis Lethargic, anorexia, PU/PD Primary Question/Differential to Be Answered in This Exam Concern for Polycythemia or leptospirosis
Abnormal PE/Chem/CBC/UA Results: labs attached RBC_9.56 hct-53.9 plt-116 SDMA-59 TP-5.0 Albumin-1.6 ALT-158 CHOL-364 T4<5

Canine

BREED

Manchester Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

29.7 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

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39296

DATE

7/7/22

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 (5.6 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 (5.52 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 (2.6 cm long x 1.36 cm at the cranial pole and 0.69 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 (2.5 cm long x 0.75 cm at the cranial pole and 0.74 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

Liver is subjectively enlarged. Margins are smooth but round. 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. 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.



PATIENT *Gastrointestinal*

Jojo Landis 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 (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.

BREED

Manchester Terrier

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

SEX

Neutered Male

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.

AGE

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Free Abdomen

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

WEIGHT

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There is no apparent lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- Mild to moderate acute pancreatitis
- 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.

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Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the hypoalbuminemia and the pancreatic changes in these images, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- 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. 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.

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- Given the diagnosis of pancreatitis, the PCV is believed to most likely be a relative hemoconcentration based on hypovolemia, dehydration, etc. However, if a PCV in the 60s persists beyond medical management of pancreatitis, fluid therapy, rehydration, etc., further evaluation of polycythemia is recommended with next steps being thoracic radiographs and echocardiogram. If hypoalbuminemia persists beyond management of pancreatitis, and there is



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no indication of concurrent gastrointestinal disease, bile acids could be considered for further evaluation of liver function.

- Testing for Leptospirosis is appropriate, given the reported PU/PD in this patient.

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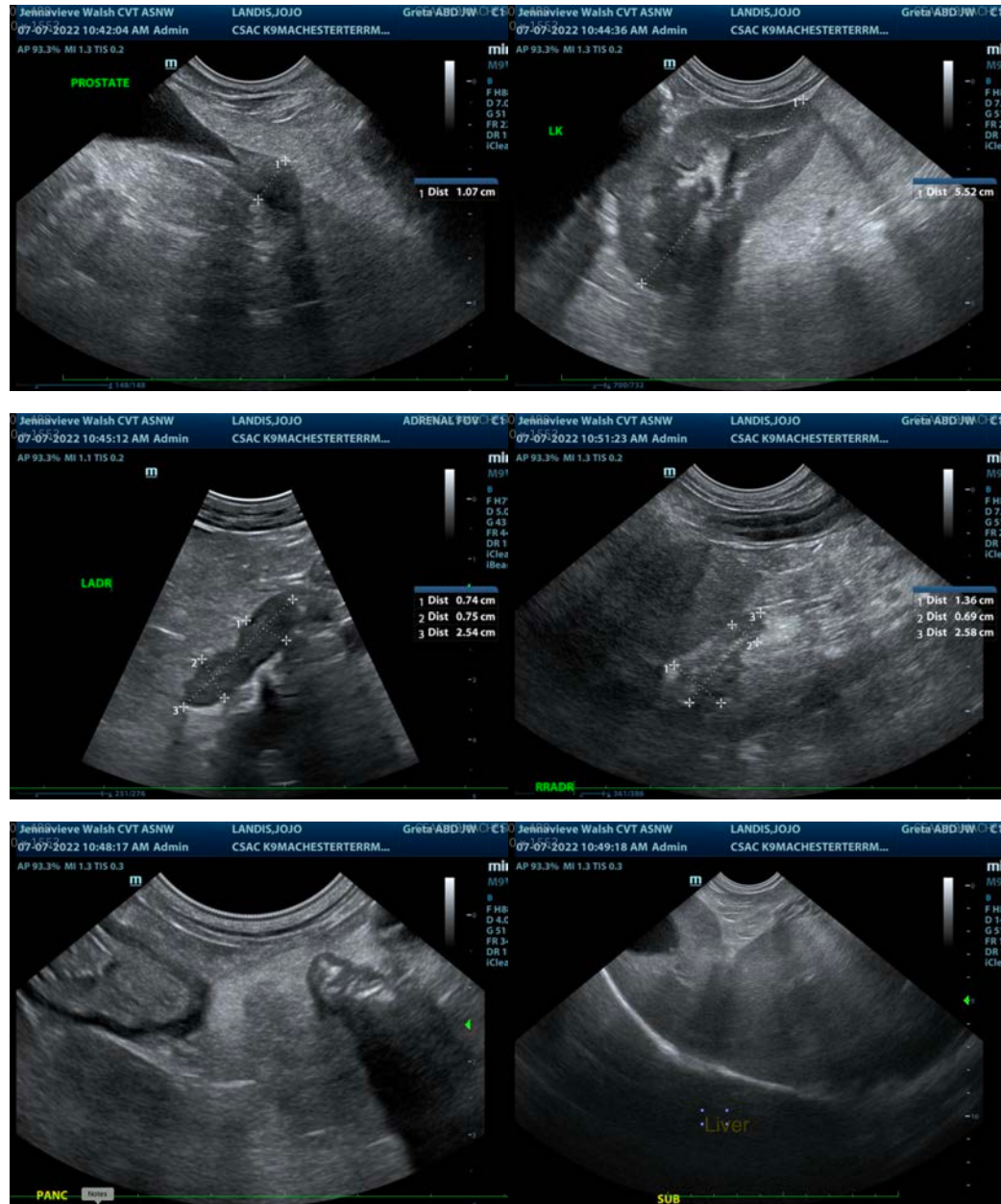
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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